

Testimony of
VIETNAM VETERANS OF AMERICA

presented by

Patrick G. Eddington
Associate Director of Government Relations

Before the

Subcommittee on Health

House Committee on Veterans Affairs

Regarding

Lessons Learned from the Gulf War

January 24, 2002

Chairman Moran, Ranking Member Filner, and other distinguished members of the subcommittee, Vietnam Veterans of America (VVA) is pleased to have this opportunity to provide testimony on “lessons learned” from the Gulf War and their impact on our current force health protection policy. I wish I could report to you that we believe the Departments of Defense and Veterans Affairs have actually learned the key lessons from the Gulf War. In fact, they have not. Our testimony today will catalogue a lengthy list of continuing problem areas. I’ll start with the issue of basic force protection.

Environmental Threat Detection and Defense

Prior to the Gulf War, administration officials assured the public and the troops that American forces would employ the best nuclear, biological, and chemical (NBC) defense technology in the world. Only years after the war did the public learn that the standard American gas mask in use at the time—the M17A1/A2-series mask—had failure rates of 26-44%.¹ Moreover, the Marine Corps logistics system actually *ran out* of replacement gas mask filters only *three days* into Desert Storm.² The harsh desert environment wreaked havoc on the masks, suits, and gloves used by the troops. Had Iraqi forces used large quantities of chemical or biological agents on the battlefield, American and Coalition forces would not have been able to handle the resulting casualties, and the war’s outcome could have been far different. Even without massive NBC agent use by Iraq, questions about the health implications of those sub-lethal exposures linger today.

In the years immediately after the war, when reports of Gulf War-related illnesses began to mount, veterans and members of Congress began to question DoD’s assertions that no chemical agents had been detected during the war. As documentary evidence grew that multiple chemical agent detections had indeed occurred, Pentagon officials shifted their stance: *all* NBC alarms had been false, we were told. That canard was refuted by the Pentagon’s *own* internal assessment (classified for years) that the Czechoslovak chemical units’ agent detection claims were valid, though Defense Department officials continued to maintain that all of the *American* alarms had been false. All of this raises an obvious question: if the NBC detection equipment used by American forces during the war was so unreliable, why did the Pentagon continue to buy *exactly* the same kinds of equipment for years after the Gulf War?

To VVA’s knowledge, neither Armed Services committee has addressed this issue in detail, which has direct relevance for this subcommittee as well. For if we are continuing to buy defective or inadequate NBC detection equipment for our forces, how can we be sure our troops are properly protected from the full-range of NBC threats? Conversely, if the equipment *has* worked as advertised, then DoD’s claims of “all alarms false” is itself untrue. Pentagon officials cannot have it both ways. And if DoD has lied about the capabilities of the NBC defense equipment it has purchased, how can we believe DoD’s claims that low-level chemical exposures will not have long-term adverse health effects?

The General Accounting Office (GAO) addressed the issue of low-level chemical exposures in a September 1998 report, in which DoD officials admitted that their NBC detection doctrine

does not address low-level exposures on the battlefield because there is no (1) validated threat, (2) definition of low-level exposures, (3) or consensus on the effects of such exposures. Moreover, if low-level exposures were to be addressed, DoD officials said that the cost implications could be significant.³

In other words, it would be *too expensive* to protect American troops from such exposures, even though, as GAO pointed out,

Past research by DoD and others indicates that single and repeated low-level exposures to some chemical warfare agents can result in adverse psychological, physiological, behavioral, and performance effects that may have military implications.⁴

During the 1990's, GAO repeatedly questioned the Pentagon's progress in addressing these and other major NBC equipment and training problems. While a November 2000 GAO report on individual unit NBC readiness found considerable improvement in the services' ability to properly equip forces for operating in an NBC environment⁵, training and readiness reporting deficiencies remain. A more recent GAO report found that "In general, DoD has not successfully adapted its conventional medical planning to chemical/biological warfare."⁶

VVA has seen no evidence that the Pentagon is taking the potential health risks of low-level NBC exposures seriously, despite mounting scientific evidence that such exposures do indeed pose risks, as the 2000 Institute of Medicine (IOM) report *Gulf War and Health, Volume One* has suggested. Congress should carefully evaluate DoD's current NBC detection technology to determine if previous equipment acquisitions were made under false pretenses or whether DoD officials have engaged in a public relations disinformation campaign to discredit valid wartime chemical detections as a means of deligitimizing Gulf War illnesses. We believe any serious investigation will quite likely find the latter explanation to be the true one.

If the Defense Department's approach to NBC threat detection has been negligent, its approach to biomedical defense has been equally troubling.

Seeking a preemptive medical response to the Iraqi chemical warfare threat, in the fall of 1990 the Defense Department obtained an investigational new drug (IND) exemption from the Food and Drug Administration to use a drug, pyrodostigmine bromide (PB), as a chemical warfare prophylactic. Ostensibly, PB was intended to protect the troops from the effects of nerve gas exposure. During Desert Storm, at least 250,000 Army troops swallowed one or more of the little white pills. Taking PB was not optional; troops who refused faced punishment under the Uniform Code of Military Justice.

After years of denying there was a problem with PB, Bernard Rostker (the Pentagon's point man on Gulf War illnesses) told the Senate Veterans Affairs committee in 1998 that PB should never have been given to U.S. soldiers. Rostker admitted that DoD's "threat assessment" had been wrong, that Iraq had probably not in fact weaponized the nerve agent soman, the effects of which PB was thought to be capable of countering. Given its potential effects on the brain's neurotransmission process, PB has long been suspected as a cause of the neurological problems reported by so many Gulf War veterans. Amazingly, PB is still in the Pentagon's NBC medical formulary, and Department officials have said they may still use PB in future conflicts, if the "threat assessment" so warrants.

In a similar vein, the Pentagon's infatuation with vaccine-based biological defense has already proved to be a costly military and public health failure.

Prior to Desert Storm the Pentagon sought to employ a 20-year old anthrax vaccine as a biological warfare prophylactic. Even though this vaccine had never been approved by the FDA for such a use, the Pentagon managed to secure FDA acquiescence and proceeded to inoculate an estimated 150,000 troops with one or more doses of the vaccine. Because use of the vaccine was classified at the time, medical record keeping in this area was compromised, and the true effects of the vaccine on the wartime recipients remains unknown.

Seven years after the end of the war, the Pentagon resumed the inoculations under the rubric of the force-wide Anthrax Vaccine Inoculation Program (AVIP). Shortly after the AVIP began, reports of severe system adverse reactions to the vaccine began to emerge in the press. Over the next three years, a number of key facts about the vaccine would emerge, data that would once again highlight the Pentagon's wanton disregard for both the truth and the health of servicemembers. Consider these facts:

- At the beginning of the AVIP, DoD officials claimed the systemic adverse reaction rate for the vaccine was a mere .2%. During its investigation of the AVIP, GAO found data suggesting systemic adverse reaction rates in the range of 5-14%, dozens of times higher than Pentagon had claimed.⁷
- A calendar year 2000 GAO survey of National Guard and Reserve forces found systemic adverse reaction rates being reported by almost *one quarter* of respondents.⁸
- Only last week, the *Army Times* reported on the preliminary results of a Navy study that showed evidence of an increased incidence of birth defects in children born to mothers who had received the anthrax vaccine, compared to a control group of mothers who had not.⁹
- The FDA has yet to certify that Bioport Corporation, the vaccine's manufacturer, has successfully corrected major problems discovered at the production plant three years ago.

Given the AVIP's abysmal track record, all of us should be deeply concerned about the Joint Vaccine Acquisition Program (JVAP), the \$322 million cost-plus biowarfare vaccine program initiated in 1998 by the Pentagon's Joint Program Office for Biological Defense.

The JVAP calls for the Dynport Corporation to develop at least three, and possibly as many 12, additional biological warfare vaccines over the next decade. What happens when you give a human being a dozen or more BW vaccines? Nobody knows. Not DoD, NIH, CDC, the World Health Organization or any other medical or scientific body.

Will these vaccines actually work against a real threat? Again, nobody knows; no challenge or efficacy studies have been conducted in animals, so far as VVA is aware. This means that the JVAP is a giant biowarfare defense gamble; it assumes that our enemies will field weapons that our vaccines will defeat. As with so many other things, the Gulf War experience is instructive here.

Prior to the Gulf War, American intelligence agencies believed that Iraq had weaponized both anthrax and botulinum toxoid. Post-war United Nations inspections verified the estimate. Only in 1995 did the world learn that Iraq also had weaponized aflatoxin, an obscure but potentially deadly plant fungus. Had Saddam's late son-in-law Hussein Kamal not defected to Jordan and revealed it, Iraq's aflatoxin program would have remained hidden from the international community...despite the most intrusive arms control inspection effort in history.

Contrary to Pentagon claims that the AVIP and JVAP are based on "threat assessments," the reality is that American intelligence agencies will almost never be able to provide a truly accurate picture of a potential opponent's BW capabilities. Thus, our NBC biomedical force protection approach should be based on an honest approach to the uncertainties in this arena. We would offer the following prescriptions for change.

First, the Defense Department must field chemical-biological detection systems and protective masks that work. The Pentagon has for years failed to procure workable, reliable, real-time BW detection equipment, functional protective masks, and reliable chemical-biological protective suits. Had Saddam's forces used aflatoxin during the Gulf War, the attack would have gone undetected until the onset of symptoms months, or perhaps years, later. Providing proper protection up front is key to helping preclude death or debilitating injury, both at the time and for the life of the veteran.

Second, the Pentagon should abandon its self-defeating reliance on vaccine-based defense. Given the dozens of microorganisms and toxins available to rogue states, it is scientifically and fiscally impossible for the United States government to engineer vaccines against all such threats. Even if money were no impediment, there is no evidence the human body could successfully absorb the number of biowarfare vaccines Pentagon bureaucrats plan on foisting on the troops. Military planners should emphasize rapid detection, decontamination, and post-exposure medical evaluation and treatment in the event of a confirmed attack.

Finally, the Congress must end the FDA's double standard approach to civilian and military medicine, which at present represents a violation of basic scientific standards. Lawmakers must ensure that the FDA applies the same testing, monitoring, and enforcement standards for drugs and biologics used by the military that it applies to the civilian market. Anything less reduces America's military volunteers to the status of involuntary guinea pigs.

Force Health Protection

One of the principal impediments to determining the roots of Gulf War illnesses has been the lack of reliable data from the wartime period: data on the precise numbers and types of vaccines and drugs given to the troops; data on the number, duration, and concentration of various chemical exposures; data on the kinds of medical tests and examinations performed on troops before, during, and after the conflict. For VVA, this is a core issue and a long-time complaint about the DoD-VA approach to veteran health care. Neither agency is truly committed to creating what we call a "cradle-to-grave" military medical history. Without such an instrument, determining how a veteran became ill becomes next to impossible, as does filing a claim for service-connected disability compensation.

The IOM stated so explicitly in its 2000 report *Protecting Those Who Serve: Strategies to Protect the Health of Deployed U.S. Forces*. In reviewing the recommendations of the multitude of commissions and panels that had previously assessed DoD force health protection efforts during the 1990's, the IOM noted that

Many of the recommendations are restatements of recommendations that have been made before, recommendations that have not been implemented. Further delay could jeopardize the accomplishment of future missions. The committee recognizes the critical importance of integrated health risk assessment, improved medical surveillance, accurate troop location information, and exposure monitoring to force health protection. Failure to move briskly on these fronts will further erode the traditional trust between the service member and the leadership.¹⁰

In VVA's view, absolutely nothing has changed since the IOM issued this report more than a year ago. Perhaps the best way to illustrate this point is to peruse the medical examination forms currently in use by the Pentagon.

The pre- and post-deployment health assessment forms used by the Pentagon's Deployment Health Center at Walter Reed Army Medical Center contain no questions about the specific environmental hazards the servicemember may have encountered in theater. Moreover, even though the AVIP has been the most highly publicized DoD vaccination program in recent history, ***there is no space on this form specific to the anthrax vaccine***, despite the fact that the anthrax vaccine is considered a ***mandatory*** inoculation for those heading to designated "high threat" areas such as the Persian Gulf and Korea.

Neither the pre- or post-deployment health assessment forms contain detailed questions about other shots received or pills taken by the service member while in theater. No space on either form is dedicated to mandatory lab tests to detect evidence of infection from diseases endemic to the theater(s) where the service member was deployed. ***Indeed, the DoD medical form used during examinations of service dogs is more comprehensive in tracking vaccinations than the one used to track shots given to the troops.***

Section 765 of the 1998 National Defense Authorization Act (PL 105-85) requires the Defense Department to conduct both pre-and post-deployment health examinations (to include mental health screenings and the drawing of blood samples) to accurately record the medical condition of members before their deployment and any changes in their medical condition during the course of their deployment. VVA has seen no evidence whatsoever that any of these conditions are being met. On the basis of the IOM's report and DoD's failure to automatically collect and record environmental exposure and other data and record it in the service member's medical record, VVA would argue that DoD is in material breach of the law. As several member of the full House Veterans Affairs committee are also members of the Armed Services committee, VVA would respectfully suggest that those members call for immediate hearings to investigate DoD's failure to comply with the law and its potential long-term implications for American veterans.

In addition, any such investigation should examine why it is that we still do not have a single, easily transferable military medical record for servicemembers that moves seamlessly from the DoD health system to the VA once the servicemember leaves the force. Our understanding is that the DoD-VA interagency group responsible for managing this effort has yet to produce a working system, despite millions of dollars and years of development effort. Our view is that without stringent accountability mechanisms—in the form of fixed project milestones and severe financial penalties for failure to deliver a working product—no progress will be possible in this area. Congress should set these milestones and accountability mechanisms in place, then follow up to ensure the program achieves its goal of a single, seamless military medical record for life.

Gulf War Medical Research and Treatment Initiatives

Central to the pursuit of scientific truth is the assumption that bureaucratic political influences will not be allowed to shape—or quash—scientific inquiry. For years, Gulf War veterans and their supporters have had ample reason to believe that in the quest for the truth about Gulf War illnesses, bureaucratic protectionism and careerism—not scientific objectivity—has been the driving force behind the Pentagon's Office of the Special Assistant for Gulf War Illnesses (OSAGWI), now known as the Directorate for Deployment Health Services.

On August 28, 2000, Dr. Michael Kilpatrick, OSAGWI's "Medical Outreach and Issues" coordinator, dispatched a blistering letter to Rear Admiral Frederic G. Sandford, USN (ret.), Executive Director of the Association of Military Surgeons of the United States. Kilpatrick expressed his "disappointment in the peer review process and editorial oversight of *Military*

Medicine,” the armed forces premiere medical journal published by Sanford. An article written by Desert Storm veteran Dr. Andras Koréyni-Both had been published in the May 2000 edition of the magazine. Koréyni-Both’s central thesis—that the fine-grained sand of Saudi Arabia, Iraq, and Kuwait might have precipitated the veteran’s illnesses by compromising their immune systems—had sent Kilpatrick into orbit.

Kilpatrick alleged that Koréyni-Both’s “Al Eskan Disease” was based on “the author’s repeated presentation of this theory rather than on medical data gathered on Gulf War veterans.” In reality, Koréyni-Both cited autopsy results from 86 Desert Storm veterans presented in a National Institutes of Health report in 1994. The autopsies—performed at the Pentagon’s Armed Forces Institute of Pathology—showed considerable sand contamination in the lungs of the deceased veterans.

In his letter to Rear Admiral Sanford, Kilpatrick also accused Koréyni-Both of using material “written by individuals convinced there is an efficient, effective government cover-up about ‘dirty tricks’ played on military members by sinister leadership in the Pentagon or ‘the government.’” Kilpatrick alleged that “The authors appear to believe ‘If I say this often enough, it becomes truth.’” That statement far more accurately describes the Pentagon’s “There is no Gulf War illness” mantra.

For more than five years after the Gulf War ceasefire, Pentagon officials vehemently denied that American troops were exposed to chemical agents during or after Desert Storm...only to reverse themselves after declassified intelligence reports revealed American troops had inadvertently destroyed Iraqi chemical weapons at Khamisiyah, Iraq in March 1991. I note for the record that many of these documents were made public only as a result of lengthy and expensive FOIA litigation by veteran’s advocates or intense media scrutiny of the Pentagon’s response to the needs of sick Desert Storm veterans.

During the war, then-Secretary of Defense Richard Cheney and then-Joint Chiefs Chairman Colin Powell repeatedly assured the Congress, the public, and the troops that specialized biowarfare medications given to protect American troops were “safe and effective.” All of these claims were ultimately proven false. The Pentagon’s credibility has been destroyed not by alleged conspiracy theorists, but by the Pentagon itself.

Indeed, in his screed to Rear Admiral Sanford, Kilpatrick continued to repeat the falsehood that with regards to the Khamisiyah incident, “no reports of symptoms” were noted among American troops. In reality, American combat engineers had no idea they were destroying chemical weapons at the time; medical personnel were not poised to monitor the troops for *any level* of chemical exposure. Moreover, as the 2000 Institute of Medicine *Gulf War and Health, Volume One* report makes clear, there is a paucity of animal or other research on the effects of sustained low-level nerve agent exposure...and what data does exist supports the idea that even **small** exposures to these substances can be harmful. For Kilpatrick, this alleged lack of data represents a lack of evidence of adverse health effects for veterans...a scientifically bankrupt position at best.

OSAGWI's chief medical officer ended his diatribe by claiming Koréyni-Both's work was "more appropriate for an *X-Files* script, not a medical journal." Kilpatrick's derisive, paranoid tone speaks volumes about the mindset of Pentagon policymakers. Kilpatrick's attack on Koréyni-Both's research was clearly calculated to silence dissent within the Pentagon's medical establishment.

American troops continue to serve in the Gulf on a daily basis. Any medical data suggesting that long-term exposure to the tiny Arabian sand particles may be damaging to the immune system has clear implications for the health of active duty, Guard, and Reserve personnel deployed to the region...as well as for the nearly 200,000 Gulf War veterans who have sought compensation for service-connected ailments. Dismissing peer reviewed research that suggests further investigation is needed invites the charge of dereliction of duty.

VVA takes no position—pro or con—regarding Dr. Koreyni-Both's hypothesis. I have spent considerable time discussing this episode to help illustrate a key fact: efforts by Pentagon or VA officials to deny non-federal researchers the opportunity to have their theories on Gulf War illnesses put to the test through an open, unbiased peer-review process are real, not imaginary.

Indeed, through the use of the Freedom of Information Act, we have developed evidence that presents the definite appearance that senior OSAGWI officials were actively blocking the provision of information to VA clinicians regarding Project Shipboard Hazard and Defense (SHAD), the 1960's era Pentagon chemical and biological warfare testing program that involved the use of live chemical and biological warfare agents on American military personnel. My colleague from the National Gulf War Resource Center, Steve Robinson, can provide this committee with numerous, eyewitness examples of the efforts of senior OSAGWI officials to delay, deflect, or otherwise discredit efforts to link environmental exposures to Gulf War illnesses. Sergeant First Class (SFC) Robinson worked in OSAGWI for three years, and VVA would strongly suggest that the full House Veterans Affairs committee avail itself of SFC Robinson's experience and insight into the problems surrounding OSAGWI's handling of the Pentagon's Gulf War illness "investigations."

Because DoD and VA bureaucrats have politicized the medical research arena and monopolized control over research funding decisions, it is completely impossible for most non-federal researchers with unconventional or controversial theories about the origins of Gulf War illnesses to receive federal funding. Moreover, both DoD and VA have an inherent conflict of interest when it comes to investigating these kinds of issues.

Consider the following. When the Bridgestone/Firestone "exploding tire" scandal erupted, the Congress did not tell the manufacturer, "We trust you: go investigate yourself, make recommendations for change, then implement those changes...you have our blessing!" Congress held hearings and monitored the National Highway Transportation Safety Administration's investigation of Bridgestone/Firestone. The same model applies to airline crashes. Congress does

not rely on the aircraft manufacturers crash report; it listens to the National Transportation Safety Board's investigators, who are independent of both the manufacturer and the aviation industry as a whole. Congress set up this system to ensure that no conflict of interest would compromise safety investigations, a wise and sensible approach to transportation safety policy.

Yet for the last decade, the Congress has allowed the agency that most likely created the Gulf War illness problem (DoD), and the agency charged with paying for the problem (i.e., the VA, through health care and disability payments to sick veterans), to both investigate Gulf War illnesses and their own role in responding to sick Desert Storm veterans. This is an obvious conflict of interest, one that has prolonged the suffering of the veterans, destroyed their trust in the federal government, and resulted in the waste of at least \$150 million over the past five years through OSAGWI, as the Defense Department has "investigated" its own response to Gulf War illnesses. It is also how the Pentagon and the Air Force have managed to squander over \$180 million on Agent Orange-related Ranch Hand research that has produced less than half-a-dozen peer-reviewed scientific papers over the last 15 years.

To end this conflict of interest and restore integrity to the process of investigating and treating veteran's medical conditions, last year VVA called for the creation of a National Institute of Veterans Health (NIVH) within NIH. This notional NIVH would not only eliminate the conflict of interest problem outlined above, it would provide a vehicle for establishing a medical research corporate culture focused on *veteran health care*, in contrast to the current VA medical corporate culture of "health care that happens to be for veterans."

VVA recognizes that the VA has established a reputation for providing advanced care for blinded veterans or those with severe ambulatory impairments. *However, the VA has never truly developed a corporate culture focused on the diagnosis and treatment of the full range of environmental and occupational hazards that are unique to military service.* This is especially true of the VA's Research and Development Office, where the overwhelming majority of VA-funded research programs are geared towards medical problems found in the general population, not those specific to the veteran patient population or those with military service.

By establishing a new NIVH with veteran advocates serving on the peer-review panels that make research funding decisions, the Congress would be creating a research institute that would be truly focused on the unique medical needs of veterans. Locating the NIVH within NIH would ensure that the full medical resources of the federal government and private sector could be marshaled in a rational, veteran-friendly environment, free of the politicizing and conflict-ridden influences that have for more than 20 years precluded effective research into the unique environmental and occupational hazards that have impacted the health of American veterans.

Additionally, this proposed NIVH must be supplemented by the creation of a Congressionally directed mandatory declassification review panel, whose purpose would be to screen (on both a historical *and* an ongoing basis) and declassify any operational or intelligence records for evidence of data that would have an impact on the health and welfare of American

veterans. The need for such an entity—completely independent from the Pentagon and the U.S. intelligence community—is obvious.

Even today, thousands of pages of Gulf War-related records remain classified. In January 1998, the CIA admitted that its own internal review had identified over **1 million** classified documents with potential relevance to Gulf War illnesses. Virtually no documents associated with the 1960's era SHAD program have been declassified, and DoD has thus far rebuffed VVA's FOIA requests that the documents be made public. Through the experience of the Kennedy Assassination Review Commission and the Nazi War Crimes Declassification Review panel, we have learned that such specialized declassification panels work well. If we are to be certain that **all** data that may effect the health of American veterans is to be available for the veterans and their physicians, the Congress must create such a standing declassification review panel immediately. Such a move would also help to restore trust and confidence among veterans in the federal government and its response to veteran's health issues.

VVA believes that the VA should remain in the veteran health care business, but only if there is a dramatic change in the corporate culture of the Veterans Health Administration (VHA).

During his tenure as Undersecretary for Health, Dr. Thomas Garthwaite put forward a proposal known as the Veterans Health Initiative (VHI). The purpose of the VHI was to put veteran patient care at the core the VHA's corporate culture. As Dr. Garthwaite testified before this subcommittee last April,

The Veterans Health Initiative was established in September 1999 to recognize the connection between certain health effects and military service, prepare health care providers to better serve veteran patients, and to provide a data base for further study...

The components of the initiative will be a provider education program leading to certification in veterans' health; a comprehensive military history that will be coded in a registry and be available for education, outcomes analysis, and research; a database for any veteran to register his military history and to automatically receive updated and relevant information on issues of concern to him/her (only as requested); and a Web site where any veteran or health care provider can access the latest scientific evidence on the health effects of military service.¹¹

VVA's experience has been that there is considerable resistance to this idea within VHA, particularly within the Office of Public Health and Environmental Hazards.

We note that to date, comprehensive clinical practice guidelines and continuing medical education courses in dealing with Gulf War illnesses have yet to be distributed throughout the VA medical system. Moreover, as the attached September 2000 email shows, senior officials in Public Health and Environmental Hazards resisted creating a registry for Vietnam era SHAD veterans. As many members of this committee may recall, there was tremendous resistance by VHA to the idea of creating a Gulf War registry in the early 1990's; it took an act of Congress to get that effort off the ground. Given this institutional resistance to identifying environmental

hazards and their impact on the health of veterans from multiple eras, how can we trust these same individuals to implement Dr. Garthwaite's well-conceived vision for veterans' health care?

We have communicated these concerns to Secretary Principi, urging him to recognize that changing the existing VHA corporate culture immediately is imperative, and we look forward to working with him towards that end. VVA believes that this subcommittee, and the full committee as a whole, can play a key role in this process by concurrently encouraging Secretary Principi to take whatever measures are necessary to accomplish this objective.

Mr. Chairman, this concludes my written statement. On behalf of our national president, Tom Corey, please accept my thanks for allowing VVA the opportunity to share our views on this very important topic.

VIETNAM VETERANS OF AMERICA
Funding Statement
January 24, 2002

Vietnam Veterans of America (VVA) is a national non-profit veterans membership organization registered as a 501(c)(19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For Further Information, Contact:

Director of Government Relations
Vietnam Veterans of America
(301) 585-4000, extension 127

Patrick G. Eddington

Patrick G. Eddington was an award-winning military imagery analyst at the CIA's National Photographic Interpretation Center for almost nine years. He received numerous accolades for his analytical work, including letters of commendation from the Joint Special Operations Command, the Joint Warfare Analysis Center and the CIA's Office of Military Affairs.

During his tenure at CIA, Eddington worked a wide range of intelligence issues. His analytical assignments included monitoring the break-up of the former Soviet Union; providing military assessments to policy makers on Iraqi and Iranian conventional forces; and coordinating the CIA's military targeting support to NATO during Operation Deliberate Force in Bosnia in 1995.

Eddington received his undergraduate degree in International Affairs from Southwest Missouri State University in 1985. While at the CIA, Eddington took a one-year sabbatical to attend Georgetown University, earning a master's degree in National Security Studies. Eddington spent eleven years in the U.S. Army Reserve and the National Guard in both enlisted and commissioned service.

Currently, Eddington serves as Associate Director of Government Relations for Vietnam Veterans of America. Eddington's opinion pieces have appeared in a number of publications, including the *Washington Post*, *Los Angeles Times*, *Washington Times*, *Fort Worth Star-Telegram*, and the *Army Times*, among others. Eddington is a frequent commentator on national security issues for the Fox News Channel, MSNBC, SKYNews, CNN, and other domestic and international television networks. His first book, *Gassed in the Gulf*, was featured on the September 20, 1997 edition of CSPAN's "About Books" program.

Eddington is a member of the Authors Guild and Amnesty International. He also serves on the board of directors of the James Madison Project, a Washington, D.C.-based nonprofit advocacy organization focusing on 1st Amendment issues as they relate to national defense, foreign affairs, intelligence, and veterans policy. He and his wife Robin live in Alexandria, Virginia.

¹ *Marine Corps NBC Defense in Southwest Asia*, Marine Corps Research Center, Research Paper # 92-0009, July 1991, p. 11. Obtained by the author via the Freedom of Information act in 1995.

² Message from the commanding general, First Fleet Services Support Group to CDRAMCCOM, Critical Deficiency, Gas Mask Components, 201458Z January 1991. Obtained by the author via the Freedom of Information act in 1995.

³ *Chemical Weapons: DoD Does Not Have a Strategy to Address Low-Level Exposures*. GAO/NSIAD-98-228. September 1998, p. 5.

⁴ *Ibid.*, p. 4.

⁵ *Chemical and Biological Defense: Units Better Equipped, But Training and Readiness Reporting Problems Remain*. GAO-01-27, October 2000.

⁶ *Chemical and Biological Defense: DoD Needs to Clarify Expectations for Medical Readiness*. GAO-02-38, October 2001, p. 2.

⁷ *Medical Readiness: Safety and Efficacy of the Anthrax Vaccine*. Testimony before the Subcommittee on National Security, Veterans Affairs, and International Relations, Committee on Government Reform, U.S. House of Representatives. GAO/T-NSIAD-99-148, April 29, 1999, p. 4.

⁸ *Anthrax Vaccine: Changes to the Manufacturing Process*. Testimony before the Subcommittee on National Security, Veterans Affairs, and International Relations, Committee on Government Reform, U.S. House of Representatives. GAO-02-181T, October 23, 2001, p. 6.

⁹ "CDC warns civilians anthrax vaccine may be linked to birth defects," *Army Times*, January 21, 2002, p. 22.

¹⁰ *Protecting Those Who Serve: Strategies to Protect the Health of Deployed U.S. Forces*. National Academy Press (Washington: 2000), p. 2.

¹¹ Statement of Thomas L. Garthwaite, MD, Under Secretary for Health, Department of Veterans Affairs, Before the Subcommittee on Health, Committee on Veterans' Affairs, U. S. House of Representatives, April 3, 2001