

Appendix B

Public Submission 1 – Edward J. Bryan

From: Mr. Edward J. Bryan
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October 25, 2004

To: RAC-Gulf War Veterans Illness (T-GW)
U.S. Department of Veterans Affairs
2200 S.W. Gage Blvd.
Topeka, KS 66622

Re; up-dated on January 5, 2005

Meeting: October 25, 26, 2004

One of the biggest problems in the Washington Capitol is sending either an email or letter, because there is no response to them for (3) three months or more before anyone could reply. This leads to mismanagement.

**Another major problem is the lack of specialty treatments and testing.
When is your committee going to issue treatments ?**

Why did the DoD and VA only do partial investigations, when they should have done a full investigation on exposures.

-See: Congressman Shays question to Mr. Binns on June 1, 2004. Mr. Binns, does your charter have to be changed and re-worked to help veterans ?

.- See the GAO report on June 1, 2004. Hearing on the hill, Mrs. Janet Heinrich doesn't know what to do with Gulf War Illnesses, I told her to look for veterans input, see said, I am probably right. We need to Reach out to the veterans that know about the illnesses and send them out to help VA Officials reduce the work load. She said she will look into this.

- See up-dated 2005 Specialty Testing List.

- See NTI.org, Website on chemical weapons found and used in the middle east.

Dr. Heller, knowing the troops in Saudi Arabia should have had masks or respirators on while they were being exposed to the Oil Well Fires and other chemicals. Why did you say, you would not have ordered these masks and respirators ?

Dr. Heller, why are gulf war veterans having the same medical conditions as U.S. firefighters, car accidents and heart attacks ?

This Committee must look further into the “ **Batch effect** ” Vs. “ **Chimney effect** ” on oil well fire exposures and other chemicals, this is the poisoning no one is looking at. Saddam poisoned his own troops this way in 1986. For reference look at Field Manual, **FM-8-825 of February 1990** edition. And the N.F.P.A. 14th edition, local fire chiefs have this information, and homeland security officials. We are always told, never set up, down wind from the enemy.

Dr. Engel, Dr. Donta and Dr. Blank: Why wasn't the contaminated blood (mycoplasma) that was shipped to the Southwest Medical Center replaced with fresh blood samples and retested ?

Dr. Soxs: Why doesn't modern medicine and military medicine recognize each other ? The stale mate of denial to medicine from the Department of Defense is coming to a close, the AMA is looking at this issue very closely.

Dr. Engel, your treatment center, like others should have an easier access to them.

Dr. Clymer: Why are you telling miss information to veterans that are in need of medical care ? You did tell myself that the human body is 80% carbon, I found out different from an article in the national geographic magazine on the carbon cycle. It states that the human body is 18% carbon. This tells me that my evaluation was tainted and my medical condition is at high risk from Doctors like you, who are making faulty judgments.

Mr. Warren Rudman: Why didn't you believe anyone's testimony on July 13, 1999, On chemical exposures ? You did call Mr. Dan Fahey a liar and a hippy.

Dr. Brown of Massachusetts General Hospital: Why are you wrong on the 6 veterans that have ALS ? There are as many as 400 or more that have this progressive disease. Many others have M.S. and Parkinson Disease with complications. At least half of the Gulf War Veterans from the 1991 War have total disabilities. Why ?

There's enough evidence to treat veterans, only if they are healthy enough to go through the treatment process. **The partial testing vs. the full testing must be looked at, this should be highly recommended.** The disability process with the VA is so much in the red, there should be another recommendation to be considered and forwarded to the proper committees.

Dr. Shayetivz's treatments like other environmental doctors, treat patients with respect to exposures to chemicals. These doctors are in great need nation wide in DoD / VA sites.

The Bombing campaign is another forgotten investigation from DoD / VA studies.

A written reply should be answered within a reasonable time period from the committee.

Mr. Edward J. Bryan



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U.S. Army (Retired) 1974-2000

U.S. Firefighter (Retired) 1986-2000

Health Care Liaison (VA-BU) 1995-2001

Researcher for Gulf War Illnesses 1992-Present

Walter Reed Veteran Health Advisory Council-Deployment Health, 2000-2003

Public Submission 2 – Venus-val Hammack



Dear RAC Panel Members

We thank the RAC for allowing us the opportunity to address our ideas and concerns of VA medical research. **Veterans turn to the Research Advisory Committee -GWI to readdress failure of Military Industrial Hygiene Programs did not protect them during deployments.** (Kamisiyah ammunition and other demolitions)

HSE-OMWPP Technical Guide No. 124, Mar 82, Section II. Department of Army Occupational Health Program 1-6. Authority and regulations. Various laws and regulations have been promulgated to promote the health and effective performance of Federal employees through establishment of occupational health programs.

a. The laws and Federal directives authorizing occupational health programs for Army civilian and military employees include the following: (1) Public Law (PL) 79-658, Health Programs for Government Employees, as amended (5 USC 7901, 1946), provides for emergency treatment of on-the-job illnesses, pre-employment and other examinations, referral of employees to private physicians, and preventive programs relative to health.

RAC has yet demand studies on workplace exposures during Desert Storm such as -Types of industrial HYGIENE injuries/illness which are to be identified fall into four categories:

chemical, biological, physical, and psychological. Organic and inorganic chemical agents may be in the form of liquids, dusts, fumes, vapors, mists, or gases. Biological hazards include plant or animal agents in such forms as bacteria, viruses, fungi, insect toxins, etc. Physical hazards include such agents as radiation, heat, cold, vibration, noise, light and other physical factors such as requirements for lifting or working at high levels or on ladders. Identification of these hazards should be specific, such as what type of solvent (stoddard or tetrachloroethylene), fume (lead or cadmium) or radiation (x-ray, radioactive material, laser, microwave).

DoD and VA Research Has completed projects on these exposures/deployment illness

Psychological hazards or stresses will include job-related conditions (shift work, repetitive motion, monotony, reduction-in-force, frequent transfers, interpersonal relationships, career development pressures, etc.) or personal factors that impair working capability either-temporarily (death in the family) or over a long period of time (alcohol or other drug abuse). Today tell veterans that most of their illnesses are somatic. This position must be challenged and neurological health should be examined by nuclear medicine diagnostics studies.

DOD has yet issues (publish) peer reviewed studies on Multiple Exposures/Stressors

And did not consider the toxicity of a chemical may be increased or decreased by simultaneous or consecutive exposure to another chemical or multiple chemicals, particularly those that affect the same target organ or that alter the pharmacokinetics of one or more chemicals. These issues are not typically addressed by existing federal standards and guidelines. It is noted that the Occupational Health and Safety Administration (OSHA) (29 Code of Federal Regulations (CFR) 1910.1000(d)(2)(i)) does. Is it because servicemen are not the same species as federal workers? Visual observation and written surveys will not discover gulf war veterans illness/injuries.

When will RAC-GWI demand studies in this area? (*Industrial Hygiene and Nuclear Medicine*)

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