

**Testimony of The Honorable Donald W. Riegle, Jr. (U.S. Senate, Ret.)  
Chairman of Government Relations, APCO Worldwide, Washington, DC  
Before the Subcommittee on Health of the Committee on Veterans Affairs  
U.S. House of Representatives, January 24, 2002**

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Chairman Moran, ranking member Filner, and members of the subcommittee, thank you for permitting me to testify here today. Even more, let me commend and thank you for your leadership, concern and perseverance in investigating the serious health problems today facing tens of thousands of Gulf War veterans and their families.

To this day, our agencies of government have largely stonewalled this problem. This has left vast numbers of sick Gulf War veterans without needed health care – or the minimum disability support needed to sustain themselves and their families.

After a decade of stubborn Defense Department denials of the reality and scale of this problem – we finally saw, just a month ago on December 11, a page one *New York Times* story entitled “U.S. Reports Disease Link to Gulf War.”

The first paragraph of that article reads: "After years of denying any link between illness and service in the Persian Gulf War, military officials said today that veterans of that conflict were nearly twice as likely as other soldiers to suffer the fatal neurological illness known as Lou Gehrig's disease."

One can ask how it is that we have lost a decade of time – while tens of thousands of sick Gulf War veterans have languished and suffered. All the while, our Defense Department has denied any linkage to the Gulf War – and has failed to invest any significant level of resources necessary to find medical answers that might make the sick vets whole again.

How does one retain faith in a military command structure that is blind and indifferent to the persistent suffering and death of its own troops? Those veterans have been crying out for help and very often have been told "...the problem is in your head – take some pills – in effect, go away, you're an embarrassment, we don't need you any more."

That's just as ugly as it's been – and to verify it you only need to ask them or talk to their widows.

Nearly ten years ago in the U.S. Senate, the Banking Committee, under my chairmanship, instituted a major investigative effort into the probable causes of Gulf War Syndrome – and the likely exposure of our Gulf War military forces to biological and chemical weapons. I have brought copies of those investigative findings here today – and you will see that work was carefully documented at the time – and presented in the Congressional Record in 1993 and 1994.

It is vitally important that Congress move swiftly to address these problems – especially since it's a virtual certainty that many of the biological weapons developed by Saddam Hussein were made with live, disease-producing and poisonous materials sent from the United States to Iraq in the late 1980's under the authority and approval of the U.S. Department of Commerce. These include Anthrax, E-coli, Botulism, and West Nile Virus, among others.

What we discovered then has fresh significance today – both the legions of sick Gulf War veterans urgently needing medical help and support – and the present danger of biological weapons exposure now to our citizens here at home.

Citizens in our nation's Capitol have now been killed by weapons grade Anthrax. The Congress itself has been targeted. It is critically important we now draw upon all the knowledge we have – so we can better protect our people both here at home – and also those in uniform in settings abroad.

While I have brought those original reports here today for your review, I have copied certain key pages for your direct reference and knowledge during this hearing – and those specific pages are attached to my statement.

You will see that they summarize the conclusions of that earlier investigative work and document by date and type the shipments of dangerous biological materials from the United States to Iraq in years past. You may wish to discuss some of these items today.

I come today to make four immediate recommendations for your consideration.

There is much we can and should do regarding the large number of Gulf War veterans who are experiencing severe health problems. Many are desperately ill and living in poverty. Many others have died – whose lives might have been extended. There is great human urgency to this problem.

First, I believe we should initiate a full, independent medical review of each Gulf War veteran who is listed on the voluntary medical registry.

Whatever help they need – they should get without further delay – and the federal government should pay every penny of the cost.

Beyond the individual examinations, we must catalog these patterns of illness. We should do a careful reconstruction of where each person was stationed during the Gulf War and do a systematic construction of patterns of illness tied to events, dates, places and likely exposures.

Many of the veterans with whom I have spoken recall their experiences vividly – they are the best source of information about exposures. Let's talk to them – one by one – actually listen to them – and make a systematic determination of why they are sick – and see if this information can guide us on how these Gulf War veterans can best be treated medically.

I say again, the federal government should welcome this responsibility and willingly pay all these costs. These men and women were asked to step forward and defend our country. They did. And now they must have from us the full measure of help they need to try to save and repair their lives.

Second, we need to determine exactly what biological and chemical weapons Iraq still retains – and prepare a strategy that can eliminate them once and for all. The same is true for other such stockpiles that may exist in the hands of would-be terrorists in other places.

Third, we need new military doctrines and better protective measures that will not put future U.S. troop deployments in areas of biological and chemical weapons risk without proper safeguards.

These safeguards have to include far better detection methods in war zones where these kinds of weapons may exist.

For example, during the Gulf War, we had over 14,000 chemical detection warning devices dispersed throughout the combat zone. These alarms went off tens of thousands of times as the air war took place.

The Defense Department later claimed that each and every alert that was sounded was a false alarm. Given all the other documented evidence that has been assembled, that patently false assertion cannot be allowed to stand. If it does, it will continue to prevent the move to a new regime of proper safeguards that can actually offer the protections our combat forces need today – and in the future.

If the best we can do when Lou Gehrig's disease affects a Gulf War veteran ten years later – is to finally say, "Well, sorry, we know it's a bit late, but here is your service-connected disability check" – then we really ought to hang our heads in shame.

Fourth, we also need full public disclosure of military contamination events if and when they occur – and a response with the full medical resources of our country to meet the needs of any veteran who returns from a war zone, sick from exposures while on duty.

That means a full disclosure Defense Department when it comes to sick U.S. veterans. That requires a President, as Commander in Chief, and a Defense Secretary who will hold the officers at every rank to a standard of absolute truthfulness and transparency on these life and death matters. I believe President Bush and Secretary Rumsfeld are men who would want such a standard.

In the United States today, our professional volunteer military force is trained to accept command orders – and be ready to die in combat if necessary. In return we have a corresponding obligation on the part of our government to use every available means to protect these fighting forces during combat – and to enable them to cope with the after-effects of combat.

Chemical and biological weapons risks can produce in veterans a form of living death – of lives broken forever by unseen wounds suffered in wartime. As we are now finding here on the home front with biological Anthrax attacks, we must have new and better methods of protection. We must honor and protect these men and women within our armed services as they serve our country by equipping them with everything they need to stay alive and well. They are not so equipped today.

When we fail that test, we dishonor them and dishonor our nation. We can and must do better. Hopefully, this committee's work will lead us in that direction.

Thank you, Mr. Chairman.