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**COLLECTION:**
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First Lady's Office
Melanne Verveer
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Gulf War Veterans

2013-0534-S
ry1562

### RESTRICTION CODES

**Presidential Records Act - [44 U.S.C. 2204(a)]**

**P1** National Security Classified Information [(a)(1) of the PRA]
**P2** Relating to the appointment to Federal office [(a)(2) of the PRA]
**P3** Release would violate a Federal statute [(a)(3) of the PRA]
**P4** Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
**P5** Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
**P6** Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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**RR.** Document will be reviewed upon request.

**Freedom of Information Act - [5 U.S.C. 552(b)]**

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**b(9)** Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

**MEMORANDUM**

**To:** Mrs. Clinton

**From:** Diana Zuckerman

**Re:** Wednesday Meeting with V.A. on Gulf War Illnesses

**Date:** January 24, 1995

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This memo will provide background information for your 1 p.m. meeting with V.A. officials. They include Dr. Ken Kizer, who is the new Under Secretary for Health; Kathy Jurado, who is Assistant Secretary for Public and Intergovernmental Affairs; Ed Scott, the Assistant Secretary for Congressional Affairs; Dr. Robert Roswell, chief of staff at the Birmingham V.A. Medical Center (and Executive Director of the Persian Gulf Veterans Coordinating Board), who appeared on Nightline last month; and Dr. Frances Murphy, a doctor who is director of the V.A. environmental agents service.

Melanne may have mentioned to you that the V.A. is very angry at Jay Rockefeller because he has been critical of the V.A. response to Gulf War illnesses, and because he was not supportive of their proposed legislation regarding compensation for veterans with undiagnosed illnesses (Jay argued that V.A. already had the authority and shouldn't wait for legislation.) For example, Dr. Murphy says that V.A. is doing a great job and veterans are being well taken care of, and she resents Congressional criticism. Some of that anger has apparently been directed at me, although nobody at V.A. has openly expressed it to me. Melanne suggests that I say as little as possible at this meeting.

The goals of this meeting are similar to those of the DoD meeting on Monday:

1. Let them know that you and the President have received letters and personal appeals to "do something" to help Gulf War veterans, and that many veterans believe that the V.A. and DoD do not take their illnesses seriously.

2. Ask what progress has been made to respond to legislation that was passed late last year. They will probably focus on the bill that allows V.A. to provide compensation to Gulf War veterans with undiagnosed illnesses. There are other provisions in the same bill that V.A. is less enthusiastic about, that Sen. Rockefeller initiated in response to veterans' complaints. These will be described in detail later in this memo.

3. Convey your concern that the message that "We care" is heard by veterans and the media, and that V.A. move quickly to implement new legislation that will show that

we really do care. Share your concern that the V.A. person who talks to the media be capable of getting that message across. [I thought you did a great job on that at the DoD meeting.]

**Background Information**

Most of the mail you have received on Gulf War illnesses are from veterans who complain about treatment in V.A. hospitals. Despite year old legislation that requires V.A. to provide free medical care to Gulf War veterans whose illnesses **may be** related to military service (it doesn't have to be proven), many of the 171 V.A. medical centers are not doing a good job. Many veterans complain that they are sent to the psychiatric ward, and then usually sent back to an internist who says "I don't know what's wrong with you, I can't help you."

**PTSD, Stress, and Gulf War Syndrome.** One of the controversies has been the extent to which Gulf War Syndrome is caused by stress. Veterans frequently complain that V.A. doctors think their illnesses are "all in [my] head."

Some DoD and VA doctors have suggested that Gulf War Syndrome is caused by Post Traumatic Stress Disorder (PTSD). However, the physical complaints of Gulf War Syndrome are very different from the symptoms of PTSD. For example, PTSD is characterized by flashbacks and anxiety symptoms, whereas Gulf War syndrome is usually characterized by extreme fatigue, rashes, hair loss, joint pain, and gastro-intestinal problems.

However, it is certainly possible that Gulf War Syndrome is stress-related. For example, it may be that the fear of chemical weapons and the stress of war made US troops more vulnerable to toxic exposures. However, if that is true, they still have physical illnesses that need to be treated as such.

Dr. Roswell believes that Gulf War Syndrome is stress-related. Although veterans agree that they are under a lot of stress, they believe the symptoms cause the stress, not the other way around.

V.A. is conducting some research on the relationship between stress, PTSD, and Gulf War symptoms.

**Reproductive Problems.** By law, V.A. can only provide medical tests and treatment to veterans, not their spouses or children. Many veterans complain that their spouses and children have no access to health care, even if their illnesses seem to be related to the veteran's military service. This is especially likely if the veteran and spouse are too sick to work and therefore have no health insurance.

In response to those complaints, Sen. Rockefeller and Sonny Montgomery initiated several legislative provisions that were signed into law in November. The provisions include:

1. V.A. must implement a 2-year pilot project to include wives and children on the V.A. Gulf War Health Registry starting in FY 1995. Currently, only veterans are included in the Registry. The Registry is intended as a source of information about the health of Gulf War veterans; inclusion is voluntary. Veterans who want to be on the Registry take a battery of tests. The V.A. now has to develop a battery of tests for spouses and children, and decide how to also include information about miscarriages, stillbirths, and birth defects in the Registry. Congress authorized $2 million for this pilot project. The testing will not be done at V.A. facilities, but V.A. facilities will pay the costs.

Dr. Fran Murphy, who will be at the meeting, tried to sabotage this provision by providing outrageous estimates of the costs of including spouses and children in the Registry. V.A. really doesn't want to get involved in any medical care for dependents. We therefore need to be concerned that V.A. will not do a good job on this.

2. V.A. must develop a standard protocol of how to evaluate Gulf War veterans with undiagnosed illnesses, and this protocol must be made available at as many of the 171 V.A. medical centers as possible. (V.A.'s original plan was to do it at a handful of centers). Currently, the protocols used do not include reproductive testing and we have heard that V.A. doctors have refused to test semen samples despite reports that the semen causes a burning sensation, and despite concerns about birth defects. **The new law requires that the protocol must include tests of reproductive function, such as analysis of seminal fluid.**

3. V.A. is also authorized (but not required) to conduct a survey and epidemiological research on Gulf War Syndrome, but any such research should not be redundant with the research that DoD is required to support. Personally, I am more confident in the DoD grants to independent researchers, so I would not push V.A. to do this research (it was Rep. Montgomery's provision, and he didn't know about the DoD bill.)

4. V.A. now has the authority to provide compensation to Gulf War veterans with undiagnosed illnesses. Thousands of such veterans have already been denied claims, and it is not clear what V.A. will do to notify them that the criteria have been eased and they may be eligible for compensation under the new regulations (not yet finalized). Changing this law is very important, and Jesse Brown clearly wanted to do this, but the real test will be how many veterans actually receive compensation under the new rules.

**MEMORANDUM**

**To:** Mrs. Clinton

**From:** Diana Zuckerman

**Re:** Wednesday Meeting with American Legion

**Date:** January 24, 1995

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This memo will provide background information for your 2:30 p.m. meeting with the American Legion. You will meet with their Executive Director, John Sommer, and their Legislative Director, Steve Robertson. John Sommer was born in 1947 in Columbus, Ohio and is a Vietnam veteran. He has worked for American Legion since 1971. Steve Robertson served in the Persian Gulf War as a member of the DC Army National Guard. He also served in the Air Force from 1973-85. His wife is an Air Force captain. He has worked for the American Legion since 1988.

The American Legion is one of the largest and most conservative veterans' service organizations (VSOs), and they have been the most active VSO on Gulf War illnesses issues. That is probably because Steve and a member of his staff, Kimo Hollingsworth, both served in the Gulf War and have undiagnosed illnesses.

The American Legion Child Welfare Foundation has provided a grant to the Association of Birth Defect Children to conduct a survey of birth defects among the children of Vietnam veterans and Gulf War veterans. In contrast, most veterans' groups are not interested in the issue of reproductive hazards.

Despite the American Legion's relative support of these issues, they are almost as concerned as the other veterans' groups about using V.A.'s already strained medical budget to provide health services to spouses and children. They think DoD or HHS should pay for any medical evaluations or treatment of dependents.

**The main goal of this meeting is for you to listen to their concerns about veterans with Gulf War illnesses, and ask for their suggestions about what the Administration should do to help these veterans.**

The American Legion does not have scientific expertise on this issue, and their understanding of the role of government agencies is not impressive. They have been supportive to Congressional efforts, including the compensation legislation, Sen. Rockefeller's hearings, legislation, and report, and Sen. Riegle's criticisms of DoD. They believe that the Pentagon is covering up evidence that veterans were exposed to biological and chemical weapons in the Gulf.

# VETERANS OF FOREIGN WARS OF THE UNITED STATES

File

THE EXECUTIVE DIRECTOR
WASHINGTON OFFICE

March 31, 1995

Mrs. Hillary Clinton
The White House
Washington, D.C. 20500

Dear Mrs. Clinton:

I am writing to once again thank and commend you for your direct involvement on behalf of those Persian Gulf veterans who are sick or disabled as a consequence of their service in the Persian Gulf. Your meeting with VFW Commander-in-Chief Allen F. "Gunner" Kent in February of this year clearly bespoke a sincere commitment to work toward a resolution of the issues confronting these brave young Americans. I can assure you that the VFW's commitment is no less in this matter. This organization will exert its every influence to ensure that Persian Gulf veterans are fully and compassionately provided for.

In this regard, as the White House sets about establishing the President's Advisory Committee on Gulf War Veterans Illnesses, we are concerned that rank-and-file Persian Gulf veterans be represented on that body along with senior military personnel and members of the scientific and medical community. The VFW views it as absolutely critical that veterans representing the average Persian Gulf military enlistee -- the men and women who actually fought the war -- be included as members of the Committee. Not only have they earned such representation through their heroic actions in the Gulf, but it is only these former enlisted personnel who have the shared experience and empathy to fully see to the interests of their comrades in arms.

Additionally, it is our estimation that many Persian Gulf veterans will find it suspect if no such former enlisted personnel are included on the Committee. We point to the fact that of the over 2,500 respondents to the VFW's Persian Gulf Registry, 46% reported not being on either the VA or DoD's registries. While it is likely there are a number of reasons for this, it is evident that there is a certain distrust of the "system" among some Persian Gulf veterans. In our estimation a failure to include representatives of the non-career combat soldier on the Advisory Committee will undermine its creditability among members of the very group it would seek to help.

VFW MEMORIAL BUILDING • 200 MARYLAND AVENUE N.E. • WASHINGTON, D.C. 20002-5799 • AREA CODE 202-543-2239

So I would conclude by again thanking you on behalf of the entire VFW membership for your direct involvement in this issue, and urge that former enlisted non-active duty Persian Gulf veterans be included as members of the President's Advisory Committee on Gulf War Veterans Illnesses.

Sincerely,

James R. Currieo

JAMES R. CURRIEO
Executive Director

VETERANS OF FOREIGN WARS
OF THE UNITED STATES

VFW MEMORIAL BUILDING
200 MARYLAND AVENUE N.E.
WASHINGTON, D.C. 20002


MRS HILLARY CLINTON

THE WHITE HOUSE

WASHINGTON DC 20500

file Gulf war

**DEPARTMENT OF VETERANS AFFAIRS**
**VETERANS HEALTH ADMINISTRATION**
**AN ANALYSIS OF "THE GULF WAR SYNDROME. IS THERE EVIDENCE OF DYSFUNCTION IN THE NERVOUS SYSTEM?" ARTICLE**

A group of investigators from Glasgow, Scotland published a study on British Persian Gulf War (PGW) veterans. The article titled, "The Gulf War Syndrome. Is there evidence of dysfunction in the nervous system" was published in the Journal of Neurology, Neurosurgery, and Psychiatry 1996;60:449-451 by GA Jamal, S Hansen, F Apartopoulos, and A Peden. This study prompted several media reports. Therefore, a brief description of the study and its conclusions are provided.

This is a small pilot study involving 14 (12 men and 2 women) PGW veterans with unexplained illness and a matched comparison group of 13 healthy civilians. The subjects were randomly selected from a list of 40 veterans who complained of unexplained illness after returning from the Persian Gulf War. The mean age of the veterans was 34.2 years; range 24-50 years. The study subjects underwent a number of standard tests of peripheral and central nervous system function and nonconventional quantitative tests of heat, cold and vibration sensation. Symptoms such as fatigue, weakness, paresthesia, numbness, spontaneous sensation of heat and cold and pain were scored. The subjects were reported to have no other known causes of peripheral nerve dysfunction such as, family history of neuromuscular disease, neurotoxic medications, or excessive alcohol use. However, it is important to note that the investigators were not blinded to the veteran status of the study participants.

Results of the study showed that the PGW veterans had an increased score for neurologic symptoms and clinical signs, a raised cold threshold, a prolonged mean sural sensory nerve latency and a reduced mean amplitude of the median sensory nerve amplitude. Motor nerve conduction, somatosensory and brainstem evoked potential(tests of central nervous system sensory function), and needle electromyograms (EMG) were normal. The results of this preliminary study of PGW veterans suggest that there may be a deficit in sensory nerve function of small and large fiber type. No convincing evidence is presented that the peripheral motor nerves or the central nervous system (brain or spinal cord) are affected.

These results are not consistent with the results of clinical evaluations of larger groups of U.S. veterans. The VA Referral Centers and Birmingham Pilot Program, and the DOD Comprehensive Clinical Evaluation Program did not find a large number of PGW veterans with sensory neuropathy or peripheral nervous system-related complaints. The published report has a number of potential study design problems which could affect the results including the validity of the subjective test measures utilized, failure to blind the investigators, and the small study size. Furthermore, the investigators did not report the laboratory normal values for the nerve conduction velocities and amplitudes. Because of this omission we can not judge whether the test results in Persian Gulf veterans are abnormal by this absolute standard, or the results are reduced only relative to the values measured in the control subjects. A minor relative decrease is difficult to interpret and may not be clinically valid. This is an important consideration since the number of study subjects is small.

These results are important because they suggest that the PGW veterans may have been exposed to some neurotoxic substance or process. The possibilities include organophosphate pesticides, chemical warfare nerve agents, neurotoxic drugs, alcohol, etc. This is the first

published study to document possible toxicity to the peripheral nervous system.

Federal actions should include a careful re-evaluation of the existing VA and DOD clinical databases including subgroup analysis of those individuals with peripheral nervous system complaints and a compilation and analysis of the EMG/NCV and evoked potential results; this activity could be carried out under the auspices of the Clinical Working Group of the Persian Gulf Veterans Coordinating Board. Federally-funded investigators who are studying the health of Persian Gulf War veterans should be made aware of these findings and encouraged to incorporate similar testing into future investigations, where relevant. Finally, Dr. Jamal and his colleagues should be contacted by the Research Working Group for further discussion of their interesting preliminary work.

VHA contact: Frances M. Murphy, M.D., M.P.H.
Director, Environmental Agents Service
(202)565-4183 or 4182

cc Sandy B
Melanne ✓
Kathy Higgins

FYI

HRC

BC-VETS-EDITORIAL op-ed:PD
U.S. should take care of Persian Gulf veterans
Knight-Ridder/Tribune News Service
(c) 1994, Philadelphia Daily News
The following editorial appeared in the Philadelphia Daily News on Friday:
X X X
Military doctors refuse to acknowledge that Persian Gulf War veterans are suffering from a mysterious malady.
This is nothing new, of course.
Military and Veterans Affairs Department doctors also denied that Vietnam veterans were suffering from exposure to Agent Orange.
So President and Hillary Rodham Clinton deserve praise for championing the cause of Gulf veterans before the court cases, protests and exposes force the government to take responsibility for them.
Tens of thousands of veterans report unexplained muscle pain, respiratory and heart problems, hair loss and memory loss.
No one knows what happened to them over there. They may have been exposed to some horrifying chemical concoction or mutant germ dreamed up by Saddam Hussein.
Whatever the cause, their government should pay for their health care and try to get to the bottom of their illnesses.
Philadelphia Daily News

**** filed by:KR-F(--) on 02/27/95 at 08:47EST ****
**** printed by:WHPR(JEL) on 02/28/95 at 08:20EST ****

Date: 02/17/95 Time: 04:54

First Lady To Compile Report On Gulf War Vets

(Washington) -- Hillary Rodham Clinton says the president has asked her to report to him on the problems of Gulf War veterans.

She told a group of patients at a Veterans Administration Hospital in Washington that the administration is doing everything it can to get to the bottom of the so-called ''Gulf War syndrome.'' But she says the results so far aren't very satisfying.

The veterans described some of their symptoms to the first lady. One tearfully spoke of chronic fatigue and headaches; another said the joints in his hands had swollen so badly he'd been forced to quit a civilian police job; a third said he gets so confused he can't even carry on a simple conversation anymore.

APNP-02-17-95 0457EST

file

THE WHITE HOUSE

WASHINGTON

November 28, 1995

MEMORANDUM TO WALTER DELLINGER
ASSISTANT ATTORNEY GENERAL

FROM: JACK QUINN JQ
COUNSEL TO THE PRESIDENT

JAMES CASTELLO J.L.C.
DEPUTY COUNSEL TO THE PRESIDENT

A dispute has emerged concerning implementation of section 107 of the Veterans' Benefits Improvement Act of 1994 (P.L. 103-446) (codified at 38 U.S.C. §1117 note). Section 107 provides that the VA "shall conduct a study to evaluate the health status of spouses and children of Persian Gulf War veterans" and that, "[u]nder the study, the Secretary shall provide for the conduct of diagnostic testing and appropriate medical examinations of any individual" who is the spouse or child of a Persian Gulf War Veteran, so long as the veteran is both listed in the Persian Gulf War Veterans Registry and suffering from "an illness or disorder," and so long as the spouse or child "is apparently suffering from, or may have suffered from, an illness or disorder (including a birth defect, miscarriage or stillbirth) which cannot be disassociated from the veteran's service in [the Gulf War]." The section provides a maximum funding of $2 million for this testing.

The First Lady has received letters from many spouses of Gulf War veterans, expressing their fears that they may have symptoms of the mysterious "Gulf War Syndrome." Following enactment of section 107, the First Lady informed some of these correspondents that the President had signed this provision into law, that he strongly supported its goals, and that the law "will ... require the Veteran's Administration to pay for medical tests for spouses and children whose illnesses may be related to a [Gulf] veteran's military service." One or more of these correspondents subsequently sought diagnostic testing and were refused such assistance by the VA.

Subsequently, Secretary Brown's Chief of Staff, Harold Gracey, wrote to the White House to complain that the First Lady's correspondence "does not clearly state the content of the law." Citing language in section 107 that gives the Secretary discretion to determine what kind of medical data should be gathered in the testing and examination of spouses and children, Mr. Gracey concluded:

> This legislative language clearly mandates a research investigation which will study the association between the illnesses of sick Persian Gulf veterans and their spouses and children. VA is planning to implement this legislation by performing a National Persian Gulf Survey which will include a questionnaire mailed to 15,000 randomly-selected Persian Gulf veterans and 15,000 Gulf era veterans. A later phase of this survey will provide medical examinations to 1,000 veterans and their family members, selected from each comparison group. The physical examination phase will allow us to study the rates of illnesses, including birth defects, and study the nature and extent of the association. An examination of a self-selected population will not allow this determination to be made.

The survey referenced in Mr. Gracey's letter is, in fact, authorized by a separate provision in the Veterans' Benefits Improvement Act--section 109. There is nothing in the statute or legislative history that suggests the testing and examination of spouses and children authorized in section 107 should be confined to some subset of the randomly selected subjects of the health questionnaire authorized in section 109.

Indeed, the statute suggests the contrary. As Mr. Gracey's description of the VA's proposed testing program makes clear, only a minority (and perhaps a very small minority) of the 2,000 persons or families whom the VA plans to examine will meet the criteria set forth in section 107 of the statute--that is, only a portion of those tested will be spouses and children of medically affected Gulf War veterans who are themselves suffering from some disorder or illness that cannot be disassociated from the veteran's Gulf War service. Obviously, the 1,000 test subjects whom the VA intends to draw from its survey pool of Gulf *era* veterans (i.e., non-Gulf *War* veterans) cannot satisfy the statutory criteria. But even among the 1,000 subjects drawn from the Gulf War veterans pool, it is unclear how many will be suffering from an illness, how many of these will have spouses or children, and how many of those dependents will themselves have some illness or disorder that cannot be disassociated from the veteran's service.

The conclusion that the VA's testing program does not fulfill the statute's mandate is underscored by the language in section 107(g), which directs the Secretary to "conduct such outreach activities" as will enable the Secretary "to analyze the health status of *large numbers* of spouses and children of Persian Gulf veterans" (emphasis added). This conclusion is further buttressed by the conference report for the 1994 Act, which states that section 107's medical examinations "would be restricted to those dependents whose illness, birth defects, or other disorder cannot be disassociated from the veterans' service in the Gulf War. There is no limit on the number of dependents

who could be included in the registry; however, the number may be limited by the cost since the bill authorizes $2 million for the pilot study."

Following Mr. Gracey's letter to the White House, the VA's General Counsel, Mary Lou Keener, issued a legal opinion on the interpretation of section 107. The opinion responded to a request for guidance from the VA's Under Secretary for Health, who alleged that the White House believed section 107 "authorizes VA to pay for routine care of Persian Gulf veterans' spouses and children." (So far as we are aware, no one in the White House has ever suggested such a reading of section 107.) After rebutting the notion that the VA was authorized to pay for "routine care" of veterans' dependents, Ms. Keener's opinion concluded that section 107, "by its terms, limits VA's authority to provide diagnostic tests and medical examinations to only those spouses and children who meet the criteria for inclusion in the mandated epidemiological study." In subsequent conversations with Ms. Keener and other VA officials, it has become clear that the VA adheres to this view that section 107 only authorizes testing and examinations for the chosen subjects of an *epidemiological* study and that the VA equates such a study with its announced plan to test 2,000 selected respondents to its National Health Survey. The fact remains, however, that section 107 does not ever refer to an "epidemiological study." Rather, it provides for "a study to evaluate the *health status* of spouses and children of Persian Gulf War veterans," to be based on "diagnostic testing and appropriate medical examinations of *any* individual" who meets the established criteria for such spouses and children (emphasis added).

The VA's plans for implementing section 107 have prompted two letters of protest from the chief congressional sponsors of this provision. In June, Minority Leader Daschle wrote to Secretary Brown, complaining of the VA's failure to begin "to add qualified dependents to the Persian Gulf Veterans' Health Registry" and reaffirming that section 107's "essential goals" were "to provide diagnostic services to family members who are ill and to generate data that will enable us to evaluate whether Gulf War veterans are transmitting their illnesses to their close family members." Earlier this month, Senator Daschle and Senator Rockefeller wrote a joint letter to Secretary Brown, saying that they were "extremely disappoint[ed] that the Department has failed to move forward with the mandated examinations of spouses and children." The senators again emphasized that section 107's "pilot study was clearly intended to offer spouses and children the opportunity to seek examination for conditions they believe are related to PGW service ... . The Health Survey you have just announced will not meet this goal."

The President has committed this Administration to providing the fullest range of services to Gulf War veterans and their

dependents that the law authorizes. The VA's proposed implementation of section 107 appears to be inconsistent with the statute's intent and with the President's objective. Moreover, the VA has resisted any change in its implementation plan on the ground that its general counsel believes the plan is compelled by the wording of the statute and believes that medical testing of self-selected spouses and children is *not* authorized.

Accordingly, we are requesting an opinion from your Office as to the proper interpretation of section 107. Is the VA correct that the statute does not authorize testing of self-selected spouses who meet the criteria set forth in section 107(a)(1)-(3). Alternatively phrased, is the VA correct that the statute only authorizes the testing of veterans' families who are randomly selected as part of an *epidemiological* study? Since more than one year has elapsed since section 107 was enacted into law, this dispute needs to be resolved as soon as possible.

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file Gulf War

Fax Cover Sheet


SENATE COMMITTEE ON VETERANS' AFFAIRS
Minority Office
202 Hart Senate Office Building ♦ Washington, D.C. 20510
Phone (202) 224-2074 ♦ FAX (202) 224-9575


PAGES: _____ (including cover sheet)

DATE: _____

TIME: _____

TO: Melanne Verveer

OFFICE: _____

FAX: 456-6244

PHONE: _____

FROM: Jim Gottlieb

NOTES:

Knowing of your interest in POW issues relating to spouses, I thought you'd be interested in this letter.

This is something that DOD + VA feel strongly about, and will want to resolve with the DOD + VA if possible.

JG

# United States Senate

WASHINGTON, D.C. 20510

November 20, 1995

The Honorable Jesse Brown
Secretary of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Jesse,

We share your commitment to exploring every feasible avenue of the Persian Gulf War illness mystery, and applaud the Department's announcement to move forward with the National Health Survey of Persian Gulf Veterans and their Families. This is an important epidemiological study, for which the Congress expressed approval by enactment of Sec. 109 of P.L. 103-446.

We continue to believe, however, that this survey does not meet the mandate of the Congress expressed in Sec. 107 of that bill. Sec. 107 requires the Department to conduct diagnostic testing and medical evaluation of PGW veterans' spouses and children in non-VA facilities, and authorized $2 million for that express purpose. This pilot study was clearly intended to offer spouses and children the opportunity to seek examination for conditions they believe are related to PGW service, with appropriate outreach and entry of date in the PGW registry. The Health Survey you have just announced will not meet this goal.

It is extremely disappointing that the Department has failed to move forward with the mandated examinations of spouses and children. Apparently the Department has taken the position that it could ignore this congressional mandate by including spouses and children in an epidemiological survey. We direct your attention to the Joint Explanatory Statement for H.R. 4386 at page 15012 of the Congressional Record (October 8, 1994) which states, in part:

> "Section 107, which is derived from the Senate provision, would require VA to conduct a pilot study...develop an evaluation protocol and guidelines for medical examinations, tests, and consultations.... It would authorize VA to pay [up to $2 million] for the medical examinations, tests, and contracts with non-VA facilities....[so]...information provide[d] by medical facilities...could also be included in the registry...."

We know that you share our view that the government must not repeat the mistakes of omission that our predecessors made in their investigation of earlier war-related illnesses. That is why we believe that more than a random-selection health survey is important for veterans' spouses and children. And that is precisely why we crafted and enacted Section 107.

We, again, request that you review this matter with a view toward meeting the mandate set forth in P.L. 103-446, and look forward to receiving a timely status report on this review.

Sincerely,

John D. Rockefeller IV
Ranking Minority Member
Committee on Veterans' Affairs

Thomas A. Daschle
Minority Leader

February 17, 1995

First Lady, Hillary Rodam Clinton
1600 Pennsylvania Avenue
Washington, D.C. 20420

Attn: Ms. Diana Zuckerman

Re: Sgt. Joseph E. Dulka Jr. File #310/211A/DH XCSS 048 52 4231

Dear Ms. Zuckerman,

Let me first commend you for your continuing work on the Desert Storm Veteran health problems. You are one of very few who seems to care about this issue.

I am writing you on behalf of my deceased husband, myself, our children and the tens of thousands of other veterans and their families of Desert Storm. My husband died on August 28, 1994 of pancreatic cancer at the age of 37. We applied for full 100% disability compensation from the veterans administration in June of 1994. We were denied.

Since my husbands death, I have carried on this battle, not only for my family, but for the other Desert Storm Veterans and their families. I have appealed on several occasions to the VA and been denied. The basis for the denial is that my husband had no documented symptoms during the first year after his return. Pancreatic cancer has no symptoms The cancer was only discovered when a tumor the size of a baseball blocked his intestinal track. Before that he showed no symptoms.

My husband was a National Guardsman with the 143rd MP Company out of Hartford, CT. They were activated for the Desert Storm conflict to guard the Iraq Prisoners in Saudi Arabia. During their tour they were ordered to spray the P.O.W.'s with benzene a form or lindane, a known cancer causing substance. They were ordered to spray these P.O.W.'s with no warning of the toxic which they were using, no protective clothing, or masks were provided. This substance was inhaled, and absorbed through the skin by the M.P.'s. Originally, a medical company stationed with the MP's was ordered to do this, upon their refusal, the MP's were ordered to do it.

My husband was proud to serve his country, willing to go, he knew he may not come home. He felt confident that the VA would provide for his family, He had 13 years in the National Guard. Now a yellow ribbon hangs from the American Flag at his grave. How does the military expect to have any volunteer's for the service if they don't take care of their Veterans?

As you can see from the information I have sent you, This has become a full time job for me. I have written numerous letters, sent faxes, made telephone calls, to no avail. Each time I put in an appeal, my case is denied. I have received many phone calls offering support, and instruction as to how to fight the VA's decision. Dr. William Eddy has been an unbelievable source of support and information to me. He heard of my story in June, and tried to help me along with others in my situation. Dr. Eddy has done this on his own time, with great risk to his position and family financial security. He has been in constant contact with me, keeping me updated as to what is going on and what I can do to try to get my situation resolved. I have also received help from Dr. Charles Jackson. He instructed my husbands Doctor on which test to run for heavy metals testing and where to have his blood samples sent, along with spending time with me on the phone. I have received help from so many, but their hands are tied. I'm sure with your help, our Veterans can receive the help and benefits due to them.

The American public is being lied to as are the Veterans of Desert Storm. The VA is not releasing true figures on the amount of cancer cases of Desert Storm Veterans. The registry is lying when they are called and asked how many cases they have registered. When my husbands Doctor called the registry in May 1994 to report my husband's case, he was told their were no other cases, which I know was a direct lie. Had his Doctor known, he would have run other testing and done some more research which would have helped my case.

I have tried with no success to get answers to the following questions. How much lindane was brought over to Saudi Arabia and how much came back? How many cases of cancer and neoplasma's are there among our Desert Storm Veterans? How many deaths from these same illnesses have there been. How many of these claims have been denied? How many have been approved? The bodies that were brought back from the war to Delaware and autopsied, how many of the medical staff which performed these autopsies are sick? Can you or your office find the answers to these questions?

Please take a moment and look through the information I have sent to you. It will show you the road I have traveled since May 1994 and help your better understand why I am writing to you. I need to know why I am a widow and why my children have no father. How do I explain to a 3 and 8 year old that their father died because our military didn't protect its own soldiers and then cast them away after their job had been completed? I am aware that during times of war, certain

procedures can not be followed, but it appears that no concern or protection was given our soldiers and now the VA has turned its back on the Veterans and their families. I would much prefer to tell my children that their father fought proudly to defend our country and lost his life as a result of his duty, but that the Veterans have taken care of us and your daddy provided these benefits through his duty.

Sincerely,

Diane Gates Dulka

Diane Gates Dulka
17 Midland Road
Windsor Locks, CT 06096
(203)623-1456

This was sent to:
Senator Rockerfeller
Mr. Steve Robinson
Congressman Joe Kennedy
Jessie Brown
Mark Regan

June 27, 1994

I AM REQUESTING A HARDSHIP DISABILITY COMPENSATION RATING OF 100% IMMEDIATELY FOR MY PANCREATIC CANCER. IF I SHOULD DIE BEFORE YOU CONSIDER MY RATING, CONSIDER THIS, INDEMNITY COMPENSATION. My name is Joseph Eugene Dulka Jr., my social security number is 048-52-4231. I am a Gulf War Veteran. I was with the 143rd Military Police Company out of Hartford, CT. I was sent to Saudi Arabia on January 22, 1991 and returned to Westover Air Force Base on May 5, 1991. During my tour, we were grouped with the 400th M.P. B.N. I was stationed at the P.O.W. camp and in charge of guarding the P.O.W.'s. I was repeatedly exposed to benzene, a known cancer causing agent, while processing the P.O.W's. On January 13, 1991 I was given malaria pills, February 14, 1991 I was given the antrax vaccine and cipro 500 pill. I was exposed to bombed out tanks, oil fires, sand storms, and constant scud alerts, and bombings. While processing the P.O.W.'s, I was constantly in contact to filthy, lice infested, sickly Iraq soldiers. The entire company came down with diarrhea while in the Gulf.

Upon returning home my wife became pregnant with my son in June 1991. My son was born with cleft lip and palate. There is no history of this in our family on either side. He has had 2 surgery's and still needs another one possibly 2 more. I also have a 7 year old daughter who was born normal. My wife has experienced constant vaginal yeast infections, and abnormal pap smears since my return. This has caused her severe discomfort.

Approximately 7 to 8 months after my return home, I as my family noticed several changes in my personality, such as, depression, lack of motivation, short temper, unable to concentrate or finish something which had been started. In November 1993 I began having problems with my upper abdomen. I was told I had Gastritis, for which I was treated. In January 1994 I developed diarrhea, massive weight loss, and pain in my upper back. After months of testing I have been diagnosed with pancreatic cancer. I have been given a very short time to live.

I am in St. Francis Hospital in Hartford, CT as of this date. I did go to the VA Hospital in Newington, CT on May 4, 1994 for some testing. I was unable to follow it up due to my illness. Their phone number is (203)667-6757.

I believe my son's facial imperfections, my wife's infections, and my cancer are a direct result of my involvement in the Desert Storm Operation. I have served my country proudly over the last 14 years and was more than willing to do it for my country. I now need your help. I have made the ultimate sacrifice for my country.

BASED ON THE HARDSHIPS I AM FACING AND THE SHORT TIME I HAVE LEFT TO LIVE, I AM REQUESTING A IMMEDIATE DISABILITY RATING OF 100%, AND I AM ALSO APPLYING FOR AN UNEMPLOYABILITY RATING..

I can be reached at the address and phone given below. My doctor's name, address, and phone are also listed below.

PLEASE DO NOT SEND THIS CLAIM TO LOUISVILLE.
Thank You

Joseph E Dulka Jr

Joseph E. Dulka Jr.

Joseph or Diane Dulka Jr
17 Midland Road
Windsor Locks, CT 06096
(203)623-1456

Dr. John Polio
1000 Asylum Avenue
Hartford, CT
(203)522-1171

HARTFORD GASTROENTEROLOGY ASSOCIATES, P.C.

JAY B. BENSON, M.D.
JOHN POLIO, M.D.
1000 ASYLUM AVENUE
HARTFORD, CONNECTICUT

TELEPHONE 522-1171

SUITE 3215

6/28/94

Re: Joseph Dulka Jr.

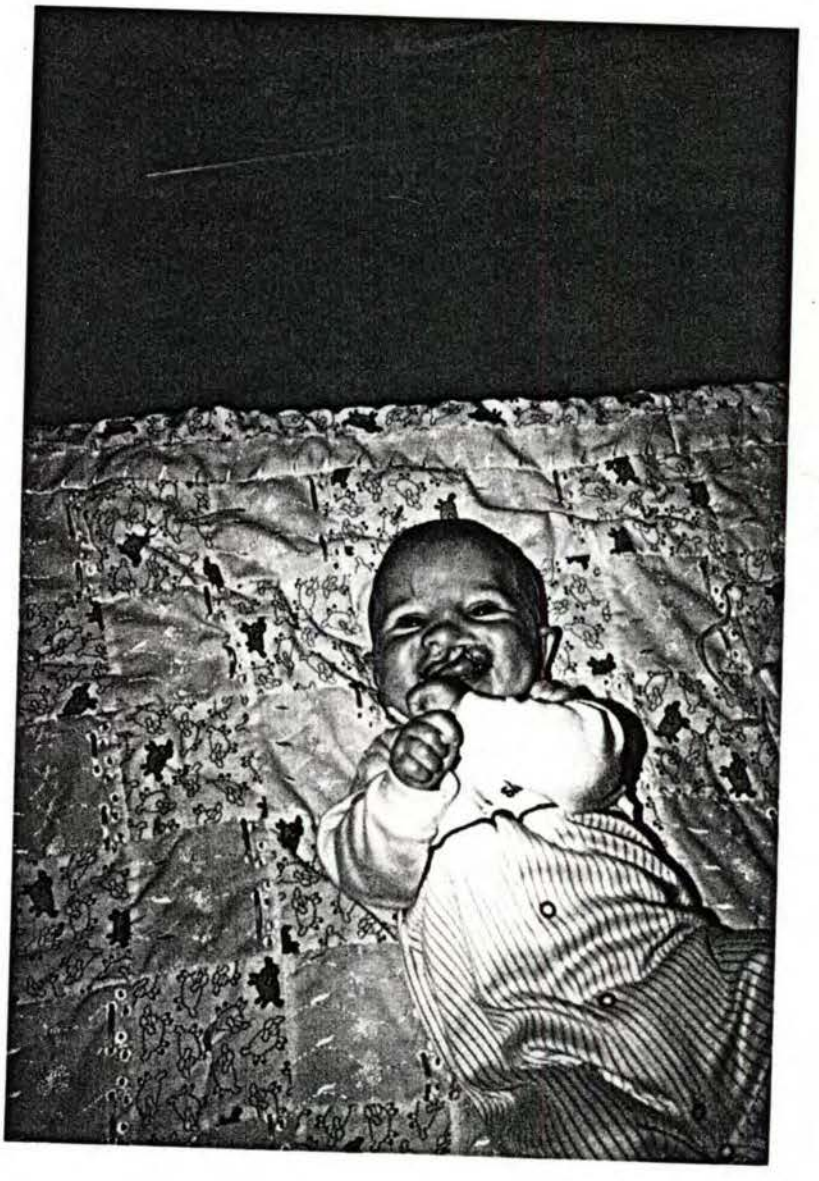
To Whom it may concern:

Mr. Joseph Dulka has been a patient of mine since November 1993. At that time he presented with a one month history of gastrointestinal symptoms. He was ultimately diagnosed with pancreatic carcinoma in May 1994. I believe that his initial presenting symptoms were in fact due to this diagnosis. It is likely that the development of the tumor preceded his initial symptoms by a number of months.

Sincerely,

John Polio

John Polio M.D.



Joseph E Dulka Jr

**PERSONAL HEALTH HISTORY (Continued)** 048-52-4231

**MEDICATIONS TAKEN REGULARLY (e.g., insulin, digitalis)**
**Médications pris regulièrement (e.g., insuline, digitale)**

| Health problem — Problème de santé | Generic and trade names of medication — Noms génériques et commerciaux de la médication | Medication dosage — Dose de médication | Physician's remarks — Remarques du médecin | Physician's signature — Signature du médecin |
|---|---|---|---|---|
| | | | | |

**OPHTHALMIC INFORMATION (prescription glasses)**
**Information ophtalmique (lunnettes prescription)**

| | Sphere Sphere | Cylinder Cylindre | Axis Axe | Prism Prisme | Base Courbe |
|---|---|---|---|---|---|
| (OD) Ocular dexter Oculaire droit | | | | | |
| (OS) Ocular sinister Oculaire gauche | | | | | |

Add _____ Base curve _____

Addition _____ Courbe base _____

Other _____

Autre _____

**OTHER IMMUNIZATIONS/PROPHYLAXIS RECEIVED**
**Autres immunisations/prophylaxies reçues**

**(Immune globulin, malaria, measles, etc.)**

| Date | Vaccine/prophylactic drug Vaccin/drogue prophylactique | Dose | Physician's signature Signature du médecin |
|---|---|---|---|
| 9JAN91 | Tet-Dip | .5 cc | Donald W. Pott |
| | GG | 2.0 ml | LTC, MC 193-28-1491 |
| | MGC | .5 cc | Donald W. Pott |
| 9JAN91 | FLU | .5 cc | LTC, MC 193-28-1491 |
| | | | |

| | | | |
|---|---|---|---|
| 14feb91 | Anthrax | .5cc | Dunlap - 301 ST |
| 23Mar91 | GG | 2.0cc | Desert Shield |
| | | | |
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CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

| 1. NAME (Last, First, Middle) | 2. DEPARTMENT, COMPONENT AND BRANCH | 3. SOCIAL SECURITY NO. |
|---|---|---|
| DULKA, JOSEPH EUGENE | ARMY/ARNG | 048 52 4231 |

| 4.a. GRADE, RATE OR RANK | 4.b. PAY GRADE | 5. DATE OF BIRTH (YYMMDD) | 6. RESERVE OBLIG. TERM. DATE |
|---|---|---|---|
| SSG | E-6 | 570731 | Year 00 Month 00 Day 00 |

| 7.a. PLACE OF ENTRY INTO ACTIVE DUTY | 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) |
|---|---|
| HARTFORD, CT | WINDSOR LOCKS, CT |

| 8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND | 8.b. STATION WHERE SEPARATED |
|---|---|
| 143D MILITARY POLICE CO. FORSCOM (FC) | FORT DEVENS, MA |

| 9. COMMAND TO WHICH TRANSFERRED | 10. SGLI COVERAGE |
|---|---|
| CONNECTICUT ARMY NATIONAL GUARD ARMORY, HARTFORD, CT 06105-3795 | ☐ None Amount: $100,000 |

**11. PRIMARY SPECIALTY** (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)

95B30, MILITARY POLICE, 13 YRS 07 MOS//
NOTHING FOLLOWS

| 12. RECORD OF SERVICE | Year(s) | Month(s) | Day(s) |
|---|---|---|---|
| a. Date Entered AD This Period | 91 | 01 | 03 |
| b. Separation Date This Period | 91 | 05 | 25 |
| c. Net Active Service This Period | 00 | 04 | 23 |
| d. Total Prior Active Service | 00 | 03 | 25 |
| e. Total Prior Inactive Service | 13 | 02 | 12 |
| f. Foreign Service | 00 | 03 | 12 |
| g. Sea Service | 00 | 00 | 00 |
| h. Effective Date of Pay Grade | 85 | 06 | 01 |

**13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED** (All periods of service)

ARMY LAPEL BUTTON//ARMY SERVICE RIBBON//NATIONAL DEFENSE SERVICE MEDAL//EXPERT BADGE M-16 RIFLE//ARMY RESERVE COMPONENT ACHIEVEMENT MEDAL(1ST OAK LEAF CLUSTER)//ARMY ACHIEVEMENT MEDAL //HUMANITARIAN SERVICE MEDAL//SHARPSHOOTER BADGE .45 CALIBER PISTOL//NOTHING FOLLOWS

**14. MILITARY EDUCATION** (Course title, number of weeks, and month and year completed)

NA

| 15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM | Yes | No | 15.b HIGH SCHOOL GRADUATE OR EQUIVALENT | Yes | No | 16. DAYS ACCRUED LEAVE PAID |
|---|---|---|---|---|---|---|
| | | X | | X | | NONE |

**17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION** X Yes ☐ No

**18. REMARKS**

ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION DESERT SHIELD/DESERT STORM IAW, 10 USC 672// DD FORM 215 WILL BE ISSUED BY ARPERCEN/STATE ARNG HQ TO PROVIDE MISSING INFORMATION// INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST-SERVICE BENEFITS AND ENTITLEMENTS.'//SERVICE IN SOUTH WEST ASIA 910124 TO 910505//NOTHING FOLLOWS

| 19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) | 19.b. NEAREST RELATIVE (Name and address - include Zip Code) |
|---|---|
| 17 MIDLAND RD<br>WINSOR LOCKS, CT 06096 | DIANE DULKA, 17 MIDLAND RD<br>WINSOR LOCKS, CT 06096 |

| 20. MEMBER REQUESTS COPY 6 BE SENT TO CT DIR. OF VET AFFAIRS ✓ Yes ☐ No | 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) |
|---|---|
| 21. SIGNATURE OF MEMBER BEING SEPARATED<br>Joseph E Dulka Jr | EMMA F. GOOCH, SFC, USA, CHIEF, TP |

DD Form 214, NOV 88 — *Previous editions are obsolete.* — MEMBER - 1

RELIEF FROM ACTIVE DUTY — HONORABLE

AR 635-200 CHAPTER 4 — LBK — NA

EXPIRATION TERM OF SERVICE

NONE

# Withdrawal/Redaction Marker
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 001. form | VA Form 21-526, Veteran's Application for Compensation or Pension (4 pages) | n.d. | b(6) |

**COLLECTION:**
Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20034

**FOLDER TITLE:**
Gulf War Veterans

2013-0534-S
ry1562

### RESTRICTION CODES

**Presidential Records Act - [44 U.S.C. 2204(a)]**

**P1 National Security Classified Information [(a)(1) of the PRA]**
**P2 Relating to the appointment to Federal office [(a)(2) of the PRA]**
**P3 Release would violate a Federal statute [(a)(3) of the PRA]**
**P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]**
**P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]**
**P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]**

**C. Closed in accordance with restrictions contained in donor's deed of gift.**
**PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).**
**RR. Document will be reviewed upon request.**

**Freedom of Information Act - [5 U.S.C. 552(b)]**

**b(1) National security classified information [(b)(1) of the FOIA]**
**b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]**
**b(3) Release would violate a Federal statute [(b)(3) of the FOIA]**
**b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]**
**b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]**
**b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]**
**b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]**
**b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]**

Department of Veterans Affairs

# AUTHORIZATION FOR RELEASE OF INFORMATION

| 1. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN *(Type or print)* | 2. FILE NUMBER |
|---|---|
| | 3. DATE OF BIRTH |
| 5. NAME AND ADDRESS OF HOSPITAL OR PHYSICIAN | 4. SOCIAL SECURITY NUMBER |
| | 6. DATES OF TREATMENT |

I, the undersigned, hereby authorize the hospital or physician shown in Item 5 to disclose and release to the Department of Veterans Affairs (VA) any information that may have been obtained in connection with physical examination or treatment, with the understanding that VA will use this information in determining my eligibility to veterans benefits I have claimed. The responses which are submitted may be disclosed as permitted by law outside VA. I understand I may revoke this authorization at any time except to the extent action has already been taken in reliance thereon: This request is valid for ninety (90) days from the date in Item 7B unless sooner revoked by me in writing.

| 7A. SIGNATURE OF VETERAN OR LEGAL REPRESENTATIVE | 7B. DATE |
|---|---|
| 8A. SIGNATURE OF WITNESS (Required) | 8B. DATE |

VA FORM MAR 1992 **21-4142**

SUPERSEDES VA FORM 21-4142, AUG 1989, WHICH WILL NOT BE USED.

Department of Veterans Affairs

AUTHORIZATION FOR RELEASE OF INFORMATION

1. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN *(Type or print)*

2. FILE NUMBER

3. DATE OF BIRTH

5. NAME AND ADDRESS OF HOSPITAL OR PHYSICIAN

4. SOCIAL SECURITY NUMBER

6. DATES OF TREATMENT

I, the undersigned, hereby authorize the hospital or physician shown in Item 5 to disclose and release to the Department of Veterans Affairs (VA) any information that may have been obtained in connection with physical examination or treatment, with the understanding that VA will use this information in determining my eligibility to veterans benefits I have claimed. The responses which are submitted may be disclosed as permitted by law outside VA. I understand I may revoke this authorization at any time except to the extent action has already been taken in reliance thereon: This request is valid for ninety (90) days from the date in Item 7B unless sooner revoked by me in writing.

7A. SIGNATURE OF VETERAN OR LEGAL REPRESENTATIVE: Joseph E Dullum

7B. DATE

8A. SIGNATURE OF WITNESS (Required)

8B. DATE

VA FORM MAR 1992 **21-4142**

SUPERSEDES VA FORM 21-4142, AUG 1989, WHICH WILL NOT BE USED.

**DEPARTMENT OF VETERANS AFFAIRS**
**Regional Office**
**450 Main Street**
**Hartford CT 06103-3077**

July 5, 1994

In Reply Refer To: 308/211
CSS 048 52 4231
DULKA, Joseph E.

MR JOSEPH E DULKA
17 MIDLAND RD
WINDSOR LOCKS CT 06096

Dear Mr. Dulka:

This letter is to acknowledge receipt of your claim for benefits based on disability resulting from exposure to environmental hazards during military service in the Persian Gulf.

As part of its program to monitor the possible health effects of exposure to environmental agents in the Persian Gulf, the Department of Veterans Affairs (VA) has designated its regional office in Louisville, Kentucky as the office to process these claims. Accordingly, we have transferred your records there. That office will advise you further about your claim as it becomes necessary.

You may direct any correspondence or evidence concerning your claim to the VA Regional Office, 545 South Third Street, Louisville, KY 40202. Please be sure to include your VA claim number on all correspondence. While the Louisville Regional Office will be responsible for processing your claim, this office remains available to help you if you have questions concerning your claim or veterans' benefits in general.

Sincerely yours,

Edward C O'B

EDWARD C. O'BRIEN
Acting Adjudication Officer

cc:
AMVETS

211:186 4381k MF:mf

**Immunosciences Lab., Inc.**
Rahim Karjoo, M.D. Medical Director

REFERRING PHYSICIAN

DR. JOHN POLIO
ST. FRANCIS HOSPITAL
114 WOODLAND STREET
HARTFORD, CONN 06105

Patient Name: DULKA, JOSEPH JR.

Patient I.D.:

| Blood Drawn | Received | Processed | ISL No. |
|---|---|---|---|
| 07/06/94 | 07/06/94 | 07/19/94 | 031491 |

| TEST | RESULTS NORMAL | RESULTS ABNORMAL | REFERENCE RANGE | UNITS |
|---|---|---|---|---|
| *** LYMPHOCYTE SUB-POPULATION *** | | | | |
| TOTAL WBC | 6700 | | 4800-10800 | mm3 |
| TOTAL LYMPHOCYTE | 1005 | | 960-4320 | mm3 |
| % LYMPHOCYTE | | 15.0 | 20 - 40% | |
| TOTAL T-CELL | 800.0 | | 701-3758 | mm3 |
| % T CELL (T11, CD2) | 79.0 | | 73 - 87% | |
| TOTAL T HELPER CELL (T4) | 530.0 | | 336-2376 | mm3 |
| % T HELPER CELL (T4) | 52.0 | | 35-55% | |
| TOTAL SUPPRESSOR CELL | 270.0 | | 192-1598 | mm3 |
| % SUPPRESSOR CELL (T8) | 27.0 | | 20-37% | |
| T-HELPER/T-SUPPRESSOR | 2.0 | | 1-2.2 | |
| TOTAL B CELL | 110 | | 48-648 | mm3 |
| % B-CELL (B1,CD20) | 11.0 | | 5 - 15% | |
| TOTAL NATURAL KILLER | 80.0 | | 52-864 | mm3 |
| %NATURAL KILLER CELLS | 8.0 | | 5.5-20% | |
| TOTAL IMMUNOCOMPETENT | 20.0 | | 14-216 | mm3 |
| % IMMUNOCOMPETENT -NKHT3+ | 2.0 | | 1.5-5% | |
| TOTAL NKHT3 NEGATIVE | 60.0 | | 38-648 | mm3 |
| % NKHT3 NEGATIVE | 6.0 | | 4-15% | |
| TOTAL ANTIGEN REACTIVE | 40.0 | | 0-432 | mm3 |
| % ANTIGEN REACTIVE TA1 | 4.0 | | 0-10% | |
| TOTAL T3 (CD3) POSITIVE C | 780.0 | | 509-3413 | mm3 |
| % T3 POSITIVE CELLS | 77.0 | | 53-79% | |

CONTINUED ON NEXT PAGE

**Immunosciences Lab., Inc.**
Rahim Karjoo, M.D. Medical Director

REFERRING PHYSICIAN

DR. JOHN POLIO
ST. FRANCIS HOSPITAL
114 WOODLAND STREET
HARTFORD, CONN 06105

Patient Name: DULKA, JOSEPH JR.

Patient I.D.:

| Blood Drawn | Received | Processed | ISL No. |
|---|---|---|---|
| 07/06/94 | 07/06/94 | 07/19/94 | 031491 |

| TEST | RESULTS NORMAL | RESULTS ABNORMAL | REFERENCE RANGE | UNITS |
|---|---|---|---|---|
| *** URINE D-GLUCARIC ACID *** | | | | |
| URINE D-GLUCARIC ACID | 4.0 | | 1-5 | mol/ mol crea |

The microsomal enzyme system of the liver can be activated by various drugs and chemicals. Thus, the biotransformation of endogenous and exogenous substances in the human organism and the biological availability of chemicals are decisively influenced. This process occurs since the human body cleanses itself by enzymatic detoxification from foreign chemicals (xenobiotics). Determination of glucaric acid excretion in urine has proved to be a suitable index to microsomal enzyme activity and presence of many xenobiotics. However, for confirmation measurements of urine D-glucaric acid in combination with serum gamma glutamyl transferase or gamma glutamyl transpeptidase is recommended.

CONTINUED ON NEXT PAGE

8730 Wilshire Boulevard / Suite 305 / Beverly Hills, CA 90211 • Tel: (310) 657-1077 • Fax: (310) 657-1053

**Immunosciences Lab., Inc.**
Rahim Karjoo, M.D. Medical Director

REFERRING PHYSICIAN

DR. JOHN POLIO
ST. FRANCIS HOSPITAL
114 WOODLAND STREET
HARTFORD, CONN 06105

Patient Name: DULKA, JOSEPH JR.

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| Blood Drawn | Received | Processed | ISL No. |
|---|---|---|---|
| 07/06/94 | 07/06/94 | 07/19/94 | 031491 |

| TEST | RESULTS NORMAL ABNORMAL | REFERENCE RANGE | UNITS |
|---|---|---|---|
| *** GAMMA GLUTAMYL TRANSFERAS *** | | | |
| F GAMMA GLUTAMYL TRANSFER | 245.0 | 4-22 | UNITS/ML |

Elevated GGTP levels have been observed in the following conditions:

Cholelithiasis
Chronic alcoholism
Epilepsy
Hepatic neoplasms
Hepatitis (viral, drug, chronic)
Highly vascularized brain lesions
Liver cirrhosis
Liver metastasis
Myocardial infraction
Obstructive jaundice
Pleurisy

Administration of certain drugs or ingestion of ethanol has been shown to influence serum GGTP levels. For example, increased serum GGTP activity has been observed in patients taking anti-epileptic drugs, such as phenytoin or barbiturates.

CONTINUED ON NEXT PAGE

**Immunosciences Lab., Inc.**
Rahim Karjoo, M.D. Medical Director

REFERRING PHYSICIAN

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ST. FRANCIS HOSPITAL
114 WOODLAND STREET
HARTFORD, CONN 06105

Patient Name: DULKA, JOSEPH JR.

Patient I.D.:

| Blood Drawn | Received | Processed | ISL No. |
|---|---|---|---|
| 07/06/94 | 07/06/94 | 07/19/94 | 031491 |

| TEST | RESULTS NORMAL | RESULTS ABNORMAL | REFERENCE RANGE | UNITS |
|---|---|---|---|---|
| *** MYELIN BASIC PROTEIN Ab *** | | | | |
| IgG MYELIN BASIC PROTEIN | 80 | | 0 - 100 | ELISA |
| IgM MYELIN BASIC PROTEIN | | 70 | 0 - 50 | ELISA |
| IgA MYELIN BASIC PROTEIN | 10 | | 0 - 20 | ELISA |

Myelin is a multilamellar membrane surrounding nerve fibers in both the central and peripheral nervous systems. It is derived from the plasma membrane of the oligodendrocyte in the central nervous system and the schwann cell in the peripheral nervous system. Myelin consists of approximately 70% lipid and 30% protein by weight. The proteins, the proteolipids, and the basic proteins constitute 85% of the total protein of the membrane of which the myelin basic proteins (MBPs), are the most completely characterized. Antibodies (IgG, IgM, IgA) against MBP and gangliosides, including GM1, GD1a, GD1b, GT1b, and LM1, and other acidic glycolipids, including LK1 and sulphatide, of human brain and peripheral nerve, have been observed in the high percentage of patients with the following neurological conditions:
Multiple sclerosis, guillain barr'e syndrome, chronic inflamatory demyelinating polyradiculo neuropathy, motor neuron disease or peripheral neuropathies, peripheral neuropathy associated with monoclonal IgM antibody (IgM gammopathy), vascular multiinfarct dementia, alzheimer's, rheumatoid arthritis, toxic chemical exposure and silicone adjuvant disease.

The major antigen of Myelin Basic Protein in this assay consist of Myelin associated Glycoprotein or MAG.

CONTINUED ON NEXT PAGE

**Immunosciences Lab., Inc.**
Rahim Karjoo, M.D. Medical Director

REFERRING PHYSICIAN

DR. JOHN POLIO
ST. FRANCIS HOSPITAL
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Patient Name: DULKA, JOSEPH JR.

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|---|---|---|---|
| 07/06/94 | 07/06/94 | 07/19/94 | 031491 |

| TEST | RESULTS NORMAL | RESULTS ABNORMAL | REFERENCE RANGE | UNITS |
|---|---|---|---|---|
| *** AUTO IMMUNE PANEL *** | | | | |
| ANA BY HEP-2 CELL LINE | 1:20 | | 1:20 | |
| ANTI-DNA | 1:10 | | 1:10 | |
| ANTI-SSA | N.D. | | NOT DETECTED | |
| ANTI-SSB | N.D. | | NOT DETECTED | |
| ANTI-SM | N.D. | | NOT DETECTED | |
| ANTI-RNP | N.D. | | NOT DETECTED | |
| ANTI-THYROGLOBULIN | 1:10 | | 1:20 | |
| ANTI-MICROSOMAL | 1:10 | | 1:20 | |
| ANTI-STRIATED MUSCLE | 1:20 | | 1:20 | |
| ANTI-PARIETAL CELL | 1:20 | | 1:20 | |
| ANTI-MITOCHONDRIAL | 1:10 | | 1:20 | |
| ANTI-SMOOTH MUSCLE | | 1:30 | 1:20 | |
| ANTI-MYOCARDIAL | 1:20 | | 1:20 | |
| ANTI-CENTROMERE | NEGATIVE | | NEGATIVE | |
| TOTAL IMMUNE COMPLEX | 34.0 | | 0-50 | ug eq/ml |
| RHEUMATOID FACTOR | 15.0 | | 20 | IU/ml |
| C3-COMPLEMENT | | 17.90 | 75-140 | ug/dl |
| C4-COMPLEMENT | 22.63 | | 10-34 | ug/dl |

N.D.= NOT DETECTED

CONTINUED ON NEXT PAGE

8730 Wilshire Boulevard / Suite 305 / Beverly Hills, CA 90211 • Tel: (310) 657-1077 • Fax: (310) 657-1053

**Immunosciences Lab., Inc.**
Rahim Karjoo, M.D. Medical Director

REFERRING PHYSICIAN

DR. JOHN POLIO
ST. FRANCIS HOSPITAL
114 WOODLAND STREET
HARTFORD, CONN 06105

Patient Name: DULKA, JOSEPH JR.

Patient I.D.:

| Blood Drawn | Received | Processed | ISL No. |
|---|---|---|---|
| 07/06/94 | 07/06/94 | 07/19/94 | 031491 |

| TEST | RESULTS NORMAL | RESULTS ABNORMAL | REFERENCE RANGE | UNITS |
|---|---|---|---|---|
| *** CHEMICAL ANTIBODIES *** | | | | |
| IgG FORMALDEHYDE | 8 | | 16 | ELISA |
| IgE FORMALDEHYDE | 8 | | 16 | ELISA |
| IgM FORMALDEHYDE | 8 | | 64 | ELISA |
| IgG ISOCYANATE | 8 | | 16 | ELISA |
| IgE ISOCYANATE | 8 | | 16 | ELISA |
| IgM ISOCYANATE | 8 | | 64 | ELISA |
| IgG TRIMELLITIC ANHYDRIDE | 8 | | 16 | ELISA |
| IgE TRIMELLITIC ANHYDRIDE | 8 | | 16 | ELISA |
| IgM TRIMELLITIC ANHYDRIDE | 8 | | 64 | ELISA |
| IgG PHTHALIC ANHYDRIDE | 8 | | 16 | ELISA |
| IgE PHTHALIC ANHYDRIDE | 8 | | 16 | ELISA |
| IgM PHTHALIC ANHYDRIDE | 8 | | 64 | ELISA |
| IgG BENZENE RING | 8 | | 16 | ELISA |
| IgE BENZENE RING | 8 | | 16 | ELISA |
| IgM BENZENE RING | 64 | | 64 | ELISA |

Formaldehyde, isocyanate, trimellitic anhydride, phthalic anhydride, benzene, hexane, styrene, and toluene are the major cause of industrial and indoor air pollution. These chemicals are found in thousands of modern products for home and industry and, therefore, millions of people are constantly exposed to low-levels of these chemicals at work and at home. The common health problems related to chemical exposure include headache, depression, fatigue, irritability allergy-like symptoms, immune dysfunctions, infections, heart disease and possibly cancer. The immunological damages are caused by chemical linking to human proteins, cells, or tissues and thereby invoking antigenic or allergenic

CONTINUED ON NEXT PAGE

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Patient Name: DULKA, JOSEPH JR.

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| Blood Drawn | Received | Processed | ISL No. |
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| TEST | RESULTS NORMAL | RESULTS ABNORMAL | REFERENCE RANGE | UNITS |
|---|---|---|---|---|

responses. These new antigenic determinants may not only induce IgG, IgM, IgA, and IgE antibody production against the chemicals, but also to one's own body's proteins thereby possibly leading to autoimmune diseases.

IgG or IgE ELISA UNITS GREATER THAN 16 AND IgM ELISA UNITS GREATER THAN 64 ARE SUGGESTIVE OF SENSITIVITY OR CHRONIC EXPOSURE TO THAT CHEMICAL.

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# Immunosciences Lab., Inc.

Rahim Karjoo, M.D. Medical Director

REFERRING PHYSICIAN

DR. JOHN POLIO
ST. FRANCIS HOSPITAL
114 WOODLAND STREET
HARTFORD, CONN 06105

Patient Name: DULKA, JOSEPH JR.

Patient I.D.:

| Blood Drawn | Received | Processed | ISL No. |
|---|---|---|---|
| 07/06/94 | 07/06/94 | 07/19/94 | 031491 |

| TEST | RESULTS NORMAL | RESULTS ABNORMAL | REFERENCE RANGE | UNITS |
|---|---|---|---|---|
| *** IMMUNE COMPLEX ASSAY *** | | | | |
| IgG IMMUNE COMPLEX | 11 | | 0-20 | ug eq/ml |
| IgM IMMUNE COMPLEX | 13 | | 0-15 | ug eq/ml |
| IgA IMMUNE COMPLEX | 10 | | 0-10 | ug eq/ml |

Immune complex levels greater than 20 ug eq/ml are associated with various conditions, such as auto-immune disorders, gastrointestinal inflammatory diseases, malignancies, IgA deficiencies, parasitic infections, and rapidly progressive glomerulonephritis.

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Rahim Karjoo, M.D. Medical Director

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DR. JOHN POLIO
ST. FRANCIS HOSPITAL
114 WOODLAND STREET
HARTFORD, CONN 06105

Patient Name: DULKA, JOSEPH JR.

Patient I.D.:

| Blood Drawn | Received | Processed | ISL No. |
|---|---|---|---|
| 07/06/94 | 07/06/94 | 07/19/94 | 031491 |

| TEST | RESULTS NORMAL | RESULTS ABNORMAL | REFERENCE RANGE | UNITS |
|---|---|---|---|---|
| *** SECRETORY IgA *** | | | | |
| SECRETORY IgA TEST | 10.0 | | 10-28 | Ug/ml |

Secretory IgA is the first line of defense and response to foreign antigens including bacteria, viruses, parasites, and food proteins. Secretory IgA is found only in surface mucosal secretions, and its absence is the most common immunodeficiency disorder accounting for 15% of all such cases. Frequency of certain diseases, mainly neurological (24%), gastrointestinal (28%), collagen, autoimmune (20%), and recurrent infections (23%), may occur in patients with selective IgA deficiency. These include neuropathies, endocrinopathies, atopy, Celiac Disease, asthma, food allergies, Rheumatoid Arthritis, Lupus, Malabsorption Syndrome, lymphomas, bacterial, viral and fungul infections.

High levels of Secretory IgA is associated with chronic viral syndromes, parotitis, gingivitis, and may be indicative of mucosal surfaces infection with EBV, CMV, Herpes, HIV, Streptococcus, Bacteroides and Candida albicans.

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114 WOODLAND STREET
HARTFORD, CONN 06105

Patient Name: DULKA, JOSEPH JR.

Patient I.D.:

| Blood Drawn | Received | Processed | ISL No. |
|---|---|---|---|
| 07/06/94 | 07/06/94 | 07/19/94 | 031491 |

| TEST | RESULTS NORMAL | RESULTS ABNORMAL | REFERENCE RANGE | UNITS |
|---|---|---|---|---|
| *** T AND B CELL FUNCTION *** | | | | |
| PHYTOHEMAGGLUTININ | | 69.0 | 75-100% | |
| CONCANAVALIN A | | 70.0 | 75-100% | |
| POKEWEED MITOGEN | 82.0 | | 75-100% | |
| LIPOPOLYSACCHARIDE | 87.0 | | 75-100% | |
| STAPHYLOCOCCUS AUREUS | 86.0 | | 75-100% | |

Lymphocyte proliferation or transformation is the process whereby new DNA synthesis and cell division take place in lymphocyte after a stimulus of some type (chemical, bacteria, virus, or other antigens), resulting in a series of changes. This test has a broad range of applications, including assessment and monitoring of congenital immunological defects which range from complete lack of function, as in severe combined immunodeficiency disease and DiGeorge Syndrome, to a partial deficit, as in ataxia telangiectasia, Wiskott-Aldrich Syndrome, chemically induced immune dysfunction syndrome, chronic fatigue syndrome, and chronic mucocutaneous candidiasis, to normal reactivity, as in X-linked hypogammaglobulinemia. A wide variety of acquired conditions has been shown to have induced lymphocyte transformation. These conditions include exposure to a variety of chemicals, bacterial and viral infections, as well as autoimmune diseases, such as Sjogren's Syndrome and systemic lupus erythematosus. Lymphocyte transformation has also been used to monitor sequential samples from patients undergoing a variety of immunoenhancing or immunosuppressive therapies in the treatment of disease states.

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Patient Name: DULKA, JOSEPH JR.

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| TEST | RESULTS NORMAL | RESULTS ABNORMAL | REFERENCE RANGE | UNITS |
|---|---|---|---|---|
| *** NK CELL ACTIVITY *** | | | | |
| NK CELL ACTIVITY | | 5.18 | 20-50 | LUs |

One of the major mechanisms by which the immune response deals with foreign or abnormal cells is to damage or destroy them. Such immunologic cytotoxicity may lead to complete loss of viability of the target cells (cytolysis) or an inhibition of the ability of the cells to continue growing (cytostasis). Immunologic cytotoxicity can be manifested against a wide variety of target cells. These include malignant cells, normal cells from individuals unrelated to the responding host, and normal cells of the host that are infected with viruses or other microorganisms. In addition, the immune system can cause direct cytotoxic effects on some microorganisms, including bacteria, parasites, and fungi. Immunologic cytotoxicity is a principal mechanism by which the immune response copes with and often eliminates foreign materials or abnormal cells. Natural killer cell activity is influenced by a variety of conditions including stress, chemical exposure, infections, chronic fatigue syndrome, immune deficiencies and cancer. In an increasing number of studies of clinical treatments of patients with various diseases, serial monitoring of cytotoxic reactivity is performed. The objective is to determine whether the treatment can produce a significant alteration from the pretreatment levels of NK activity, Antibody Dependent Cytotoxic activity, or both. Interleukin 2, interferon and natural killer cytotoxic factor has been shown to enhance NK cell activity. Therefore enhancement of Interleukin 2 Production may be useful in reactivation of NK cells in patients with the above mentioned conditions.

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**Immunosciences Lab., Inc.**
Rahim Karjoo, M.D. Medical Director

REFERRING PHYSICIAN

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ST. FRANCIS HOSPITAL
114 WOODLAND STREET
HARTFORD, CONN 06105

Patient Name: DULKA, JOSEPH JR.

Patient I.D.:

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|---|---|---|---|
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| TEST | RESULTS NORMAL | RESULTS ABNORMAL | REFERENCE RANGE | UNITS |
|---|---|---|---|---|
| ***** SUMMARY RESULTS ***** | | | | |
| THE FOLLOWING ABNORMALITIES WERE DETECTED: | | | | |
| % LYMPHOCYTE | | 15.0 | 20 - 40% | |
| F GAMMA GLUTAMYL TRANSFER | | 245.0 | 4-22 | UNITS/ML |
| IgM MYELIN BASIC PROTEIN | | 70 | 0 - 50 | ELISA |
| ANTI-SMOOTH MUSCLE | | 1:30 | 1:20 | |
| C3-COMPLEMENT | | 17.90 | 75-140 | ug/dl |
| PHYTOHEMAGGLUTININ | | 69.0 | 75-100% | |
| CONCANAVALIN A | | 70.0 | 75-100% | |
| NK CELL ACTIVITY | | 5.18 | 20-50 | LUs |

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**Department of Veterans Affairs**

545 SOUTH THIRD STREET
LOUISVILLE KY 40202

77

July 7, 1994

In Reply Refer To:

JOSEPH E DULKA JR
17 MIDLAND ROAD
WINDSOR LOCKS CT 06096

File Number:
048-52-4231/00
J E DULKA

We have received your application for benefits. It is our sincere desire to decide your case promptly. However, as we have a great number of claims, action on yours may be delayed. We are now in the process of deciding whether additional evidence or information is needed. If we need anything else from you, we will contact you, so there is no need to contact us in the meantime. If you do write us, be sure to show YOUR file number and full name, or have it at hand if you call.

IF YOU RESIDE IN THE CONTINENTAL UNITED STATES, ALASKA, HAWAII OR PUERTO RICO, YOU MAY CONTACT VA WITH QUESTIONS AND RECEIVE FREE HELP BY CALLING OUR TOLL-FREE NUMBER 1-800-827-1000 (FOR HEARING IMPAIRED TDD 1-800-829-4833).

STEVEN A. CUMBEA
ADJUDICATION OFFICER

Melanie,
It's unclear if this letter is to me or HRC. Should we have HRC respond?

VA FORM
JAN 1990 20-8992

**Department of Veterans Affairs**

545 SOUTH THIRD STREET
LOUISVILLE KY 40202

77

July 11, 1994

In Reply Refer To:

JOSEPH E DULKA JR
17 MIDLAND ROAD
WINDSOR LOCKS CT 06096

File Number:
048-52-4231/00
J E DULKA

We have received your application for benefits. It is our sincere desire to decide your case promptly. However, as we have a great number of claims, action on yours may be delayed. We are now in the process of deciding whether additional evidence or information is needed. If we need anything else from you, we will contact you, so there is no need to contact us in the meantime. If you do write us, be sure to show YOUR file number and full name, or have it at hand if you call.

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STEVEN A. CUMBEA
ADJUDICATION OFFICER

VA FORM
JAN 1990 20-8992

rec. 7-15-94 dp

**DEPARTMENT OF VETERANS AFFAIRS**
Regional Office
545 South Third Street
Louisville KY 40202

JUL 11 1994

In Reply Refer To: 327/211
CSS 048 52 4231

MR JOSEPH E DULKA
17 MIDLAND RD
WINDSOR LOCKS CT 06096

Dear Mr. Dulka:

Please read this letter and any enclosures carefully, as they explain the action we have taken on your VA claim and your appeal rights.

After careful review of all the evidence of record, service connection for pancreatis carcinoma secondary to exposure to environmental hazards in Southwest Asia is denied. In addition, entitlement to service connection for an eye condition is denied.

In reaching this decision we considered your Service Medical Records dated 02-28-87 to 05-07-91 and report from Dr. Polio dated 06-28-94.

The enclosed copy of our Rating Decision furnishes detailed information concerning our decision.

If you have any questions, or need further information, please call toll-free by dialing 1-800-827-1000. A Veterans Benefits Counselor will be glad to assist you.

Please see the enclosed VA Form 4107 which explains your procedural and appeal rights.

Sincerely yours,

STEVEN A. CUMBEA
Adjudication Officer

Enclosures: 2

cc: AmVets

211 189 0797Y/cab

| 1. VETERAN'S INITIALS AND SURNAME | 2. VETERAN'S SOCIAL SECURITY NUMBER | 3. VETERAN'S FILE NUMBER | 4. DATE OF THIS RATING |
|---|---|---|---|
| J E DULKA, JR | 048-52-4231 | 048-52-4231 | 07/06/94 |

**5. NARRATIVE**

**ISSUE**:

1. Service connection for pancreatis carcinoma secondary to exposure to enviromental hazards in SWA..
2. Entitlement oto service connection for an eye condition

**EVIDENCE:**

Report from Dr. Polio dated 6-28-94.
Service Medical Records 2-28-87 to 5-7-91.

**DECISION:**

1. Service connection for pancreatis carcinoma secondary to exposure to enviromental hazards in SWA. denied.
2. Entitlement to service connection for an eye condition is denied.

**REASONS AND BASES:**

Service medical records were reviewed and considered. The records were negative for diagnosis of or treatment for any maligancey Report from Dr. Polio was reviewed and considered. The report showed treatment for pancreatic cancer since 1993. Dr polio indicates the veterans symptoms in Nov. of 1993 were in fact the presenting symptoms of cancer which was diagnosed in May of 1994. He also indicates that it is likely that the tumor was present several months prior to onset of symptoms.The cited evidence of record does not establish that pancreatic cancer was manifested to a compensable degree within one of the veteran's discharge from service or that its onset was during service.

2. Available service records do not show treatment for and eye injury or disease. Visual acuity at both induction and discharge fron service were normal. In the absence of additional evidence service connection for an eye condition is denied.

July 12, 1994

Mr. Jessie Brown
Veteran Administration

Dear Mr. Brown,

On July 11, 1994, I received a letter from Steven A. Cumbea, Adjudication Officer from Louisville, Ky. I am sending you a copy of this letter. On June 27, 1994, I sent you and several other persons a letter requesting an IMMEDIATE HARDSHIP DISABILITY COMPENSATION RATING OF 100% DUE TO MY PANCREATIC CANCER AND THE FACT THAT I AM DYING. Your office contacted me and said that you would do everything possible to speed up the process. To date, the VA has not honored my requests. They have not rated this claim in a timely fashion. I requested that this claim not be sent to Louisville. The claim was sent to Louisville. There is no reason this claim could not be handled on a local level. I have sent you a diagnosis from my doctor. There is no reason given the circumstances that this claim can not be looked at and given a rating in one day. I understand that the VA has many claims to process, but how many of them have the urgent nature of mine? If there are so many claims of this nature, why is no one else aware of the extent of DYING DESERT STORM VETERANS.

THERE IS NO REASON THIS CLAIM SHOULD BE DELAYED IN ANY WAY.
I EXPECT TO HEAR FROM YOU OR YOUR OFFICE SOON.

Sincerely,

Joseph E. Dulka Jr.
048-52-4231/00 Claim #

CC: Mr. Mark Regan, Sr. Field VA Administration, Congressman Joseph Kennedy, Sen. J. Rockerfeller, Mr. William Edgar Amvets, Mr. Steve Robinson Director Legislation, .

I can be reached at (203) 623-1456, 17 Midland Road, Windsor Locks, CT 06096.

July 18, 1994

Senator Chris J. Dodd > also sent to Senator Joe Lieberman
U.S. Senate
Washington, D.C. 20510
Mr. Robert Gilcash

Dear Mr. Gilcash,

I am writing to you in hopes you can help. I am enclosing all the correspondence I have sent to various persons in Washington. I and my family need your immediate help. I am a Desert Storm Veteran. I am dying of pancreatic cancer. I know your office has helped other Veterans and their families who are not terminal, I know you can do something here. I left the U.S. in January 1991 a healthy man and returned a sick one. I have also created a son with facial deformaties since my return. I have contacted several persons and have had a negative response, or none at all. My family and I need these VA benefits to survive. My wife has to have these benefits to raise our children. Please read all enclosed material and if you have any questions, please don't hesitate to call my wife, I am unable to handle this situation myself. I have also contacted the Hartford Courant and they will be running our story this weekend.

Thank You,

Joseph E. Dulka Jr
17 Midland Road
Windsor Locks, CT 06096
(203)623-1456

July 20, 1994

17 Midland Road
Windsor Locks, CT 06096
(203)623-1456

Mr. Steve Robinson
Director Legislation
Dear Mr. Robinson,

On Saturday July 16, I received a denial of my claim to the Veterans Benefits. I disagree completely with your rating. I am requesting you to reconsider this claim. Why are Persian Gulf Veterans having such a hard time getting these benefits? I left for the Gulf in January of 1991 a healthy young man. I returned a sick DYING MAN. I had a perfectly normal child before I left and had a physically deformed child upon my return. The VA says there is no evidence to support the fact that this was caused by exposure during my tour. Can you or anyone else explain to me and my family why I am DYING and my son is handicapped? How many Gulf Veterans have died of cancer, by age and type? How many Gulf Veterans have been diagnosed with cancer by age and type? If you cannot furnish this information, please get it for me and send it to me. How many Gulf Veterans have been denied their benefits who are dying of cancer?

I was a National Guard Soldier for 13 years when I was activated for duty on 12-24-90 for the Desert Storm Conflict. We were sent to Ft. Meade Maryland for training the first week in January 1991. While there we were given malaria pills on 1-13-91. From Ft. Meade, we went over to Dhahran, Saudi Arabia on January 26, 1991. From the first day we arrived, we had scud alerts on a daily basis. We were told after the first few days not to worry about the alarms going off, that they were nothing and not to bother to put on our masks and chemical suits. It has been since proven by the French Soldiers that their were chemical weapons used in the scud attacks, and that the filters in our masks were old and ineffective against chemical or biological weapons as our suits were proven to be also ineffective. On February 1, 1991, we were sent to the desert to the P.O.W. camp, where we remained until May 1991. While in the desert I was continuously exposed to benzene. We were instructed to spray the P.O.W.'s with this substance to kill their body lice. We breathed this material, as well as got it on our clothing and skin. This is a known cancer causing substance!! I was instructed to escort Iraq P.O.W.'s to each tent for processing, where physical contact was necessary on several occasions. The Iraq soldiers were filthy, lice infested, sick, and often injured. During our tour, there were a multitude of sand storms, where sand would invade every crevice of your body, including where your clothing was, the sand would go through clothing. On February 14, 1991 we were told to report to a tent, where we were given the anthrax vaccine. This was all kept very quiet, and we were instructed not to tell anyone that we got it. When I asked what would happen if I refused this vaccine, I was told that I would be put in jail. This vaccine has not been approved by the FDA. What business does the Army have giving out a vaccine to thousands of soldiers when it has not been approved yet. We cannot get cancer drugs because the FDA hasn't approved them yet!!!! Our tents where we slept were put upon a sheep graveyard. There were dead sheep all over. Some of them still had fur on them.

Our showers were taken in rusty water pumped in from King Kahad Military City. Raw sewage would constantly be overflowing from the P.O.W.'s toilets. We would be sick just from the smell. There were flies everywhere before you could take a bite of your food you would have to remove the flies from it, they would chase your fork to your mouth. On February 15, 1991, I was in Hafr-al-batin when a large scud attack happened. During the end of February 1991, the sky was so dark from the oil fires, we needed flashlights and headlights to see. We breathed in that oil for several days. I often felt as though I were choking from it. In the end of April 1991, I saw the Iraq-Kuwait border where all the cars and blown up tanks were trying to escape. When we left the desert and returned to Dhahran we would form small black balls on our exposed skin, when when we pushed on them, we discovered it was oil.

Upon my return home, I as my wife noticed a change in my immune system. I caught every cold, and flu going around. Before I left for the Gulf, I never got sick, never caught anything going around. My personality began to change. I couldn't finish projects, would loose my temper very easily. I had several upper respiratory infections which would take 2 to 3 full prescriptions to get rid of. I sent you documentation on this, this was never mentioned in your response. I developed joint pain in both of my elbows, and was treated by a doctor for about a year. I would like someone to explain to me how this is not service related. With all the exposures I have listed, there is no excuse for a claim such as mine to be denied.

I LEFT FOR THE GULF A PROUD HEALTHY SOLDIER AND RETURNED A DISCUSSED, SICK MAN AND PRODUCED A DEFORMED CHILD. THERE IS NO EXCUSE FOR THIS RATING FROM A GOVERNMENT I SO PROUDLY SERVED. MY FAMILY IS IN DISPAIR, AND NEEDS HELP IMMEDIATELY, AND FOR THE REST OF THEIR LIVES. MY WIFE HAS GOT TO RAISE OUR CHILDREN ON HER OWN, AND SHE AND I NEED THE VA TO SUPPORT US.

I EXPECT A 100% HARDSHIP DISABILITY COMPENSATION RATING IMMEDIATELY..

Thank You

Joseph E. Dulka Jr.

048-52-4231

JOSEPH I. LIEBERMAN
CONNECTICUT

COMMITTEES:
ARMED SERVICES
ENVIRONMENT AND PUBLIC WORKS
GOVERNMENTAL AFFAIRS
SMALL BUSINESS

# United States Senate

WASHINGTON, DC 20510-0703

SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-4041

STATE OFFICE:
ONE COMMERCIAL PLAZA
21ST FLOOR
HARTFORD, CT 06103
203-240-3566
TOLL FREE: 1-800-225-5605

July 26, 1994

Mrs. Diane Dulka
17 Midland Road
Windsor Locks, Connecticut 06096

Dear Mrs. Dulka,

Thank you for contacting the Office of U.S. Senator Joseph I. Lieberman regarding your family's veteran problems.

The Senator's office requires a signed privacy release in order to begin an inquiry. I have enclosed a release for your convenience. Please return the signed release including a description of the problem to the Office of U.S. Joseph I. Lieberman, One Commercial Plaza, 21st Floor, Hartford, Connecticut 06103. Please feel free to contact me at 240-3566, if you have any questions regarding this matter.

Sincerely,

Kenneth A. Dagliere
Office of U.S. Senator
Joseph I. Lieberman

Enclosure

mailed 7-30-94

JOSEPH I. LIEBERMAN
CONNECTICUT

COMMITTEES:
ARMED SERVICES
ENVIRONMENT AND PUBLIC WORKS
GOVERNMENTAL AFFAIRS
SMALL BUSINESS

# United States Senate

WASHINGTON, DC 20510-0703

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(202) 224-4041

STATE OFFICE:
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21ST FLOOR
HARTFORD, CT 06103
203-240-3566
TOLL FREE: 1-800-225-5605

August 2, 1994

Mr. Joseph E. Dulka, Jr.
17 Midland Road
Windsor Locks, Connecticut 06096

Dear Mr. Dulka,

Thank you for contacting the Office of U.S. Senator Joseph I. Lieberman regarding your veterans problem. I have enclosed a letter written to the Department of Veterans Affairs requesting an inquiry.

I will forward a response as soon as the Senator's office receives a reply. Please feel free to contact me at 240-3566, if you have any questions regarding this matter.

Sincerely,

Kenneth A. Dagliere
Office of U.S. Senator
Joseph I. Lieberman

Enclosure

JOSEPH I. LIEBERMAN
CONNECTICUT

COMMITTEES:
ARMED SERVICES
ENVIRONMENT AND PUBLIC WORKS
GOVERNMENTAL AFFAIRS
SMALL BUSINESS

# United States Senate

WASHINGTON, DC 20510-0703

SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-4041

STATE OFFICE:
ONE COMMERCIAL PLAZA
21ST FLOOR
HARTFORD, CT 06103
203-240-3566
TOLL FREE: 1-800-225-5605

August 2, 1994

Mr. Edwin L. Arnold
Chief, Senate Congressional Liaison
Department of Veterans Affairs
637-A Hart Senate Office Building
Washington, D.C. 20510

Dear Mr. Arnold,

I am writing on behalf of my constituent, Mr. Joseph E. Dulka, Jr., regarding his veterans service connected disability claim.

Mr. Dulka is a Desert Storm veteran, who served in Saudi Arabia from January 26, 1991 until discharge. Mr. Dulka states in the enclosed letter several incidents of chemical exposure that may have caused him and his son serious unexplained medical conditions. I have enclosed Dr. Polio's diagnosis for your review. Unfortunately, Mr. Dulka was denied a service connected disability.

I respectfully request an inquiry to re examine Mr. Dulka's claim for service connected disability. I would appreciate a complete review of his medical and military records to determine his exposure to harmful chemicals while serving in Operation Desert Storm. I would appreciate an expedited review and decision in this matter. I have enclosed Mr. Dulka's signed privacy release and letter detailing his concerns. Mr. Dulka's claim number is C048524231.

Please feel free to contact my Special Assistant, Ken Dagliere, at 203-240-3566, if you have any questions regarding this matter. Thank you for your time and kind attention.

Sincerely,

Joseph I. Lieberman
United States Senate

Enclosure
cc. Joseph Dulka, Jr.

between Aqaba and the adjacent Israeli port of Eilat.

The meeting and the border

Please see Christopher, Page A4

the weathered pine box and there at the bottom on a bed of twigs and grass were three young bluebirds, just days away from taking their first flights.

To nature lovers, the golf course at Hop Meadow Country Club might seem an unlike-

birds to an insecticide sp
courses in at least 18 states. T
ernment eventually banned
for use on golf courses.

And a study this year has
health risks for golf course s

# Battles not over for gulf war veteran

## Family thinks illnesses tied to chemical exposure

Shana Sureck-Mei / The Hartford Courant

**■ Diane Dulka's husband has no bitterness about serving in the gulf war, which the couple believes exposed Joseph to numerous chemicals, thereby causing his pancreatic cancer. Diane also feels their son's deformity was the result of her husband's exposure.**

By THOMAS D. WILLIAMS
*Courant Staff Writer*

Thinking about it now, Diane Dulka realizes there were hints of the enormous changes to come in her life, and they started when her husband returned from the war in the Persian Gulf.

She and Joe were high school acquaintances who fell in love after a chance meeting at a restaurant in 1983. They were married about a year later and had a daughter, Lindsey, in 1987.

"We had a good life, a very good life, a typical, normal, family life," said Diane, now 34.

But in 1991, Joe went overseas to fight in the Persian Gulf, and when he returned from a 4½-month tour, the "good life" evaporated.

Joseph Dulka II, now 37, a military policeman in the National Guard, was not really the same person when he returned to Windsor Locks that May, Diane said. Even

Please see Battles, Page A4

A5 ... 1994

Ran in the Hartford Courant
August 8, 1994

# Battles not over for Persian Gul

Continued from Page 1

though he loved the food in the Army and ate well, Diane said, he had lost 10 to 15 pounds.

He was more irritable, she said, nervous about his health. He had been exposed to dangerous chemicals during the war, she said. His disposition had changed. Sometimes, she said, he got furious about petty things such as her buying the wrong deodorant.

A couple of weeks after Father's Day, in the summer of 1991, Diane learned from a home pregnancy test that she was expecting.

"I was thrilled, thrilled, thrilled to tears. I said it was going to be a boy with blond, curly hair," she said. She immediately told Joe. He was happy but uneasy, she said.

"I noticed things right after my pregnancy," she said. "His personality was starting to change. He never felt good about the pregnancy, not that he didn't want the baby. He was apprehensive.

"He was afraid of what he was exposed to because of the rumors he had heard ... because of me getting pregnant so soon after he came back," Diane said.

Joe believed the Army was lying about soldiers' exposure to chemicals. He suspected his contact with those chemicals, and others, could hurt the baby.

Diane did her best to ignore him; she had other health problems to deal with.

She had a stubborn yeast infection all during her pregnancy, and heavy bleeding that got progressively worse. Her Pap smears were abnormal, a sign that she could have cancer of the cervix or uterus, though a biopsy later showed no abnormalities. She never had these problems previously.

Joe, meanwhile, had more colds and respiratory infections that winter than in previous winters, she said.

On Feb. 27, 1992, Joseph Dulka III was born.

Diane had been given anesthesia because of back pain. When she awoke in the recovery room, Joe was upset. He wouldn't look at her. She seems to remember him looking out the window.

The baby's mouth was deformed.

"It was like his worst nightmare coming true," Diane said.

"He had a very hard time telling me that the baby was born with cleft lip and palate. He was very emotional. He told me, and I said, 'I don't care about that, we can deal with it later.' I had seen it before. I knew what it was. I knew it could be repaired."

As the months passed, Joe began

**Registries may establish link to illnesses. Please see page A5.**

to sink into depression. "I never understood clinical depression. If I'd get depressed I'd rearrange the furniture or leave the room," Diane said. "My husband was depressed for the whole of last year. He'd lay on the couch and he's a very high-level energy person. I had to learn what clinical depression was because I had to deal with it."

Joe had gained back some of the weight he lost in the gulf, but last October he began losing it again. He had a stomach disorder that would not go away. The diarrhea went on for weeks. The medicine didn't work.

For eight months it continued. Then, on a Wednesday afternoon in mid-May, Diane found him on the bathroom floor "in a ball and in pain." She rushed him to St. Francis Hospital and Medical Center emergency room in Hartford. Two days later doctors took a biopsy.

On May 23, Dr. John Polio called Diane and told her that Joe had pancreatic cancer and only months to live.

The next day she went to Joe's hospital room with Polio and another doctor. The doctors told Joe about the cancer. "I was sad and afraid," she said. Joe was scared and then became withdrawn, she said.

All along, Joe had been telling her about unhealthful conditions in the gulf, she said. She read news stories about sick soldiers after he became ill.

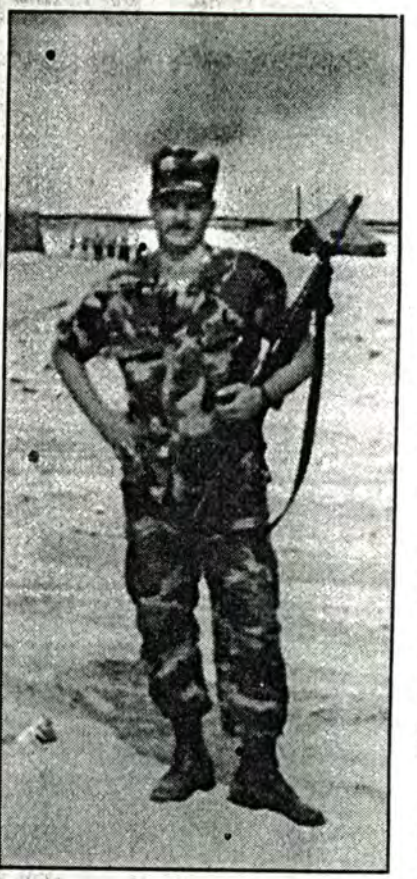
During the month Joe was in the hospital, Diane telephoned two sick gulf war veterans. When they told her about their experiences, she said: "It was like all of a sudden a light went on. I thought back, and all the events began to make sense."

Gulf war veterans have complained to military doctors and the U.S. Department of Veterans Affairs that, since returning from the war, their wives and newborn babies have suffered serious illnesses.

As a military policeman, Joe was constantly spraying liquid benzene on sick prisoners of war to rid them of body lice, she said. He used rubber gloves when he sprayed them but no other special protection, she said.

Lt. Col. Marc Martens, a spokesman for U.S. Central Command, said lindane powder, a form of benzene hexachloride used as insecticide, was "dusted" and "blown" onto the prisoners to delouse them.

Lindane, available only by prescription, is fatal if swallowed and should not be used on sores or wounds.



**■ Joseph Dulka II, who served as a military officer during the Persian Gulf war, has developed pancreatic cancer and believes that his illness may have been linked to his exposure to various chemicals he encountered, including the oil fires shown burning behind him. Dulka also was exposed to benzene, a known carcinogen, which he used to spray prisoners-of-war for body lice.**

Chemicals like benzene also can create a higher risk of pancreatic cancer, whose exact cause remains unclear, according to some medical journals. Studies of industrial workers have shown increased cancer risks, especially in the chemical and petroleum industries, according to The British Journal of Industrial Medicine.

No one can say how much chemical exposure it would take to create a higher risk of pancreatic cancer or how many doses of benzene or other chemicals would speed up the normally 10 to 20 years' exposure time it takes to get cancer.

A shorter period is possible but would be less common, said Dr. Andrew L. Salner, director of the cancer programs at Hartford Hospital and the University of Connecticut Medical Center.

Heavy cigarette smoking is said to create a higher risk of pancreatic cancer among men between the

# war veteran and his family

of 20 and 40, but Diane said her and is not a smoker. Usually, reatic cancer strikes people be- n the ages of 65 and 79. Risk ases after age 30.

e had a 90-year-old maternal dmother with pancreatic can- Polio said, but that is not neces- y a determining factor for his or.

he only thing that stands out im in terms of exposure is the war. If you start to see pancre- cancer in other veterans, then it ld be a more significant expo- , and it would certainly merit ing into," he said. Polio said the old him there were no gulf war rans with pancreatic cancer.

erry Jemison, a VA spokesman Vashington, said 51 gulf veter- of 17,000 studied are listed as ng cancer but none of those are ering from pancreatic cancer. a VA document obtained inde- dently shows that as of Septem- 1993, at least six gulf war veter- have pancreatic cancer and at t 295 have cancers.

emison said his lower figures ne from the 17,000 veterans on gulf war registry and do not ude 127,000 veterans seen for lth problems but not admitted to hospitals. He said the VA has not compiled the total number of f war veterans suffering from cer. At the height of the conflict, re were more than 541,000 U.S. ops in the gulf. Most were be- en 20 and 40 years old.

n addition to the cancer, the y's deformity made Diane suspi- us. In fact, a relative from Geor- asked permission to put the y on a list of sick and deformed ies born to other gulf war veter- ' wives. Diane agreed.

Dr. Andrew Poole, director of the nial and facial team at the Uni- sity of Connecticut Health Clin- said there is no evidence of what used the deformity. Extensive ecks on boths sides of Diane's d Joe's families found no evi- nce of cleft lip and palate, he said. There is no study showing what a her's chemical exposures can lat- do to his baby, he said.

oe worried about more than the emical sprays, Diane said. The soners had varieties of illnesses. received an anthrax vaccine to nteract bacterial infections. He eathed in fumes from oil well es. He drank supposedly purified rsian Gulf ocean water, she said, d showered in rusty water. He nned his gas mask several times protect himself during missile at- cks when chemical warning rms went off.

After being convinced by other sick veterans that chemical exposures led to Joe's illness, Diane found Amvets, a veterans' advocacy group, in Hartford. Amvets helped her file for 100 percent disability benefits for Joe with the U.S. Department of Veterans Affairs.

The VA's paperwork appeared complex, said Diane, particularly since she was trying to handle it during her husband's stomach surgery. He was in the hospital for a month.

"I'm fairly intelligent, and I'm looking at this paperwork and I got to say . . . they're just trying to get you to write the wrong thing somewhere. . . . I called an attorney and the attorney didn't really know how to do it, either," she said.

At first, the VA said it would take 12 to 18 months for a ruling. When Diane pressed for a quicker decision, within weeks the VA turned down the request, Diane said. The agency never interviewed him or his doctor, she said. The VA ruled last month in a short, unsigned form letter that Joe's disability was not related to the war.

The Dulkas are appealing. The VA refused to comment because individual medical cases are confidential.

Diane said Joe is so upset and weak from his illness that she is doing the talking for him. "If we don't get the benefits," she said, "we'll be ruined and that is it."

Diane estimates medical bills for her husband and her son, to help clear up the baby's deformity, have cost $70,000 to $80,000. Joe's medical insurance has paid 80 percent, she said.

Diane said she has persuaded bill collectors to be patient. Since May, Joe's co-workers at Airborne Express have helped by voluntarily contributing $300 to $400 weekly.

"[The co-workers] are just phenomenal, these people! They've sent flowers, cards, letters. They are unbelieveable," Diane said. They have offered to mow the lawn, clean the gutters, rake the yard."

Joe was a truck driver at Airborne and at Emery Worldwide Express since he graduated from high school in 1977.

"Joe was very well liked as an employee. He is just a super guy," said Tod Montrello, the manager of Airborne's Windsor Locks office. "It's a pretty tight group here. I suspect they are not done yet.

"She's a woman with a lot of problems now," Montrello said. "She doesn't need anybody turning their back."

So far, 110 workers have contributed to the fund.

Members of Joe's National Guard unit, the 143rd Military Police Division, recently gave the family $150 and are looking for free jobs to do, like painting his house.

How does Joe feel about his military service?

"He doesn't regret any bit of it," Diane said. "I mean, he regrets the fact that he has gotten sick and is dying, but he doesn't regret the National Guard. . . . He's still as patriotic as he was. He is not bitter."

Diane is less forgiving.

"I will not stop when I get my benefits. There's other people out there that don't have a backbone, that cannot stand up and fight and I will do it for them if I have to. That's just the nature of the beast, I'm afraid. The government doesn't want to pay. They don't want to acknowledge they made a mistake," Diane said.

"I'll get through this one way or another, but I'm not going to be the same person when I do it. People say I'm a rock, but I don't have a choice," said Diane.

"I'm strong by default. If I fall apart, who's going to take care of my husband, who's going to take care of my kids?"

Diane's toughest moment was telling her 7-year-old daughter, Lindsey, about what is happening to her father.

"She's actually done very well. I expected worse. She's accepted it, I think," Diane said. "It's hard for me to discipline her now because I don't know if she's acting out because that's her way of dealing with it, or if she's just doing it because she knows she can get away with it. It's a very difficult place to be for a parent. I mean it's just horrible."

Diane is used to dealing with prolonged family problems since her husband came back from the war. In May, she said, they discovered that Joe's personality changes were due to his illness. Now that they understand what was wrong, tensions have subsided, she said.

Her son will be normal, she said, once he gets plenty of speech therapy and has further surgery to correct the deformity. So far, the baby has had surgery twice. In six to 12 years, Diane said, he will need another bone graft and may need another lip repair.

Diane thanks God she has him and she is convinced the deformity will not affect his mental abilities.

"There's a poem on my refrigerator about why handicapped children are born to mothers and I read it every day," she said. "It says there are special mothers that are chosen to have handicapped children because they can deal with it. . . . I believe it."

# Illnesses' link to chemical exposure unclear

No one can say whether Joe and Diane Dulkas' medical problems are related to the gulf war, but the family's plight is not unique.

Gulf war registries have been set up by the U.S. Department of Defense and the U.S. Department of Veterans Affairs to keep track of all present and former soldiers' illnesses so they can be treated if new diagnoses are developed. Veterans' groups are hoping the sheer numbers in the registries will encourage officials to take their health problems seriously.

There is no nationwide government registry for babies with birth defects born to veterans, though U.S. Sen. Christopher Dodd, D-Conn., and other members of Congress are sponsoring legislation to study health problems suffered by babies and spouses of gulf war veterans.

Meanwhile, news organizations and the veterans themselves have done their own research.

Nick Roberts of Alabama, a gulf war veteran who has terminal cancer, has testified before a congressional committee about his research. Roberts said he has interviewed 184 gulf war veterans who have various cancers and four, including Dulka, who have pancreatic cancer.

Roberts said 62 veterans told him their babies, born after the war, have birth defects.

Knight-Ridder has reported health problems in 13 of 15 babies born to the wives of members of the 624th Quartermaster Company of Waynesboro, part of the Mississippi National Guard. The 185-member unit served in the war.

The ailments include underdeveloped lungs, a blocked urethra, a missing artery, severe anemia, respiratory problems, an enlarged liver and a baby with three nipples, according to reports in The Ladies' Home Journal and from Knight-Ridder.

Though it has no nationwide figures, Veterans Affairs has tracked four Mississippi units that served in the gulf for health-related problems. Of 55 babies born to members, 37 are suffering from various ailments, including respiratory and blood disorders.

*— Thomas D. Williams*

# Dodd walking tightrope over Whitewater

**Continued from Page 1**

ble News Network, public television's MacNeil/Lehrer NewsHour, and other programs

## Key witness

The week's key witness would be Altman. A friend of Clinton's, he headed

The 28-year-old Steiner appeared on a panel Tuesday that included Jack DeVore, a f

When did you learn about Han- son's conversati

THE HA

# Legal systen

**Washington Post**

NEW ORLEANS — The nat legal system, including police, yers and judges, commonly women and children facing do tic violence, according to a re released Sunday by the Amer Bar Association.

While the O.J. Simpson case helped to spotlight family viole association President R. Will Ide III said that all too often public focuses on the issue o when it involves a celebrity case bar association task force has cal for wide-ranging reforms. These clude state and federal laws to p vent convicted abusers from buyi guns and the unification of cou systems to deal broadly with all a pects of domestic violence.

Department of
Veterans Affairs

545 SOUTH THIRD STREET
LOUISVILLE KY 40202

77

August 9, 1994

In Reply Refer To:

JOSEPH E DULKA
17 MIDLAND RD
WINDSOR LOCKS CT 06096

File Number:
048-52-4231/00
J E DULKA

We have received your application for benefits. It is our sincere desire to decide your case promptly. However, as we have a great number of claims, action on yours may be delayed. We are now in the process of deciding whether additional evidence or information is needed. If we need anything else from you, we will contact you, so there is no need to contact us in the meantime. If you do write us, be sure to show YOUR file number and full name, or have it at hand if you call.

IF YOU RESIDE IN THE CONTINENTAL UNITED STATES, ALASKA, HAWAII OR PUERTO RICO, YOU MAY CONTACT VA WITH QUESTIONS AND RECEIVE FREE HELP BY CALLING OUR TOLL-FREE NUMBER 1-800-827-1000 (FOR HEARING IMPAIRED TDD 1-800-829-4833).

STEVEN A. CUMBEA
ADJUDICATION OFFICER

LANE EVANS
17TH DISTRICT, ILLINOIS

COMMITTEES
HOUSE ARMED SERVICES COMMITTEE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
HOUSE COMMITTEE ON NATURAL RESOURCES

# Congress of the United States
## House of Representatives
## Washington, DC 20515-1317

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(309) 342-4411

MONMOUTH CITY HALL
SECOND FLOOR
MONMOUTH, IL 61462

121 SCOTLAND, MACLAN PLAZA
MACOMB, IL 61455

August 11, 1994

MR JOSEPH DULKA
17 MIDLAND ROAD
WINDSOR LOCKS CT 06096

Dear Mr. Dulka:

The response I received from the Department of Veterans Affairs is enclosed.

Thank you for giving me this opportunity to be of assistance to you. If I can be of further service, please do not hesitate to let me know.

With best wishes,

Sincerely,

Lane

LANE EVANS
Member of Congress

vs

enclosure

**DEPARTMENT OF VETERANS AFFAIRS**

Regional Office
545 South Third Street
Louisville, KY 40202

August 5, 1994

In Reply Refer To:

327/271C
SS 048 52 4231
DULKA,
Joseph E., Jr.

The Honorable Lane Evans
Member, United States
House of Representatives
1535 47th Avenue, #5
Moline, IL 61265

AUG 11 1994

Dear Congressman Evans:

We are accepting Mr. Dulka's letter as a Notice of Disagreement concerning the denial of service connected compensation for pancreatic carcinoma, as being secondary to exposure to environmental hazards while serving in the Persian Gulf.

If our findings warrant no change in the prior determination, we will provide Mr. Dulka with a Statement of the Case which will contain the procedures he must follow in order to have the case reviewed by the Board of Veterans Appeals in Washington, DC. I will keep you apprised of significant developments, as well as notify you of the findings and decision.

Your interest on behalf of Mr. Dulka is appreciated.

Sincerely yours,

HENRY W. GRESHAM
Director

271C/217 9630A JDB:dro

JOSEPH I. LIEBERMAN
CONNECTICUT

COMMITTEES:
ARMED SERVICES
ENVIRONMENT AND PUBLIC WORKS
GOVERNMENTAL AFFAIRS
SMALL BUSINESS

# United States Senate

WASHINGTON, DC 20510-0703

SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-4041

STATE OFFICE:
ONE COMMERCIAL PLAZA
21ST FLOOR
HARTFORD, CT 06103
203-240-3566
TOLL FREE: 1-800-225-5605

August 23, 1994

Mrs. Diane Dulka
17 Midland Road
Windsor Locks, Connecticut 06096

Dear Mrs. Dulka,

Thank you for contacting the Office of U.S. Senator Joseph I. Lieberman regarding your husband's veterans problem. I have enclosed the Department of Veterans Affairs interim reply.

I will final forward a response as soon as the Senator's office receives a reply. Please feel free to contact me at 240-3566, if you have any questions regarding this matter.

Sincerely,

Kenneth A. Dagliere
Office of U.S. Senator
Joseph I. Lieberman

Enclosure

DEPARTMENT OF VETERANS AFFAIRS
DEPUTY ASSISTANT SECRETARY FOR CONGRESSIONAL LIAISON
WASHINGTON DC 20420

August 16, 1994

The Honorable Joseph I. Lieberman
United States Senator
One Commercial Plaza
21st Floor
Hartford, CT 06103

60S1
DULKA, Joseph E., Jr.
SSN 048-52-4231

Dear Senator Lieberman:

This will acknowledge receipt of your inquiry on behalf of Mr. Joseph E. Dulka, Jr. who wrote regarding his claim for VA disability benefits.

We have forwarded your correspondence to the Under Secretary for Benefits for review. You will be provided with a more complete reply as soon as possible.

Sincerely,

Edwin L. Arnold

EDWIN L. ARNOLD
Chief, Senate Staff
Congressional Liaison Service

ONE HUNDRED THIRD CONGRESS

G.V. (SONNY) MONTGOMERY
CHAIRMAN

U.S. House of Representatives
COMMITTEE ON VETERANS' AFFAIRS
335 CANNON HOUSE OFFICE BUILDING
Washington, DC 20515



August 26, 1994

Mr. Joseph E. Dulka, Jr.
17 Midland Road
Windsor Locks, CT 06096

Dear Mr. Dulka:

I am in receipt of your letter objecting to the VA's denial of your claim for benefits. You can file an appeal to the VA's action.

The House Veterans' Affairs Committee and other governmental bodies are working very diligently to find the cause(s) of medical symptoms being reported by Persian Gulf veterans across the country. My committee has held nine major hearings on these mysterious illnesses and developed legislation to respond to the concerns of our veterans. Public Law 102-585 established the Persian Gulf Registry which serves as a means of scientifically tracking the problems most commonly experienced and potentially could serve as a guide for identifying research priorities. Public Law 103-210, signed by the President on December 20, 1993, authorized the VA to provide hospital and outpatient care on a priority basis to veterans who may have been exposed to toxic substances or environmental hazards while serving in the Persian Gulf War.

In May, I introduced H.R. 4386 which would require the VA to pay compensation benefits to Persian Gulf veterans who have chronic disabilities resulting from undiagnosed illnesses. The measure also authorizes appropriations for the conduct of research into the health risks and effects of service during the Persian Gulf War and funding for a survey of Persian Gulf War veterans to gather information on the incidence and nature of health problems they might be experiencing. H.R. 4386 passed the House on August 8, 1994.

Because a high incidence of medical problems were being reported by a National Guard Unit in Mississippi, I asked the Centers for Disease Control in Atlanta to work very closely with the Mississippi Department of Health in investigating these illnesses. During a field hearing in Meridian, Mississippi, on

January 21, we heard from Gulf veterans and their spouses regarding their children and the medical symptoms they are experiencing. It was at this hearing that the DoD announced that it had reprogrammed DoD research money to fully fund an environmental research unit at San Antonio to study multiple chemical sensitivity, one of the suspected causes. Meanwhile, much promising research is being done by the VA (see enclosed), Department of Defense (DoD), Environmental Protection Agency (EPA), National Institutes of Health (NIH), and the National Academy of Sciences (NAS).

In a Technology Assessment Workshop on April 27-29, 1994, at the National Institutes of Health, a panel of experts from NIH, EPA, DoD, VA, various medical schools and veterans service organizations recommended extensive research into the unexplained illnesses reported by some Persian Gulf veterans and called for a survey of those who served in the Gulf theater.

These are just some of the actions we and others have taken to get to the bottom of what is making veterans like you sick. We will continue to monitor VA and DoD efforts and, hopefully, one day soon we can announce that the cause has been identified and effective treatment is being provided, and our Desert Storm vets and their families can have the good health and peace of mind you deserve.

Sincerely,

G. V. Montgomery

G. V. (SONNY) MONTGOMERY
Chairman

GVM:lif

The results of this survey are on the following pages.

September 28, 1994

Diane G. Dulka
17 Midland Road
Windsor Locks, CT 06096
(203)623-1456

To: All 143rd MP Company Saudi Vets,

Please excuse the use of a form letter, but time is of the essence. As you are probability already aware, Sgt. Joseph E. Dulka Jr. has lost his battle with pancreatic cancer. We have been fighting another battle with the VA these last few months. We believe that Joe's illness was directly caused by chemical/biological exposure during the Gulf War. We also believe that our son's deformities were caused by Joe's exposure during the Gulf War.

The VA has denied Joe's claim for disability compensation and his appeal, along with my claim for widows benefits. Although Joe is gone, I am continuing with the fight. I now have to go before the VA board of review in Washington D.C.

This is where I need your help. The following page is a survey aimed at proving to the VA that there are alot of sick Saudi Vets from the 143rd. Everyone's body reacts differently to exposure. Even the smallest thing that you may think is unrelated may be important. Please don't make the same mistakes we did.

All of the information I receive will be kept strickly confidential. When I go before the VA, no names will be mentioned, just statistics that I have gathered. If you still feel uncomfortable please return the survey without your name. Please feel free to call me if you feel you have any questions. You may someday need this information for yourself, I will send you all a copy of the total statistics when they are completed. As I stated, time is running out for me, please return this as soon as possible.

Thank you,
Diane G Dulka
Diane G. Dulka

Name_____(please print) Sex_____

Age_____

Please answer yes or no to the following, even if the symptoms seem subtle, put them down. Joe and I didn't really put everything together until he was diagnosed with cancer. Then I started investigating and discovered that he had alot of the problems that we didn't realize were related to the Gulf War. If your spouse has any of the symptoms, put that down also, indicate which are which.

Headache_____ Catch every illness around_____

Dizziness_____ Weight loss/gain_____

Muscle twitch_____ Diarrhea_____

Numb extremity's_____ Ulcers_____

Irritable_____ Gastritus_____

Always hot/cold_____ Vomiting_____

Loss control (temper)_____ Appetite change_____

Marital problems_____ Bleeding gums_____

Joint pain_____ Memory loss_____

Yeast infections_____ Hearing changes_____

Rashes_____ Urinary track problems_____

Burning sperm_____ Children born since return_____

Tumors_____ Children's health problems_____

Cancers (list)_____ Miscarriges_____

Abnormal pap smear_____ Still births_____

Fatigue_____ Deceased children_____

Hair loss/growth_____ Infertility_____

Blisters_____ Runny nose_____

Constant colds_____ Mental disorders_____

Respiratory problems_____ Depression_____

Any other problems, or comments?_____

_____

_____

_____

_____

What I have stated in this survey is true to the best of my knowledge, and all these events have occurred after my return home from the Gulf War in May of 1991.

_____

Proper signature please

DEPARTMENT OF VETERANS AFFAIRS
Regional Office and Insurance Center
Wissahickon Avenue and Manheim Street
P. O. Box 8079
Philadelphia PA 19101

11-2-94

DIANE G. DULKA
17 MIDLAND RD.
WINDSOR LOCKS, CT. 06096

In Reply Refer To:
310/21PG
048 52 4231
JOSEPH E. DULKA

Dear MRS. DULKA:

You were previously notified that your claim for benefits based on Mr. Dulka's death resulting from exposure to environmental hazards during military service in the Persian Gulf had been transferred to the Veterans Affairs office in Louisville, Ky., for processing, as part of the Department of Veterans Affairs (VA) program for monitoring the possible health effects of exposure to environmental agents in the Persian Gulf.

This program has been expanded and VA has now designated our office to process your claim. As a result your records have been transferred here. We will advise you further about your claim as it becomes necessary.

You may direct any correspondence or evidence concerning your claim to the address above. Please be sure to include your VA claim number on all correspondence. While we will be responsible for processing your claim, your local regional office remains available to help you if you have any questions concerning your claim or veterans' benefits in general.

Sincerely yours,

J. DERRICK
Adjudication Officer

JOSEPH I. LIEBERMAN
CONNECTICUT

COMMITTEES:
ARMED SERVICES
ENVIRONMENT AND PUBLIC WORKS
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TOLL FREE: 1-800-225-5605

November 3, 1994

Mrs. Diane Dulka
17 Midland Road
Windsor Locks, CT 06096

Dear Mrs. Dulka,

Thank you for contacting the Office of U.S. Senator Joseph I. Lieberman regarding your family's veteran problem. I have enclosed the Department of Veterans Affairs' response to the Senator's inquiry.

I hope this information is helpful to you. Please feel free to contact me at 240-3566, if you have any further questions regarding this matter.

Sincerely,

Kenneth A. Dagliere
Office of U.S. Senator
Joseph I. Lieberman

Enclosure
KAD/slt

**DEPARTMENT OF VETERANS AFFAIRS**
**Veterans Benefits Administration**
**Washington DC 20420**

94 OCT 28 AM 9:03

OCT 26 1994

In Reply Refer To:
212A
SS 048 52 4231
DULKA, Joseph E.

The Honorable Joseph I. Lieberman
United States Senator
One Commercial Plaza
21st Floor
Hartford, CT 06013

Dear Senator Lieberman:

This is in reply to your August 2, 1994 letter on behalf of Mr. Joseph E. Dulka regarding his claim for service connection for pancreatic cancer due to exposure to chemicals in the Persian Gulf.

A staff member contacted the Louisville Regional Office for assistance in responding to you. Regrettably, the regional office has informed me that Mr. Dulka passed away on August 28, 1994. I offer my deepest condolences to his widow and other family members in their time of sorrow.

I am enclosing an application for death benefits for Mrs. Dulka to use should she wish to file a claim. She should complete this form and submit it to the Louisville Regional Office. Mr. Dulka had an appeal pending at the time of his death for the denial of service connection for pancreatic cancer. If Mrs. Dulka does file a claim, that appeal may be continued.

If she has any questions, Mrs. Dulka may contact the regional office for assistance at 545 S. Third St., Louisville, KY 40202. She may also telephone for help by dialing 1-800-827-1000.

I hope this information is of assistance to you.

Sincerely yours,

R. J. Vogel
Under Secretary for Benefits

Enclosure

DEPARTMENT OF VETERANS AFFAIRS
Regional Office and Insurance Center
Wissahickon Avenue and Manheim Street
P. O. Box 8079
Philadelphia PA 19101

NOV 1 8 1994

MRS DIANE G DULKA
17 MIDLAND RD
WINDSOR LOCKS CT 06096

In Reply Refer To:
310/211A/DH
XCSS 048 52 4231
Dulka, Joseph E.

Dear Mrs. Dulka:

This is in reference to your claim for Veterans Administration death benefits.

We regret that service connection for the cause of the veteran's death is denied.

A careful review of all the evidence of record revealed that the condition which caused the veteran's death was not incurred-in or aggravated by his military service.

The enclosed rating narrative provides the evidence considered and the reasons and bases of our determination.

We regret that the facts in the case do not warrant a favorable decision. If you believe that our decision has been made in error, please see your procedural and appellate rights which are outlined on the enclosed VA Form 4107.

According to our records there were no benefits due and unpaid to the veteran at the time of his death, therefore, an accrued benefit is not payable.

If you wish to apply for death pension benefits, please complete and return the enclosed VA Form 21-0518-1.

This evidence should be submitted as soon as possible, preferably within 60 days and in any case it must be received in the Department of Veterans Affairs within one year from the date of this letter; otherwise, benefits, if entitlement is established, may not be paid prior to the date of its receipt.

2.

XCSS 048 52 4231
Dulka, Joseph E.

Your Congresswoman, the Honorable Nancy L. Johnson, has expressed her interest in your claim.

Sincerely yours,

J. Derrick

J. DERRICK
Adjudication Officer

Enclosure(s):
VA Form 4107
VA Form 21-6796
VA Form 21-0510
VA Form 21-0518-1

cc:
AMVETS

# RATING DECISION

NAME OF VETERAN: J. E. DULKA

SOCIAL SECURITY NUMBER: 048 52 4231

VA FILE NUMBER: 048 52 4231

**ISSUE**:

1. Service connection for the cause of the veteran's death.

2. Entitlement to accrued benefits.

**EVIDENCE:**

Service Medical Records 1-3-91 to 5-25-91.
Reports of treatment from St. Francis Hospital from 12-3-93 to 6-10-94.
Reports of treatment from Dr. Polio from 11-22-93 to 6-8-94
Reports of treatment at Enfield Ambulatory Care Center
Copies of National Institutes of Health workshop statement
Death certificate

**DECISION:**

1. Service connection for the cause of the veteran's death is denied.

2. Entitlement to accrued benefits is not established.

**REASONS AND BASES:**

The veteran had filed a claim for service connection for his pancreatic cancer and had been denied by rating decisions of July 6, 1994, and August 30, 1994. He appealed those decisions and since his wife has now filed a claim for accrued within the appellate period the claim is still considered pending. The evidence shows that on his separation examination in May, 1991, he reported a ten to fifteen pound weight loss while in Saudi Arabia. That examination listed his weight as 166 lbs., while a prior enlistment examination for the National Guard in February, 1987, listed his weight as 175 lbs.

The medical evidence from Dr. Polio and St. Francis Hospital reveal the veteran was first seen in November, 1993, with abdominal discomfort of approximately one month duration. His weight at that time was 162 lbs, and on a follow up visit in December, 1993, it was 163 lbs. Subsequent extensive testing found that the veteran had pancreatic cancer. Dr. Polio also reported that the development ot the veteran's tumor preceded his initial symptoms by a number of months.

The treatment reports from Enfield Ambulatory Care Center reveal treatment for a cold/sore throat and fever, and a laboratory report dated October 16, 1992, which did not list any diagnosis. The veteran's authorized representative reported that these treatment reports were from January 12, 1992 and February 28, 1992.

The National Institutes of Health workshop statement reported that "since benzene and some polycytic aromatic hydrocarbons are known human carcinogens, some exposures might increase long term cancer risks."

The death certificate reveals the veteran died of pancreatic cancer on August 28, 1994, of ten months duration.

**RATING DECISION**

| NAME OF VETERAN | SOCIAL SECURITY NUMBER | VA FILE NUMBER |
|---|---|---|
| J. E. DULKA | 048 52 4231 | 048 52 4231 |

1. The death of a veteran will be considered as having been due to a service connected disability when the evidence shows that one or more service connected disabilities was the primary cause of death, or a contributory cause of death.

A service connected disability will be considered the primary cause of death when such disability, singly, or jointly with some other condition, was the immediate or underlying cause of death.

Contributory cause of death is defined as a condition which is not related to the primary cause of death, but contributed materially to the death of the veteran.

The evidence shows that the veteran developed pancreatic cancer, diagnosed in June, 1994, with probable symptoms associated with it developing as early as October, 1993. The veteran's physician reported that the development of the tumor would have preceded the symptoms by months. This still would not demonstrate that the cancer originated during the veteran's military service from January3, 1991, to May 25, 1991, or within the one year presumptive period following separation from military service. The veteran's representative has alleged that the weight loss reported in service and the treatment at the Enfield Ambulatory Care Center actually were the first symptoms of his pancreatic cancer. However this is not substantiated by the evidence. Although the veteran did report weight loss while in Saudi Arabia, his weight at separation was 166 lbs., and in November and December, 1993 it was 162 and 163 lbs., indicating a stable weight for over two years. The veteran's dramatic weight loss did not begin until between February, 1994 and May, 1994, when he went from 157 lbs. to 138 lbs. The treatment records from Enfield reveal treatment for cold symptoms and no diarrhea or vomiting was reported. The abdominal pain associated with the pancreatic cancer was not reported at that time.

The National Institutes of Health report was also considered but none of the medical evidence submitted links the veteran's pancreatic cancer to chemical exposure.

As the evidence does not show the veteran's pancreatic cancer in service or developing within the one year presumptive following service, there is no basis for a grant of service connection for the cause of death.

2. For the reasons cited above there is no basis to establish service connection for pancreatic cancer. As service connection is not established, there is no entitlement to accrued benefits.

November 23, 1994

Diane G. Dulka
17 Midland Road
Windsor Locks, CT 06096
(203) 623-1456

To: All 143rd MP Company Saudi Vets,

Thank you for taking the time to fill out the survey I sent to you in September. I have enclosed a copy of the final results. I found them rather disturbing. So many of you are having many of the same symptoms. Please don't let any of the symptoms you have go without being documented. Make sure you see a doctor.

I still have no date for the review board in Washington. I understand this could be a very long wait as there are many claims waiting for review. This fight needs to be carried through to the end, no matter what the outcome, at least I will have given it my best shot.

As I stated previously, all the personal information you have sent me is confidential. The general statistics will be brought to the review board in Washington, but your personal information will remain private.

I am very grateful that you responded to the survey, not only for my fight, but also for your future records. If I can be of any assistance to you please don't hesitate to call me. I will be happy to answer any of your questions, or concerns. Thank you again.

Sincerely,

Diane G Dulka

Diane G. Dulka

November 23, 1994

| | | | |
|---|---|---|---|
| Headache | 14 | Catch every illness around | 6 |
| Dizziness | 12 | Weight loss/gain | 12 |
| Muscle twitch | 13 | Diarrhea | 12 |
| Numb extremity's | 10 | Ulcers | 2 |
| Irritable | 21 | Gastritus | 6 |
| Always hot/cold | 6 | Vomiting | 2 |
| Loss control (temper) | 16 | Appetite change | 7 |
| Marital problems | 7 | Bleeding gums | 6 |
| Joint pain | 15 | Memory loss | 19 |
| Yeast infections | 1 | Hearing changes | 11 |
| Rashes | 14 | Urinary track problems | 3 |
| Burning sperm | 3 | Children born since return | 4 |
| Tumors | 3 | Children's health problems | 2 |
| Cancers (list) | 1 | Miscarriges | 2 |
| Abnormal pap smear | 2 | Still births | 0 |
| Fatigue | 24 | Deceased children | 0 |
| Hair loss/growth | 11 | Infertility | 0 |
| Blisters | 2 | Runny nose | 2 |
| Respiratory problems | 10 | Depression | 12 |

Surveys sent: 112
Surveys completed: 46
Return to sender: 14
Reported no symptoms: 3
Deaths: 3

December 6, 1994

Mrs Diane Gates Dulka
17 Midland Road
Windsor Locks, CT 06096

Mr. Bill Edgar
Amvets
450 Main Street
Hartford, CT 06103

Dear Mr. Edgar,

Per our telephone conversation of this morning, this letter is to serve as formal notification of my disagreement of the findings of the Department of Veterans Affairs denial letter dated November 18, 1994, file #310/211A/DH XCSS 048 52-4231.

I do not agree with the decision made by the Veterans Administration and wish to continue with the next to the next step.

Please file any formal appeal and start any procedure necessary to expedite this matter.

Sincerely,

Diane Gates Dulka

Diane Gates Dulka

February 1, 1995

Department of Veterans Affairs
*P.O. Box 8079*
Philadelphia, PA 19101

Re: Dulka, Joseph E. Claim # 310/211A/DH XCSS 048 52 4231

To Whom It May Concern:

Upon instruction from Congresswoman Nancy Johnson's office, this letter is to serve as official notification that my husbands claim for benefits and complete file be sent back to the Veterans Affairs local office in Hartford, CT.

Mr. Bill Edgar of Amvets, upon my instruction, requested this 3 weeks before Christmas 1994 so this claim could be presented to the local board of appeals.

According to the 1994 edition of Federal Benefits for Veterans and Dependents put out by the Department of Veterans Affairs page 59, this is my right. There is no excuse for this delay. Because my husband has passed away is not a reason to ignore any request.

I am following your guide lines according to the rules and regulations you have set up. Your office is not following your own rules.

I expect my husbands complete file returned to Hartford Immediately.

Thank You

Diane G Dulka

Diane G. Dulka

cc: Congressworman Nancy Johnson