Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	To Dr. Zuckerman from veteran (partial) (2 pages)	03/29/95	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Maggie Williams (Subject Files)
OA/Box Number: 12631

FOLDER TITLE:
Copies of Letters - referred [2]

2013-0359-S
ry1476

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]
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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]

Gulf War Veterans of Massachusetts
293 D Street
Boston, MA 02127
(617) 464-2442

February 9, 1995

The White House
Attn: Melanee Verveer
Washington DC 20510

Dear Melanee Verveer:

I am writing to you reference your interest in Gulf War veterans issues. I believe that this is one of the more important issues facing us today because of its implications for national security and the health of the veterans who have served America in wartime.

Essentially, there are two problems facing us, both often seeming insurmountable to the veterans I deal with on a daily basis. I am a U.S. Army veteran and served with the 24th Infantry Division in Saudi Arabia and Iraq. I became involved in this issue in November of 1993, when I discovered that what had once been a small mole on my lower back had grown over a six month period into a discolored patch the size of a silver dollar. Because I had been enveloped in smoke from a burning M1A1 tank during the war, I was concerned about the possibility of exposure to depleted uranium and what the future health affects might be. As I began to do research, I became more and more concerned that veterans are not being treated the way they should.

The first side of the issue is the VA system. Veterans are bitter, and many of the ones I speak to have concluded that they are never going to get any help from the VA system. Why? First, despite the laws which have been passed, and despite Secretary Brown's convictions, Gulf veterans are still frequently refused service in VA hospitals. The VA claims system is a disaster due to the huge number of regulations governing it which sometimes slow claims down or stop them in their tracks (my own claim was lost for over a year, and 30 months have passed since I initially filed it). One of the biggest problems which I have been trying to work with on a local basis is simple ignorance of the situation by many of the VA physicians who are treating us. During my Persian Gulf Registry exam in January 1994, the doctor who examined me had never heard of depleted uranium and did not believe me when I told him of the exposure. Veterans who seek treatment in VA hospitals are sent immediately to specialists in one area or another, who only rarely consider the overall complex of symptoms exhibited by the veteran.

In Boston there has been significant improvement in this area. Dr. Nancy DiMartino, formerly the Chief of Oncology at the Boston VAMC, is closely monitoring this issue and may be taking over as primary care physician for the Gulf War veterans. We applaud her efforts, primarily because her view has taken in all of the research which has been done, and just as importantly, she believes what the veterans tell her. This is a huge step in the right direction.

Gulf War Veterans of Massachusetts
293 D Street
Boston, MA 02127
(617) 464-2442

On the other side of the coin, however, is the Department of Defense. The root of this problem lies long before the Persian Gulf War and the veterans of that war who are now sick. Because of the Ferres doctrine and because of national security considerations, veterans and active duty personnel who serve in wartime are denied the rights due to them under the Constitution of the United States. The issue of experimental drugs which were given during the Gulf War is a significant one. The DoD's explanation for not getting informed consent from the soldiers who were given these drugs is that "combat is different." Yet the very code that governs human experimentation was written in response to military experiments in wartime. Written by U.S. Army lawyers who prosecuted and executed those doctors who broke that code.

Further, there is no legal redress for veterans who are harmed by the military, even if that harm is deliberate. The courts have ruled repeatedly that if the Defense Department harms an individual -- for instance, by dropping an atomic bomb on them -- that individual has no right to seek damages for the harm. Congress has tried to get involved in this issue, yet as is evidenced by the DoD's lack of response to Senator Riegle's investigations last year, the DoD seems to consider itself immune from oversight from Congress as well. As a result, the Defense Department is de facto immune from constitutional checks and balances.

When I joined the military, I swore an oath to protect and defend that constitution, and I did not take that oath lightly. That is why I am involved in this issue now. Even if we never get help for Gulf veterans, even if we never know exactly what happened and why we are getting sick, it is absolutely important to insure that this does not happen in the future.

A few months ago my father, a former U.S. Marine Vietnam veteran, and the son of a U.S. Army veteran who was a POW in Japan in World War II, told me that based on what he has learned in the last year, he would not let his children join the military today. To me, that is a tragedy. We count among our ancestors men and women who fought in every war America has fought, including the American Revolution, both sides of the Civil war, as well as some of the most recent conflicts. In treating veterans the way the government has, we lose the very people who believe enough to put their lives on the line. That doesn't just hurt a few veterans. That hurts America and everything it stands for.

Thank you for your consideration.

Sincerely,

Charles Sheehan-Miles
President, GWVM

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[001]

March 29, 1995

Dear Dr. Zuckerman

I am (b)(6), I am a Desert Storm Vet. I have been going to the Tuskegee VA Hospital since Sept. of 1992 and filed a claim at this time.

I have had a terrible time in getting treatment and care for my health problems. I have beg for certain test to be run and test that family and friends have told me to ask for, I have had no luck in getting care.

I Started seeing Dr. Dean Chipman in aug of 1993 here in Columbus Georgia, private Physician, and he Turn me over to Dr. Jose A. Canedo, Neurology, for, headaches, dizziness, memory loss, blured vision, slurred speech, aching joints muscle weakness and fatigue, also many more in Nov of 1994

Dr. Canedo called the Tuskegee VA Hospital and talk to Dr. Jackson about getting MRI'S run on the brain, but he got the run around, all this Took place in Jan of 1995.

I had appointment Feb 2, 1995 to see Dr. Pat of the Tuskegee VA Hospital, Neurology and I talk Dr. Pat in doing the MRI'S on Feb 3, 1995. I Took the MRI'S to Dr. Kadine chief of staff of the VA Hospital and he called Dr. Pat to his office to read the MRI'S and they told me there was nothing wrong with me. It Took me the next three weeks to get the MRI'S and take them to Dr. Canedo and he read the MRI'S and told me that the right carotid artery was enlarge to 7mm in size. But also the VA Hospital gave me a read out of the

MRI'S at the time I pick these up, which I believe I was not suppose to get and it stated the same problems Dr. Canedo told me, but the VA Hospital has yet to inform me or set up appointment to come back. I believe you already have this readout, Nick Roberts sent this to you.

Dr. Canedo turn me over to Dr. Goldman (Neurosurgeon) March 21, 1995 and he done a catheter angiography and it shows that I have a block left carotid artery a blood clot at the base of the brain.

I have been fighting for help since aug of 1991 and the navy told us to go the VA and I stated in aug of 1992, I know we went through several chemical warfare attacks and the Navy and Marines cover it up while I was in the war.

I hope and pray you can help me with immediate help. Also this is not fair I been fighting these health problems since Sept of 1992 and not getting health care and now a new bill has been signed by the President that stops any claim that was filed in Sept of 1992, and I have a lot of private Doctor bills, when the VA should have been taking care of these problems.

I have been with my neurology since Nov of 1994 and he has found part of my health problems on all

Extended Page

March 21, 1995 and the VA Hospital in Muskogee Ok has done nothing but run me around. Dr. Jackson of the VA Hospital has told me twice that the VA Hospital is under orders not to diagnosis or treat a Desert Storm Vet.

So Please help me with these health problems.

Sincerely Yours

(b)(6)

MAJOR RICHARD H. HAINES
GULF VETERANS INTERNATIONAL, INC.
4247 VALLEY TERRACE
NEW ALBANY, INDIANA 47150
GULF VET HOTLINE 812 948 9366

6/26/95

Diana Zuckerman, Ph.D
Office of the First Lady
Rm 100, Old Executive Office Building
Washington, D.C. 20500

Dear Dr. Zuckerman:

Now that the White House'es task force on Gulf War Syndrome has been named, perhaps the group and it's new staff would be interested in the enclosed lists of afflicted Gulf War Baby families. The master printout of about 235 baby families includes informal data on the spouse, the Vet and their new offspring. This master has personal and sensitive information, so for some of your internal reviews, you may wish to use the alternative coded list that deletes names, addresses, and telephones. The master baby printout is considered by me to be valuable because the associated (female) spousal and baby affliction depicts yet another epidemiological window that is as perhaps as important as the data on the Vets themselves, for reasons I will explain in a moment.

A special segment and separate printout of the master list, is an exclusive segment of affected female spouses of male Vets. There are about 80 together, and they consolidate briefly the health status of the male spouse (vet) and whether their post-war offspring are sick.

In a review of 70 couples, I found a 91.4% affliction rate. Although informally tabulated, I consider this epidemiologically significant because of the high concentration of affliction discovered. I think the task force could verify this among child-bearing veteran family groups. To me, the purpose of epidemiology is to find the greatest concentration of the illness, and the nature of the illness, and then, if possible, whether toxics or infection or whatever caused it.

However, the research problem of Veteran spouses is that the spouses have outside intervening variables to which they are subject that the male veteran does not. Namely, these include, pregnancy and the complications thereof, plus birth control practices known to affect hormones, plus the emotional burden and guilt in many cases of birth defective or chronically ill offspring. Research groups such as the Association for Birth Defective children customarily include these and other variables in accounting for their interpretations.

In this summary, I shall discuss the evidence for a toxicological vs. an infectious etiology. Because Mycoplasma Incognitus deserves special discussion, I refer to infection in this summary as non-mycoplasma type infection.

At the onset, I want to pause to mention that of the 1,000 plus veterans interviewed by myself over the past three years, the great majority have been sensitized against smells, smoke, and fumes. You recently mentioned that you had not found that to be the case, but I caution that there are several reasons that one's observations and data on this point can become omitted or misconstrued:

1. We fail to cross examine the member if he answers, "no" as to whether he is not sensitized. I have repeatedly found that they are answering "no", because they have learned to avoid the particular agents that are offending them. If you were to ask WHY they avoid them, they'll often state they do so because they previously made them sick. So one needs to press the question, if they EVER have been reactive to cleaners, kerosene heaters, gas grills, etc.

2. Sometimes a Veteran will answer "no" about any sensitization, because he has become ACCLAIMATIZED, and is in that phase of the evolution of the illness, that he is so triggered from domestic home molds, dust, and offgassing, as well as industrial and occupational sources of low level toxicity, that they cannot really pick out a single source. However, there is a research strategy to this problem as well, and that is to ask the victim if there were times when he was away from his home or work for four or more days, and upon his return, was he temporarily overwhelmed. This happened to Cpt. Jerry Watkins last year when he restarted smoking. It happened to a local mechanic here when after returning from a school semester, he reentered his former auto service shop. My impression in researchers in the past, is that acclaimitization is an area they have yet to look into. The best work in the country in explaining this concept and how MCS evolves, is "the Model of Environmental Medicine" by Dr. Gary Oberg from Chicago, and you can obtain a copy by call the AAEM headquarters office in K.C. at 913 341 0765.

3. Finally, a Veteran will answer, "no" because he is denying to himself and the public that allergy syndrome is not the diagnosis. A famous example of this was the Unification Conference group that met at the airport hotel in Dallas. This was the group locked onto the infection etiology, e.g., Paul Sullivan, Denise Nichols, Steve Robertson, etc. When they met in a chemically treated room, most publicly keeled over and four in fact were taken to hospital emergency rooms in a reactivity and collective incident that I for one thought was slightly amusing, although very unfortunate.

4. Others I have found famous for answering, "no", are higher ranking officers and pilots, who risk their status being flagged, which automatically preempts their authorization for schooling or promotion. I have many of this category do a complete 180 degrees in terms of whether they are even ill. Unless there is guaranteed anonymity, responses of officers and pilots, for the cited reasons, (which are legitimate) cannot be regularly applied.

So now, let's examine further, the infection vs toxicological aspects that shed light on what is really happening. Bear with me on the following continuum, which I think is a logical progression.

A. Most of the Vets are reactive, and both infection (including mycoplasma) and toxics can cause reactiveness, although the literature more proportionately point to toxicity. Dr. Victor Gordan (470 patients), Dr. Claudia Miller (70 patients), and Dr. Myra Shayevitz (many dozens), have all observed this.

B. The female spouses of many of these veterans are noticing vaginal burning. But if they are not, we have to be careful to postulate the reason, because they may not be having sexual relations, or the veteran spouse may be wearing protection. Interestingly, of those spouses of vets wearing protection, few have female spouses who experience the burning.

C. If the female spouse is in fact experiencing burning, the next logical question is whether she also experiences other body-wide sensitization or allergies. Most all of those detecting the burning, disclose that they are in fact sensitized (see enclosed list of afflicted spouses). Half a dozen spouses spoke/wrote to this affect to the Feb. 28th meeting of the Persian Gulf Expert Scientific Committee. In fact, one, Kelly Lamastus from Georgia, went on to say that when her husband so much as licks her ear, that her "ear itched."

D. And that brings me to the next logical progression, an issue which you have not been asking, but would find it epidemiologically useful. In most cases, the spouse and the baby have skin reactiveness to their veteran's sweaty skin. This written testimony was also born out in the Feb. 28th letters to the committee, of which I have copies. Let's now pause for a moment and assess what is really going on here. We know from the studies on sauna detoxification, that sweating is the body's natural system to cleanse itself, and that numerous toxics can be sweated out. Nonetheless, spousal and baby reactiveness to the Vets' sweat is a key epidemioligical progression in the logic of our inquiry, in order to develop, at least, an initial hypothesis about the distinctive aspects of the disease and condition.

E. The military members' affliction parallels that of civilians reported by Dr. Bernstein of the University of Cincinnati Medical School at the Feb. 28th meeting in that the civilian females with the vaginal burning, were primarily characterized as allergy syndrome victims. Well, what a coincidence! A major medical institution, working independently, has found that civilian females with vaginal burning, have bodily-wide sensitization, just as do the military females reporting at the Feb. 28th meeting. Did everybody hear that?!?

F. If it is true than, that female spouses of male veterans (see attached list of about 80), have body wide sensitization and allergy syndrome, we know then what to look for in our progression of the epidemiological review. And if they report, in a widespread manner, some form of sensitization is part of their affliction (check for the 4-above listed cautions if they say, "no"), then we have a key anchor in our inquiry. Not absolutely all female spouses have to have sensitization, for the (allergy syndrome) theory to fit, but most of them do have it, and that is sufficient.

G. Inversely, if female veterans have male (nonmilitary) spouses, then this theory would indicate that the majority of male, civilian spouses would not be afflicted. If we assume it is the male spouses inflicting the health injury via their seminal fluid, our theory of male-mediated illness basically holds. Most do not have affliction, but if a few do, (and there are some) we should ask the following:

> Do they have a history, or a boyhood history of allergies that was acquaired anew or became aggravated after handling Persian Gulf BDUs, duffle bags, souvenirs, and other gear?

And if they have symptoms, do they have allergy/sensitization? These questions are important, because many service members who were not mobilized, but only handled returning military gear, have also become ill.

7. It would be of epidemiological signficance, to inquire into the cases of female spouses who are NOT ill, whether they have been abstaining from spousal relations. This issue arises in the cases of Navy veterans who return to ship duty, or to active duty ground and air troops, who depart their family domain for extended duty tours at offshore assignments. Those mildly affected will often improve with their veteran husband's departure for oversees assignment, advanced military schooling, or in the event of marital discord or divorce. Such evidence would also help confirm the logic and progression of the theory of the illness, i.e., their exposures have stopped.

9. Oftentimes, we discuss female veterans and there are many who are afflicted. But in the context of the above analysis, they are epidemiologically less significant, except that their husbands (if married), are in most cases not ill.

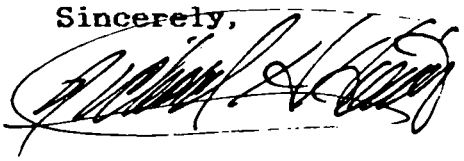
10. Some of the most important epidemiological evidence, supporting a male-mediated, toxicological model, is not just what is happening to the wives, but the elevated rate of birth defects and chronic illness among the post-war newborns of Gulf veterans. The Association of Birth Defective children, which does not have a yet statistically sufficient pool to be conclusive, is nonetheless observing a statistically perceptible trend similar in nature to that of the Vietnam Veteran offspring. This trend of undiagnosed, syndrome illness is not, however, getting into the government reporting systems because there are no codes for unidentifiable illness and pediatricians all over the country are shaking their heads, unable to explain their immunosuppressed patient babies. There is an extraordinary incidence of respiratory/asthma problems, baby formula and food reactiveness, allergy to dioxin-treated diapers and synthetics, along with learning and developmental deficiencies.

The Association for Birth Defective Children recently submitted to NAS the hypothesis that chronic illness in newborns is a form of birth defect. They submitted a study, "Immunotoxins as Teratogens" that indicated that many teratogens are endocrine disrupters. My submitted list of over 30 Gulf War babies with both birth defects and chronic illness shows this same statistical association. I consider this finding medically shocking.

11. As to whether this condition has been toxicological or infectious in etiology, it appears that the liver function tests conducted by McGill, the immune panels (over 100) conducted by Vojdani, the clinical observations of Shayevitz and Gordan, and the 100+ SPECT scans done in Connecticut point more to toxics than to infection (again, Mycoplasma Incognitus is an exception and deserves special mention).

And so, Dr. Zuckerman, we therefore welcome the President's new task force and are hopeful that the medical coding system and this public inquiry allows the American public to know the truth and the medical reality of what has really happened here.

Sincerely,



Referred

July 11, 1995

Dear Mrs. Dulka:

Thank you for writing to share your experiences regarding your husband's illness and death. I am very sorry for your loss.

In recent months, the President and I have heard from many Gulf War veterans and their families, describing the kinds of frustration, anger, and fear that you experienced. Let me assure you that your concerns have the special attention of the Administration.

On May 26, the President announced the members of a fully independent Advisory Committee to ensure that this Administration is doing all it can to help Gulf War veterans who are ill. This Advisory Committee will review all the government's efforts, including research, medical care, and diagnostic services, to make sure that programs work as they should.

I have referred your letter and the materials that you sent to the VA for their review and copies will also be sent to the President's Advisory Committee. Thank you for your encouragement. The President is fully committed to addressing this important issue.

Sincerely yours,

Hillary Rodham Clinton

June 27, 1995

First Lady, Hillary Rodam Clinton
Room 100 Old Executive Office Building
Washington, D.C. 20500

Attn: Ms. Diana Zuckerman

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

Dear Mrs. Clinton,

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 husbands testing showed among other things that he had twice the normal level of benzene in his system. My husband had no other contact with this toxin, except during the Gulf War.

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?

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

Press Release

Diane Gates Dulka
17 Midland Road
Windsor Locks, CT
203-623-1456
June 26, 1995

My nightmare begins February 27, 1992. That is the day my son was born with cleft lip and palate. My husband Sgt. Joseph Dulka Jr. had returned home 10 months earlier from his duty in the Gulf.

I buried my husband in August 1994. Joe finally lost his last battle with Pancreatic Cancer at the age of 37. He slowly began to change when he first came home. First his personality changed, then his health began to deteriorate.

During his tour, his unit was exposed to dead animals, flies, filthy diseased Iraq prisoners, oil fires, the anthrax vaccine, nerve pills, pestesides, and benzene used to rid Iraq prisoners of body lice. Benzene is a known cancer causing agent. My husband's testing showed twice the normal level of benzene in his blood stream 3 years after returning home. My husband's only exposure to this toxin was in the Gulf.

The VA has denied our claim for benefits twice, claiming that my husband's cancer was not a result of any exposures during his tour of duty. I believe my husbands death and my son's birth defects are a direct result of my husbands exposures in the Gulf. Neither of these health conditions exist in either of our families and we had a normal daughter before my husband left for the Gulf.

My battle is continuing not only for myself and my children but for all of the other Gulf War Veterans and the families they leave behind. These Veterans need immediate medical care. So many are sick and dying. This illness is spreading to other family members and to the medical staff which treat them. A survey I conducted of the 143rd M.P. Company showed 43 out of the 46 veterans which responded were sick.

Saddam Hussein may not have conquered Kuwait, but he is achieving his ultimate goal of wiping out the allied forces. If we allow our Veterans to be ignored, we will allow him to win the real Gulf War.

Mine as my children's lives have been changed forever. My children will always have a void which I can not fill or repair. Their Daddy is gone forever and can't be replaced. Maybe someday I can tell my children that the VA was too late to help Daddy but they saved all these other veterans. I can only hope and pray that history does not repeat itself and that the VA does not neglect its Veterans like the Vietnam Veterans.

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%	

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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

nt Name: DULKA, JOSEPH JR.

nt 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.

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REFERRING PHYSICIAN

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114 WOODLAND STREET
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Patient Name: DULKA, JOSEPH JR.

Patient I.D.:

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07/06/94	07/06/94	07/19/94	031491

TEST	RESULTS NORMAL	RESULTS 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.

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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.

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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

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114 WOODLAND STREET
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Patient Name: DULKA, JOSEPH JR.

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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

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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.

CONTINUED ON NEXT PAGE

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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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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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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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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.

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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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07/06/94	07/06/94	07/19/94	031491

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
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

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
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

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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WASHINGTON, DC 20515-1317
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MOLINE, IL 61265
(309) 793-5760
TOLL FREE 800-322-6210

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GALESBURG, IL 61401
(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

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

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

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

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.

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

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

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

February 17, 1995

First Lady, Hillary Rodam Clinton
Room 100 Old Executive Office Building
Washington, D.C. 20500

Attn: Ms. Diana Zuckerman

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

Dear Mrs. Clinton,

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 husbands testing showed among other things that he had twice the normal level of benzene in his

system. My husband had no other contact with this toxin, except during the Gulf War.

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