



United States  
of America

# Congressional Record

PROCEEDINGS AND DEBATES OF THE 112<sup>th</sup> CONGRESS, FIRST SESSION

WASHINGTON, THURSDAY, JUNE 23, 2011

## *House of Representatives*

### DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 2012!

**HON. BOB FILNER**

OF CALIFORNIA  
IN THE HOUSE OF  
REPRESENTATIVES

Mr. Chair, I urge Members to support an amendment to the Fiscal Year 2012 Department of Defense Appropriations Act (H.R. 2219) to restore funding for the Gulf War Illness Research Program (GWIRP) of the Congressionally Directed Medical Research Programs (CDMRP).

The FY2012 Defense Appropriations bill, as passed by the Committee, cut many CDMRP programs by 20%. The amendment offered would restore \$3.6 million to the GWIRP, bringing funding for the program back to FY2008 levels.

This program has made dramatic progress during the past year and deserves additional funding.

In a landmark Gulf War and Health report, the Institute of Medicine (IOM) has recognized that the chronic multi-symptom illness affecting 250,000 Gulf War veterans is a serious disease—not caused by psychiatric illness—that also affects other U.S. military forces, and called for a major national research effort to identify treatments. The

scientific community has responded with a dramatic increase in the quality and quantity of proposals submitted to GWIRP. Most encouraging, GWIRP-funded researchers have completed the first successful pilot study of a medication to treat one of the major symptoms of Gulf War illness.

This effective small program demonstrably merits continuation and expansion, even in a time of fiscal austerity. As stated by the Institute of Medicine Chair, Dr. Stephen Hauser, it is “vital to the health and effectiveness of current and future military forces, in addition to Gulf War veterans.”

The GWIRP is the only national program studying this issue. It is a competitive peer-reviewed program open to any doctor or scientist on a competitive basis. By contrast, Veterans Affairs (VA) research programs are only open to VA doctors, few of whom have expertise in chronic multi-symptom illness. To effectively address a difficult and specialized

problem like this, it is necessary to enlist the entire medical scientific community.

Most importantly, it is working. GWIRP-funded researchers at the University of California, San Diego, reported in June on the first successful medication treatment study in the history of Gulf War illness research. The study showed that the supplement CoQ10 produced significant improvement in one of the most serious symptoms of Gulf War illness, fatigue with exertion. It is not a cure, and the study needs to be replicated in a larger group, but the result is extremely encouraging.

At long last, the scientific community has recognized the severity and scope of this problem and is engaged in its solution. Congress has created this superb program, which is succeeding where others have failed. Congress must provide the necessary resources to continue this progress.

-OVER-

Additional funding would be used for pilot studies of promising treatments, for clinical trials of treatments shown effective in earlier pilot studies, and for the execution of collaborative research plans developed by consortiums of scientists funded in prior years.

As you know, our nation owes a sacred debt to the men and women who willingly serve and sacrifice while wearing our country's uniform. At this critical time in researching and understanding Gulf War illness, it is vital that bipartisan leadership points out the accomplishments of this small program to our colleagues, to ensure that it survives the current legislative session and its benefits are not lost to veterans of the Gulf War and future wars.

I urge my colleagues to support this important amendment to ensure the continuation of the Gulf War Illness Research Program.