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Dear Committee Members:

I am not a doctor, I am a degreed allied health professional, with graduate medical school science courses; such as A&P, histo, neuro-anatomy, bio-chem, embryo, for example and am considered the most educated lay person on chemical injury in the state. With national recognition of knowledge on Toxic Encephalopathy (TE), that medical practitioners come to for advice.

I have read thru all the supplemental materials provided for this agenda and to be completely honest, I am highly disappointed over the lack of attention given to the neuro-effects of the chemicals that our veterans were exposed to, not just Agent Orange but also those that are associated with Gulf War Syndrome (GWS).

While the National Toxic Encephalopathy Foundation (NTEF) is not dedicated 100% to veterans, we do deal with a significant amount of veterans who sought us out, after doing their own due diligence and noticed the direct correlation between environmental exposures and exacerbations of their health concerns. Which seems to be thrown under the 'catch all' diagnosis of PTSD by the VA.

Have any of the doctors treating veterans looked into the association of environmental toxins and mitochondria dysfunction leading to cytotoxicity? Many mitochondrial conditions share common but nonspecific symptoms, such as fatigue and muscle pain, which are common in GWS veterans.

Dysautonomia as it relates to chemical neuro-toxicity? Of course not, how many even know about this, let alone understand the connection of neuro-toxicity upon the excessive activity of the SNS and under-activity of the PNS? That GSW and PTSD are shown as being associated with.

Now, those who are medically educated in the effects of the environment upon health, especially TE, fully understand the mimicking of PTSD with environmental exposures, along with ADD/ADHD among other health conditions.

Because of the neuro-toxicity associated with chemicals that the veterans were exposed to, the neuro-hyperactivity upon the CNS leads to a false psychological diagnosis and ineffective medical treatment, which seems to be the case right now.

I doubt anyone here except for myself, has read or is even familiar with the 465 page report, from November 2008 entitled: **Gulf War Illness and the Health of Gulf War Veterans-Scientific Findings and Recommendations. Research Advisory Committee on Gulf War Veteran's Illnesses.**

Which clearly shows that association of GWS with Chemical Injury, Chronic Fatigue and Fibromyalgia. There is not a single MD/DO in this state that the NTEF will refer people to. Everyone is referred to practitioners in California, Arizona or New Mexico, who can correctly diagnose and treat.

Years ago, one of the NTEF's Director's was on the VA's referral list. When he started diagnosing them with environmentally causation health conditions, he was removed from the VA's referral list.

**The Home Donation For Hero's Program** in theory is a wonderful concept, but those who are sick from chemical exposures in action will not be rehabbed to be able to become a functioning member of society. I know this first hand, as houses here are, and I am not exaggerating, toxic and will only add to their toxic body burden.

The NTEF worked with highly respected medical doctors, forensic and neuro-psychologists and a toxicologist to create a veteran's housing template, with the end goal, of having them healthier and ready for assimilation into society. But because of the intentional, wanton and mendacious prejudice of people against myself and what the NTEF's mission is, it is sitting waiting for 'acceptance' and recognition of the core purposes of this program. We have thick skins and can wait, but the veterans are the ones you are making suffer because of your collective non-actions and discrimination, and refusal to accept the fact that the NTEF is the only organization in the state with subject matter expertise in treating veterans with chemically induced GWS.

**The Housing Locator Services** again, will not be a healthy environment for this increasing segment of veterans in our state. Real Estate agents have absolutely no concept as to what is a 'safe' environment. They can't find housing units for the regular segment of the population; thus, these veterans will be hindered in their health progress. Apartment managers, homeowners do not understand their 'special needs', they see disabilities more from a 'visual' matrix, rather than understanding there are more people with 'hidden' disabilities'. Last year on the 25<sup>th</sup> Anniversary of the ADA, my organization did a statewide awareness program with billboards both down south and up north proclaiming not all disabilities are visible.

For over a decade I personally have contended, that there was a direct correlation with the gut microbiota, lymphatic system and the brain and no one believed me. Then on

June 15, 2015, Dr. Kupnis, neuroscientist and his team at the University of Virginia confirmed my suspicion.

Dr. Hardy can fully understand the following which came from this major medical discovery last June: **The immune system, which tracks and addresses threats to the body by way of the bloodstream, is directly exposed to neither the inside of the gut nor the brain. The gut microbiome is separated from the bloodstream by the lining of the intestines, and from the brain by the aptly named blood-brain barrier (BBB). Indeed, the brain was long considered to be “immune privileged,” or exempt from normal immune surveillance, both good and bad—a necessity given that, for instance, the brain can’t tolerate swelling from inside the skull... “raises the question of whether microbial influences on the neuroimmune system, or neuro-immune interactions, can lead to changes in brain function and/or behavior.”... meningeal lymphatic vessels drain out of the skull alongside arteries, veins and cranial nerves. These vessels show all molecular hallmarks of the lymphatic vessels and function as a direct clearance routes for the brain and cerebrospinal fluid macromolecules out of the skull and into the deep cervical lymph nodes.**

How many of the medical students that will be treating our veterans, are going to be educated on this new finding? Which has been proclaimed to now, necessitate the rewriting of medical textbooks.

How many here are aware that David Carpenter, MD, from NY, received a grant and is doing a veteran’s detox program predicated on many of the same protocols that civilians, like myself, are educated to do, back east?

When the NTEF tried to piggy-back with Dr. Carpenter, with his approval to associate with him, the feds felt it was a duplication of efforts. Even though ours was more comprehensive, as it was being more rigid to eliminate exposures after the veterans had received their ‘treatment’.

Isn’t it time to look outside the box and give veterans the real treatment they require and not keep them plied with psychotropic drugs that only serve to suppress the real causation?

/s/  
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President