



# Persian Gulf Review

Vol. 3, NO. 2

*Information for Veterans Who Served in Desert Shield/Storm*

April 1995

## President Clinton Announces New Initiatives to Respond to Illnesses of Persian Gulf War Veterans

On March 6, 1995, President Clinton announced several new initiatives aimed at enhancing the U.S. Government's response to the needs of Gulf War veterans who are ill.

In remarks before the Veterans of Foreign Wars of the U.S. Annual Washington Conference, the President reported that he is establishing a Presidential Advisory Committee on Gulf War Veterans' Illnesses, is opening two new Department of Defense (DOD) specialized care centers for veterans who need additional testing and treatment, is providing \$8-13 million in new research this year, and plans to release information about reports of detections of biological and chemical weapons and about data on serious illnesses among Gulf War veterans.

### Advisory Committee

The Presidential Advisory Committee on Gulf War Veterans' Illnesses will review and make recommendations on Gulf War illnesses-related research, the activities of the Persian Gulf Veterans Coordinating Board, medical examination and treatment programs, government-sponsored outreach efforts, implementation of recommendations from external reviews, possible risk factors, and reports of the possible detection of chemical or biological weapons.

This independent panel will review and report on the full range of U.S. government activities related to the illnesses of Gulf War veterans. Previously established groups have been more short term or have had a more narrow focus. A number of distinguished scientists, doctors, veterans, and others are being asked to serve on the Committee.

The Committee will make sure that (1) the Government is doing everything possible to provide effective medical care to those who are ill, (2) the Government is effectively coordinating research and other efforts aimed at determining the causes of their illnesses, and (3) information about these issues is made publicly available regularly and as soon as possible.

The Committee is expected to begin its work in the Spring of 1995, issue an interim report six months later, and complete its final report not later than December 1996. The Committee will work closely with the Secretaries of Veterans Affairs, Defense, and Health and Human Services, and will report through them to the President.

## Treatment

DoD and VA are enhancing current programs for diagnosing and treating Gulf War veterans. Specifically, DoD is establishing Specialized Care Centers in Washington, DC, and San Antonio, TX, to provide care for patients who need additional testing or treatment after comprehensive medical examinations at other military medical facilities.

VA diagnostic test programs for Gulf War veterans will soon include guidelines for testing individuals who have had reproductive problems since returning from the Gulf. Nationally recognized medical experts are being consulted for advice in developing these guidelines.

## Expanded Research

More than thirty research projects are already underway to learn more about the illnesses experienced by some Persian Gulf veterans. In addition to these efforts, the President announced that VA and DoD will spend \$8-13 million during 1995 on new Gulf War related research initiatives. Most of these studies will be designed, peer reviewed, and conducted by university researchers and other independent scientists or, in the case of VA research, by scientists at VA medical centers across the country.

For the first time, major epidemiological studies will be conducted to examine whether such things as exposure to medications and pesticides, the location of troops during the War, and the age and sex of such troops are associated with specific symptoms.

DoD-funded studies will be based on a random sample of Gulf War veterans and civilians employed by DoD. A VA study will compare the health of 15,000 Gulf War veterans and 15,000 veterans who served elsewhere during the Persian Gulf era.

Miscarriages, birth defects, and other reproductive health problems and illnesses among spouses or children will also be studied by VA and DoD.

New research is being conducted on the drugs and vaccines provided to help protect U.S. military personnel in the Gulf against chemical and biological weapons. This research will include further studies on the anti-nerve agent, pyridostigmine bromide, alone and in combination with other medications or chemicals such as pesticides. Research on the possible long-term health effects of anthrax and botulism vaccines will also be conducted.



For the first time, VA will provide medical and diagnostic tests to spouses and children of Persian Gulf War veterans. These tests will be provided as part of a research project on the possible relationship between the illnesses of Gulf War veterans and those of their spouses and children. Dependents of veterans who are enrolled in the VA Gulf War Registry will be selected by researchers for inclusion in this study.

VA and DoD will support new research to expand existing information on potential environmental hazards such as infectious and parasitic diseases and the effects of exposure to petrochemicals, lead, depleted uranium and other toxic substances.

Later this year, DoD will accept research proposals from scientists throughout the Nation designed to improve treatment for Gulf War veterans with diagnosed and undiagnosed illnesses and symptoms.

## Openness and Outreach

In addition to the DoD declassification program previously announced, DoD and VA are taking other steps to make more information available about issues of concern to Gulf War veterans.

Since the end of the Gulf War, some veterans have expressed concern about the possibility that they were exposed to chemical and/or biological weapons during the War. In response to these concerns, DoD will prepare and make available analyses of the most frequently cited reports of the detection of chemical or biological weapons and will continue to declassify and release documents bearing on these and other reports.

Information regarding cancers and other serious illnesses among Gulf War veterans who have received care in VA and DoD medical facilities will be made available to the public. Reports, categorized by age group, sex, and race, will be released every six months by the Persian Gulf Veterans Coordinating Board.

Secretary of Veterans Affairs Jesse Brown recently sent letters to all participants in the VA Persian Gulf Registry Health Examination program informing them of new compensation regulations for undiagnosed illnesses.

## Future Safeguards

The Gulf War made clear the need for better training of U.S. troops on health risks prior to overseas deployments, for improvements in on-the-scene preventive medicine during deployments, and for better follow-up documentation and medical screening of troops after deployments.

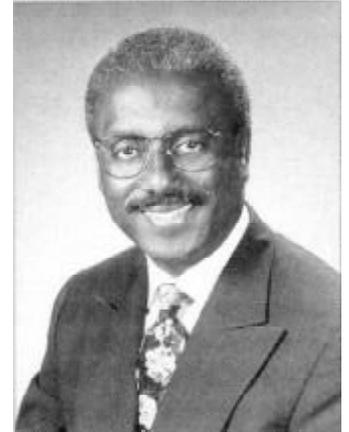
In response, DoD is developing a comprehensive approach that will strengthen training on the risks of toxic exposure and make more information about such risks available to individual service members. The effort will also improve documentation of each service members' health, medical problems and exposures before, during, and after deployment. Policy guidelines for this new approach will be completed this Spring,

with the military services developing detailed implementing instructions thereafter.

## VA Opens Toll-Free Persian Gulf Helpline: 1-800-PGW-VETS

On February 2, 1995, Secretary of Veterans Affairs Jesse Brown announced the opening of the VA Persian Gulf Information Helpline.

Secretary Brown declared, "VA wants Persian Gulf veterans to know it will take every initiative necessary to let them know how VA can help them. The toll-free phone line gives them the quick access to get information and timely and efficient service."



*Secretary Jesse Brown*

By calling the newly established Persian Gulf Information Center, at **1-800--PGW-VETS (1-800-749-8387)**, Persian Gulf War veterans and their families will be linked with trained specialists and the latest information on the issues which directly concern them.

The Persian Gulf Information Center is located at the VA Regional Office in St. Louis. The Center offers a series of special pre-recorded informational messages covering a wide range of topics 24 hours a day, seven days a week. Persian Gulf helpline operators are available weekdays, 7:30 a.m. to 8:30 p.m. Central Time, to discuss specific situations and to make referrals, primarily to the nearest VA medical facility.

## Other Outreach Efforts

The Helpline is part of a comprehensive outreach program established to assist Persian Gulf War veterans. The "Persian Gulf War Veterans' Benefits Act," Title I of Public Law 103-446, which President Clinton signed into law November 2, 1994, called for the implementation of the helpline and a semi-annual newsletter (this publication) to include information on research on illnesses of Gulf War veterans and their families and on benefits available through VA.

VA also is providing information on VA benefits, medical care, and research initiatives on an electronic bulletin board system available 24 hours a day. VA-ONLINE can be accessed by callers with a personal computer that includes a modem and a communications package. The toll-free number for the bulletin board is **1-800-USI-VETS (1-800-871-8387)**.

Special mailings are sent to Persian Gulf Registry participants when needed. VA began these mailings with a recent letter from Secretary Brown informing veterans that VA will review disability compensation claims previously filed by veterans who believe they were exposed to an environmental

hazard while serving in the Persian Gulf theater of operations, The letter also encouraged veterans who have not filed claims to do so if they think they are entitled to benefits.

VA also conducts numerous benefit briefings with active duty service personnel, reservists, and National Guard members. Information about the helpline and medical services and benefits available to Persian Gulf veterans are discussed in these briefings, including those conducted in support of the Transition Assistance Program, which VA jointly sponsors with the Departments of Defense and Labor to assist separating service members in making a smooth transition to civilian life.

## **VA Publishes Regulations to Compensate Persian Gulf Veterans with Unexplained Illnesses**

On February 3, 1995, VA issued a "final rule" which amended adjudication regulations to authorize compensation for disabilities which resulted from certain undiagnosed illnesses of Persian Gulf veterans. The amended regulations were published in the Federal Register on February 3, 1995.

The "Persian Gulf War Veterans' Benefits Act," Title I of Public Law 103446, authorized VA to compensate any Persian Gulf veteran suffering from a chronic disability resulting from an undiagnosed illness or combination of undiagnosed illnesses that became manifest either during active duty in the Southwest Asia theater of operations during the Persian Gulf War or to a degree of ten percent or more within a presumptive period following such service, as determined by the Secretary of Veterans Affairs.

On December 8, 1994, VA published in the Federal Register a proposed rule designed to implement the legislation. Comments were requested by January 9, 1995. Comments were received from ten sources. After carefully reviewing and responding to these comments, VA modified the proposed language.

Under the regulations VA will pay compensation to Persian Gulf veterans who exhibit objective indications of chronic disability resulting from an illness or combination of illnesses manifested by one or more signs or symptoms, including, but not limited to, the following: (1) fatigue, (2) signs or symptoms involving skin, (3) headache, (4) muscle pain, (5) joint pain; (6) neurologic signs or symptoms, (7) neuropsychological signs or symptoms, (8) signs or symptoms involving the respiratory system (upper or lower), (9) sleep disturbances, (10) gastrointestinal signs or symptoms, (11) cardiovascular signs or symptoms, (12) abnormal weight loss, and (13) menstrual disorders.

To be eligible for compensation under these regulations, the veteran's signs or symptoms must become manifest either (1) during active military, naval, or air service in the Southwest Asia theater of operations during the Persian Gulf War or (2) to a degree of ten percent or more not later than two years following such service. In addition, the signs and symptoms

cannot be attributed to any known clinical diagnosis by history, physical examination, and laboratory tests.

The regulations state that disabilities that have existed for six months or longer and disabilities that exhibit intermittent episodes of improvement and worsening over a six-month period will be measured from the earliest date on which the pertinent evidence establishes that the signs or symptoms of the disability first became manifest.

Compensation cannot be paid under these regulations if there is affirmative evidence that (1) the undiagnosed illness was not incurred during active military, naval, or air service in the Southwest Asia theater of operations during the Persian Gulf War; or (2) the undiagnosed illness was caused by a supervening condition or event that occurred between the veteran's most recent departure from active duty in the Southwest Asia theater of operations during the Persian Gulf War and the onset of the illness; or (3) the illness is the result of the veteran's own willful misconduct or the abuse of alcohol or drugs.

Although not published until February 3, 1995, the regulations are effective as of November 2, 1994, the effective date of Title I of Public Law 103-446.

The Southwest Asia theater of operations includes Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Qatar/Bahrain, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations.

Veterans seeking additional information about disability compensation and/or the application for benefits can call the VA toll-free Persian Gulf Information Helpline at **1-800-PGW-VETS (1-800-749-8387)** or can contact a Veterans Benefits Counselor at the nearest VA regional office or medical center.

## **VA Briefs First Lady on Persian Gulf Issues**



*Secretary Brown and Mrs. Clinton listen to Persian Gulf veterans during visit to VA Medical Center*

On January 25, 1995, Dr. Kenneth W. Kizer, VA Under Secretary for Health, and several other key VA officials met with First Lady Hillary Clinton at the White House to discuss what VA was doing for veterans whose health may have been affected by military service in the Persian Gulf. The briefing was requested by Mrs. Clinton.

A wide range of topics were discussed. Mrs. Clinton thanked the VA officials for their service to Persian Gulf

veterans. She expressed her personal interest, and that of the President, in Persian Gulf War veterans and indicated that she plans to visit VA medical centers in the near future to see the VA program close up, talk with veterans about the problems they face, and thank them for their sacrifices.

Mrs. Clinton received similar briefings from the Departments of Defense and Health and Human Services.

## Correction

There is an error in the January 1995 issue of the Persian Gulf Review. The article regarding pyridostigmine bromide (PB) included a reference to two experts panels that reviewed the use of PB in the Gulf War. The panels are erroneously identified as made up of "non-scientists." It should have read "non-government scientists." We apologize for the mistake.

## IOM Committee Releases Initial Findings, Recommendations

On January 4, 1995, the Institute of Medicine's (IOM) Committee to Review the Health Consequences of Service During the Persian Gulf War released its initial findings and recommendations for immediate action.

The Committee report, entitled *Health Consequences of Service During the Persian Gulf War: Initial Findings and Recommendations for Immediate Action*, concluded that the Departments of Defense and Veterans Affairs "did and now do a creditable job in addressing the potential health issues, given the time pressures and public concerns." The Committee found that there were some persistent "gaps" in the program designed to respond to these concerns. Noting that some of the most critical problems identified can still be rectified, the Committee offered constructive criticism regarding a number of areas that require immediate action.

The 93-page report, published by the National Academy Press, concluded that the apparent expanded scope and extent of the health problems of Persian Gulf veterans have resulted in a "fragmented attempt to solve these problems." The Committee urged that "sustained, coordinated and serious efforts ... be made in the near future to focus both the medical, social, and research response of the Government and of the individuals and researchers."

The Committee offered fourteen findings and recommendations to "focus and sharpen the debate, and to improve the quality of the data...." Recommendations are divided into three categories: data and databases, coordination/process, and considerations of study design needs,

The following article discusses the specific recommendations and the response of the Persian Gulf Veterans Coordinating Board.

The 18-member IOM Committee, appointed in December 1993, is chaired by Dr. John C. Bailar III, Professor, Epidemiology and Biostatistics, McGill University Faculty of Medicine. The work of the Committee is specified in Public Law 102-585. The original focus was on the possible health effects of the oil well fires. Because concerns about the adverse health consequences broadened since the law was passed, the IOM Committee is considering the full range of potential health effects.

The task before the Committee is expected to take approximately three years. The initial report included an overview and some commentary on ongoing activities in addition to the findings and recommendations. Several topics that the Committee chose not to include in the initial report are on the agenda for further consideration and review for the second, final report which should be available by September 1996. According to Dr. Bailar, topics for future consideration are the issues of "chronic fatigue syndrome, fibromyalgia, multiple chemical sensitivity, and psychosocial outcomes." VA has also requested that the Committee explore reproductive issues in greater depth.

The IOM was chartered in 1970 by the National Academy of Sciences to enlist distinguished members of the appropriate professions in the examination of policy matters pertaining to the health of the public. In this, the Institute acts under both the Academy's 1863 congressional charter responsibility to be an adviser to the Federal government and its own initiative in identifying issues of medical care, research, and education.

## Coordinating Board Responds to IOM Recommendations

The Departments of Defense (DOD), Veterans Affairs (VA), and Health and Human Services (HHS), which together comprise the Persian Gulf Veterans Coordinating Board, are taking steps to improve research productivity, as recommended in the Institute of Medicine (IOM) report described above.

The IOM Committee recommended that the Coordinating Board more actively coordinate all studies that receive Federal funding, prevent unnecessary duplication and assure that high-priority studies be conducted. The Board agrees and is developing a Persian Gulf health-studies plan to identify areas in which new initiatives are necessary. The Board now coordinates the collection and dissemination of research findings to help ensure that there will be no significant gaps or unwise duplication in the research agenda.

The Committee urged the three departments to conduct systematic scientific research with national relevance, including large epidemiological studies. The Board agrees. The three departments have initiated or planned a number of research efforts, including large-scale epidemiological and mortality studies. These activities follow earlier clinical pilot projects and smaller research efforts designed to determine the range of scientific questions which need to be answered.

The Committee recommended that research funding procedures and decisions rest on solid scientific footing, and research be subject to peer review. The three departments agree that such decisions should be based on solid scientific ground. All three departments already require research proposals to undergo stringent peer review.

The Committee recommended that VA's Persian Gulf Registry Health Examination Program be enhanced to identify trends and monitor events which can be used to better focus research efforts. This program is a clinical care program offering a voluntary health examination to every Persian Gulf veteran regardless of health status. Although the Registry is a health care program and is not a research tool, the computerized clinical database developed from these examination results does provide valuable information about types of symptoms and illnesses experienced by Persian Gulf War veterans, and may suggest areas to be explored in directed scientific research studies. VA is committed to pursuing such epidemiologic research.

VA agrees with IOM's recommendation and is taking steps to improve data collection, uniformity with the DoD's Persian Gulf Health Registry and timeliness. VA is enhancing its outreach to Gulf War veterans, encouraging them to contact the nearest VA medical facility for an appointment. This effort should increase the database and provide more comprehensive information on the group as a whole. VA has included questions on reproductive outcomes as part of the revised Registry examination program and will send a mail-out questionnaire to veterans who received their Registry examination before inclusion of these questions.

The IOM Committee suggested that a single service-connected health record for active-duty personnel and veterans be established. The Committee cited inadequate and unlinked record systems. VA routinely receives service medical records from the DoD. Furthermore, the clinical evaluation and data collection methodologies in the VA and DoD Persian Gulf health registries are compatible. It will be possible to link data in these two registries. VA and the DoD will continue to assure efficient tracking and coordination mechanisms. The DoD also is diligently working to complete the deployment location registry, and to examine and enroll in its clinical registry all those who express health concerns.

The IOM Committee recommended studies of the possible health effects of lead exposure due to smoke of oil-well fires and diesel stoves used to heat tents. The Committee reviewed preliminary study results concerning lead exposure from smoke of oil-well fires and diesel stoves, and recommended further study. VA and the DoD are evaluating this issue in relation to symptoms presented by veterans; but elevated lead levels, thus far, have not been detected in clinical evaluations of Persian Gulf War veterans.

The Committee recommended animal studies of the interaction between the insect repellent DEET (N,N-diethyl-m-toluamide), clothing treated with another repellent permethrin, and the anti-nerve agent pyridostigminebromide (PB). The DoD is conducting an animal study of PB in combination with DEET and permethrin. VA's Environmental Hazards Research Center in Portland, Oregon, is conducting neurotoxicity studies of the impact of chemical agents on human and animal nervous tissue. Extensive studies of environmental exposures in the Persian Gulf have been initiated by both departments.

The IOM report stated that some reported symptoms of Persian Gulf veterans suggest a possible connection with visceral leishmaniasis and recommended that this possibility be a special focus of attention. VA and the DoD have informed physicians throughout their health-care systems about leishmaniasis symptoms, and VA has distributed guidelines to all its facilities.

Both the DoD and HHS are conducting basic research which will lead to improved diagnosis of visceral leishmaniasis. In addition, the DoD and the Centers for Diseases and Prevention (CDC), which is part of the HHS, published an article in CDC's Morbidity and Mortality Weekly Report in February 1992 notifying military and civilian physicians of clinical issues relating to leishmania infection and providing phone numbers for additional information.

The IOM Committee also recommended studies of the linkage of environmental exposures and reproductive outcomes. The Board considers this to be a critical area for expanded research. VA and the DoD are considering specific exposures that may have long-term adverse reproductive health effects. CDC will be collecting data on the health of family members of Persian Gulf veterans as part of a health survey of Iowa veterans.

The DoD has initiated studies on reproductive outcomes among active duty military personnel. In addition, VA already has included questions on reproductive outcomes as part of its revised Registry examination program and will resurvey Persian Gulf veterans who had Registry examinations prior to the inclusion of these questions. The National Persian Gulf Survey will also study reproductive outcomes and health of the families of Persian Gulf War veterans.

The IOM report stressed that because unexplained or "mystery" illnesses also occur in the civilian population, the research effort should focus on whether and how much their frequency in Persian Gulf veterans exceeds that in the general population. VA and DoD research will specifically address this issue. The report stated that "it's unlikely that all of these mystery illnesses have the same single cause." The Board agrees with this conclusion. Two independent reviews by non-government scientists reached the same conclusion.

## About the "Review" ...

The "Persian Gull" Review" is prepared by VA's Environmental Agents Service (EAS). The "Review" is published to provide information about the concerns of Persian Gull' veterans, their families, and others interested in the possible long-term health implications of exposure to various potential environmental hazards during military service during the Persian Gulf conflict. The "Review" describes actions by VA and others to respond to these concerns.

The most recent issue of the newsletter was printed in January 1995. Additional issues will be prepared when warranted by significant developments. EAS anticipates publication quarterly. This issue of the "Review" was written in early March 1995 and does not include developments that occurred after that time.

Comments or questions about the content of the "Review" are encouraged. Suggestions and ideas for future issues of the newsletter should be sent to Donald J. Rosenblum, Writer/Editor Persian Gulf Review, Environmental Agents Service (103A), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420. Requests for additional copies of this issue, should also be directed to Mr. Rosenblum. A limited supply of the February 1993, September 1993, September 1994, and January 1995 issues is also available. Please specify the number of copies requested and the issue date. VA facilities should order additional copies from the VA Forms Depot.

Persian Gulf Registry examinations are offered to all Persian Gulf theater veterans who apply for these examinations. Anyone with questions about the Persian Gulf Registry examination program or other VA services or benefits can call the new toll-free VA Persian Gulf Helpline at **1-800-749-8387**.

## Senate Committee Releases Staff Report on Health Risks of Secret Military Research and Other Intentional Exposures

On December 8, 1994, the Senate Committee on Veterans' Affairs released a staff report suggesting that some drugs and vaccines used in the Persian Gulf War may have caused mysterious illnesses and probably would not have protected military personnel against biological or chemical weapons.

According to the report, the lack of safeguards in the Persian Gulf is the latest of many instances of the Pentagon intentionally exposing military personnel to potentially dangerous substances without their knowledge or consent over the last fifty years. Other examples cited in the staff report include gas chamber experiments using sailors and soldiers in the 1940's, radiation experiments on soldiers in the 1940's-1960's, LSD experiments in the 1960's, and testing of biological and chemical agents for several decades.

The report concludes that for the last fifty years, well-established ethical codes have required that people who

participate in experiments be given a choice of whether to participate and be warned of possible risks. According to the report, in many instances the Pentagon did neither.

The 53-page report provides information not previously available to the public, including internal Department of Defense (DOD) documents which show that DoD researchers understood the risks of the drugs and vaccines used in the Persian Gulf before their use in the Persian Gulf War. The report concludes that Pentagon officials had no proof that the drugs and vaccines were safe or effective if used as directed when they provided them to military personnel in the Persian Gulf in 1990-91 or to U.S. troops deployed to the Gulf in October 1994.

Senator John D. Rockefeller IV, then Chairman of the Committee on Veterans' Affairs, noted that the report was written by the majority staff of the Committee. He specifically praised the efforts of Drs. Patricia Olson and Diana Zuckerman.

The report includes fifteen conclusions and seven recommendations about how the problems that were described can be avoided in the future, including the next time U.S. troops are sent to the Persian Gulf.

## Persian Gulf War Claims Statistics - As of January 31, 1995

Approximately 697,000 active duty military service members and activated National Guard and Reserve unit members served in the Persian Gulf theater of operations. Of this number, 364,739 veterans have been discharged from the military.

For veterans who actually served in the Persian Gulf, the following statistics represent the status of their claims.

Received	49,925
Completed	<u>44,902</u>
Pending	5,023

The following chart details by type of benefit the number of veterans and other beneficiaries being paid based on the veteran's service in the Persian Gulf.

Compensation	16,390
Disability Pension	17
Dependency and Indemnity	
Compensation (DIC)	135
Death Pension	<u>14</u>
Total Beneficiaries	16,556

The Veterans Benefits Administration has centralized the processing of disability claims based on exposure to an environmental hazard. The following are the most recent statistics on these claims:

Received	5,487
Completed	<u>2,877</u>
Pending	2,610

Service Connection Allowed	472
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*Note:* These statistics represent claims from veterans who served in the Persian Gulf. For the larger population of veterans who served during the Persian Gulf War period, VA is providing benefits to over 111,000 veterans and other beneficiaries.

## VA Publishes Regulations on Chronic Fatigue Syndrome

Fatigue is one of the most common health complaints of Persian Gulf veterans. On November 29, 1994, the Department of Veterans Affairs amended its Schedule for Rating Disabilities by adding a diagnostic code and evaluation criteria for chronic fatigue syndrome (CFS).

The purpose of this amendment is to ensure that veterans diagnosed with this condition meet uniform criteria and receive consistent evaluations. The amendment was effective the day of publication. Public comments were solicited on the "interim rule" through January 30, 1995. Changes will be considered based on careful analysis of the comments received,

CFS is a condition characterized by non-specific symptoms. The cause is unknown, and it has been ill-defined and sometimes confused with other conditions. The VA criteria are based on diagnostic criteria included in a pamphlet for physicians published by the National Institutes of Health (NIH) in May 1992 (NIH Publication No. 92-484).

While the VA criteria are set forth in a simplified form, they are not intended to be materially different from that contained in the NIH pamphlet. VA has three criteria for diagnosis: (1) the new onset of debilitating fatigue that is severe enough to reduce daily activity below fifty percent of the usual level for at least six months, (2) the exclusion by history, examination, and laboratory tests of other clinical conditions that may produce similar symptoms, and (3) the presence of six or more of the following: acute onset of the condition, low grade fever, nonexudative pharyngitis, palpable or tender cervical or axillary lymph nodes, generalized muscle aches or weakness, fatigue lasting twenty-four hours or longer after exercise, headaches (of a type, severity, or pattern that is different from the pre-morbid state), migratory joint pains, neuropsychologic symptoms, and sleep disturbance.

Following the initial six-month period of illness required to establish the diagnosis, some people function well at home and work, while others are partially or totally disabled by the debilitating fatigue and other symptoms, which often wax and wane. Under the interim rule, VA evaluates the condition based either on symptoms of the syndrome as they affect routine daily activities or on the periods of incapacitation which result,

While a reduction in daily activities of fifty percent for six months is required to establish the diagnosis, thereafter CFS may be manifested at other levels of severity. VA has

established evaluation levels of ten, twenty, forty, sixty, and one hundred percent; the ten percent evaluation is assigned for the condition when symptoms are controlled by continuous medication.

According to the Centers for Disease Control and Prevention, approximately fifty percent of individuals suspected of having CFS show signs of psychiatric illness before the onset of CFS symptoms. It is also possible that there may be a secondary mental disorder in some cases that encompasses some or all of the neuropsychologic symptoms used to establish the diagnosis of CFS. This would not, however, negate the diagnosis of CFS.

Individuals who need additional information about CFS should contact their physicians.

### Where to Get Help

*Active duty military, personnel with questions or concerns about their service in the Persian Gulf region* - contact your commanding officer or call the Department of Defense Persian Gulf Veterans' Hotline at **1-800-796-9699**.

*Persian Gulf veterans with concerns about their health* - contact the nearest VA medical center. The telephone number can be found in the local telephone directory under Department of Veterans Affairs in the "U.S. Government" listings. A Persian Gulf Registry examination will be offered. Treatment will be provided to eligible veterans. The VA Persian Gulf Information Helpline can also provide assistance. The toll-free telephone number is **1-800-PGW-VETS (1-800-749-8387)**.

*Persian Gulf veterans in need of marital/family counseling* - contact the nearest VA medical center or VA vet center. For additional information, call the VA Persian Gulf Information Helpline at **1-800-PGW-VETS (1-800-749-8387)**.

*Persian Gulf veterans seeking disability compensation for illnesses incurred or aggravated by military service* - contact a veterans benefits counselor at the nearest VA regional office or health care facility or call the VA Persian Gulf information Helpline at **1-800-PGW-VETS (1-800-749-8387)**.

*Persian Gulf veterans interested in learning about the wide range of benefit programs administered by VA* - contact a Veterans Benefits Counselor at the nearest VA regional office or health care facility, or call the VA Persian Gulf Information Helpline at **1-800-PGW-VETS (1-800-749-8387)**.

*Note:* Representatives of veterans service organizations, including the American Legion, Veterans of Foreign Wars of the United States, Disabled American Veterans, etc., may also be very helpful to Persian Gulf veterans.

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April 1995



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