



## VA Testifies on Gulf War Benefits, Anti-Nerve Gas Pill

Department of Veterans Affairs (VA) officials are frequently called before Congress to testify about what the Department is doing on behalf of Gulf War veterans. The following are excerpts from prepared statements for hearings held in Fall 1999.

The first excerpt is from the statement of Mr. Joseph Thompson, Under Secretary for Benefits, before the House Committee on Veterans' Affairs Subcommittee on Benefits. The hearing took place on October 26, 1999, in Washington, DC. The second excerpt is from the statement of Frances M. Murphy, M.D., M.P.H., Acting Deputy Under Secretary for Health, before the House Committee on Veterans' Affairs Subcommittees on Health and Oversight and Investigations on November 16, 1999, in Washington, DC. The October hearing focused on the adjudication of Gulf War veterans' claims. The November hearing was on the possible adverse health effects of the drug pyridostigmine bromide (PB) on Gulf War veterans.

### Benefits Hearing

**Mr. Thompson:** Although our current systems do not allow us to identify the specific length of time it takes to process a Gulf War veteran's claim, I can tell you that to date, we have processed some 704,040 claims of Gulf War conflict, theater, and era-veterans with 103,220 claims pending...

Of the total number of undiagnosed illness claims adjudicated 3,077 of them, or 27 percent, have been granted, while 8,330 have been denied. Most denials resulted from a finding of no disability, a diagnosis that was not service-connected, or a diagnosis that was service-connected. These 11,407 claims represent less than 6 percent of the 202,272 decisions which have been made on claims filed by Gulf War Theater and Conflict veterans. The undiagnosed conditions for the 3,077 claims granted, fall into 32 categories, the most prevalent being musculoskeletal diseases, miscellaneous neurological conditions, systemic diseases, lower digestive system, skin, joints, skull and ribs, trachea and bronchi, and psychoneurotic.

It should be noted that the Gulf War cohort has the highest percentage of living veterans in receipt of disability

compensation (16.1 percent) of any period of recent service, including World War II (8.6 percent), Korea (5 percent), Peacetime periods (9.5 percent), and Vietnam (9.6 percent). Additionally, the number of disabilities per veteran is also highest among Gulf War veterans (3.2), with World War II being (1.79), Korea (2.01), Peacetime periods (2.52), and Vietnam (2.76).

With respect to the prevalence of service-connected conditions among Gulf War veterans, the number-one service-connected condition claimed is impairment of the knee, followed by skeletal system disability, lumbosacral strain, arthritis due to trauma, scars, hearing loss, hypertension, intervertebral disc syndrome, tinnitus, and osteoarthritis.

We have noted a few trends emerging from our review of Gulf War claims. Of the top twenty service-connected conditions for Gulf War veterans, none were for psychological conditions, such as PTSD or anxiety disorder. Psychological conditions are among the most prevalent service-connected conditions for periods of service during war other than the Gulf War Era; for the World War II and the Korean War veterans the psychological condition was general anxiety disorder, for Vietnam Era veterans it was PTSD. Other than undiagnosed illnesses and the absence of psychological conditions, the service-connected conditions of Gulf War veterans are very similar to service-connected conditions for veterans of other periods of service ....

### Pyridostigmine Bromide Hearing

**Dr. Murphy:** PB is an FDA-approved treatment for the chronic muscle disorder myasthenia gravis and has been used for that purpose for over 40 years. PB was used as an unapproved, investigational drug during the Gulf War as a pre-treatment to reduce the toxicity of the chemical warfare nerve agent soman.

Several external independent scientific committees have reviewed the medical and scientific literature on Gulf War health exposures and have not ruled out the possibility of long-term health effects from taking this drug. These reviews, conducted by teams of scientists, physicians, public health specialists, veterans and others, include the 1994 "NIH Technology Assessment Workshop"; the 1996 Institute of Medicine, "Report of the Committee to Review the



Health Consequences of Service During the Persian Gulf War"; the 1996 "Presidential Advisory Committee on Gulf War Veterans' Illnesses"; and independent scientific reviews contracted by the Committee on Veterans' Affairs, U.S. Senate, reported in its 1998 "Report of the Special Investigation Unit on Gulf War Illnesses".

Based on these reviews and other information, there is insufficient evidence to conclude that health effects experienced by Gulf War veterans today are related to PB during the Gulf War. However, additional research is needed to answer specific outstanding questions about the long-term effects of PB, either PB exposure alone or in combination with exposure to other risk factors, such as pesticides.

Based upon these recommendations, which predate the recent RAND report, the interagency Research Working Group solicited and funded a number of research studies on potential health effects of PB. Twenty-six such studies have been funded with a total estimated cost of approximately \$20 million. Five of the studies have been completed and 21 are ongoing.

The RAND report declared that its conclusions that PB cannot be excluded as a contributor to illnesses in Gulf War veterans differs from conclusions of some prior investigating bodies, such as the Presidential Advisory Committee and the Institute of Medicine. We think that this statement overstates the differences. The other investigating bodies have not ruled out PB as a possible cause of or contributor to the illnesses that some Gulf War veterans are reporting. The RAND report differs in some important ways from the previously described, independent scientific and medical literature reviews. But, in the most critical aspects, the reports are similar. All of them concluded that further research on possible health effects from PB is warranted. The earlier reviews were focused on whether scientific evidence existed that suggested PB was likely to be associated with health problems, while the recent RAND review focused on whether PB could be excluded as a possible cause of health problems ....

## **VA to Activate Research Advisory Committee on Gulf War Veterans' Illnesses**

Department of Veterans Affairs (VA) Secretary Togo D. West, Jr. will soon announce the Chairperson and members of the Research Advisory Committee on Gulf War Veterans' Illnesses, effectively activating this new committee.

Section 104 of Public Law 105-368, the "Veterans Programs Enhancement Act of 1998" mandated the establishment of such a committee to provide advice on proposed research studies, plans, and strategies relating to

the health consequences of military service in Southwest Asia theater of operations during the Gulf War.

Secretary West signed the Committee charter on July 19, 1999. Under the charter, the Committee will provide advice and recommendations to the Chairperson of the interagency Research Working Group (RWG)/(currently VA's Chief Research and Development Officer) of the Persian Gulf Veterans Coordinating Board, the Under Secretary for Health, and the Secretary of Veterans Affairs.

Under the charter, the advice and recommendations will be made available to the general public, including veterans. The Committee will advise the RWG regarding the following matters:

- Assessment of the state and direction of research;
- Identification of gaps in factual knowledge and conceptual understanding;
- Identification of testable hypotheses;
- Identification of potential research approaches;
- Review of developing research concepts;
- Collection and dissemination of peer-reviewed research information;
- Assurance that appropriate peer-review and oversight are applied to research conducted and/or sponsored by the Federal Government; and
- Recommendations to RWG member Departments and Agencies on research funding based on programmatic needs.

Membership of Gulf War veterans and their representatives is based on the members' abilities to represent the broad health concerns of Gulf War veterans. In making the appointments to the 15-member committee, Secretary West is giving close attention to equitable geographic distribution and to ethnic and gender representation. Two-to-four meetings are anticipated annually.

## **IOM Recommends Implementation of VA Plan for New Centers for the Study of War-Related illnesses**

In November 1999, the National Academy of Sciences' Institute of Medicine (IOM) released a report prepared by its Committee on a National Center on War-Related Illnesses and Postdeployment Health Issues which was convened to (1) assist the Department of Veterans Affairs (VA) in developing a plan for establishing a national center (or

centers) for the study of war-related illnesses and post deployment health issues, and (2) assess preliminary VA plans and make recommendations regarding such efforts,

The IOM Committee was composed of experts on war-related illnesses, clinical research, military medicine, epidemiology, health services research, operations research, development of interdisciplinary research centers, research ethics, technology transfer, and integration of clinical and education. They met three times between January and September 1999.

The Committee found that:

- Extensive research exists on the health of veterans of military conflict;
- The definition of deployment-related health issues selected for research has been too narrowly focused and has excluded some health consequences related to deployment;
- There are gaps in the emerging data relevant to the study of war-related illnesses and post deployment health issues;
- Many investigations of health issues and effects of deployment have been mounted in response to health problems after they occurred, rather than being undertaken proactively;
- Many veterans and some congressional staff are skeptical of the objectivity of both the Department of Defense (DOD) and VA in the conduct of research into deployment-related issues;
- None of the locations of existing or proposed centers provides an adequate model for a national center that not only must be responsible for the conduct of a broad range of research but also must provide for synthesis and coordination of research efforts and for proposing policy changes based on research findings; and
- Examples exist of centers that cut across agencies and groups to carry out effective research agendas.

An important component of the Committee's charge was to review VA's proposal to establish Centers for the Study of War-Related Illnesses and Postdeployment Health Issues by using the model of the Geriatric Research, Education, and Clinical Centers (GRECCs).

The GRECC program has been successful in training health professionals, conducting cutting-edge research, and implementing effective treatment programs. The Committee concluded that creating centers based on the GRECC model

for the study of deployment-related health should contribute greatly. The Committee recommended that VA proceed with its proposal to establish centers for the study of war-related illnesses similar to the GRECC structure.

The second component of the Committee's charge was to make recommendations regarding a national center for military deployment health research. The Committee recommended that Congress establish such a center to focus on the health of active, reserve, and guard forces, and veterans and their families. The Committee's report included a number of specific recommendations regarding the location, structure, and funding of the proposed national center.

Merwyn R. Greenlick, Ph.D., chaired the Committee. Dr. Greenlick is Professor and Chair, Department of Public Health and Preventive Medicine, Oregon Health Sciences University School of Medicine.

The 54-page report is available from the National Academy Press, 2101 Constitution Avenue, N.W., Box 285, Washington, DC 20055. The telephone numbers are 800-624-6242, and, in the Washington metropolitan area, 202-334-3313. The National Academy Press on-line bookstore can be visited at [www.nap.edu](http://www.nap.edu).

## **Gulf War Veterans' Illnesses: Exploring the Epidemiology of Amyotrophic Lateral Sclerosis**

*The following article was submitted by John R. Feussner, M.D., Chief Research and Development Officer, Department of Veterans Affairs.*

Amyotrophic Lateral Sclerosis (ALS) is an illness of insidious onset which is fortunately quite rare in patients under 45 years of age. The annual incidence of sporadic ALS is about 1 or 2 patients per 100,000 population. (The illness is sometimes referred to as Lou Gehrig's disease, having been named after that famous athlete who died from ALS at age 38).

The incidence of ALS increases with age, peaking among individuals aged 70 years or older. Early symptoms of ALS include vague discomfort in the muscles, tightness, or recurrent cramping. Initial symptoms can include asymmetrical weakness and muscular wasting. The clinical course of ALS is unrelenting, with extensive paralysis and death from respiratory weakness or aspiration pneumonia, usually within two to five years.

Unfortunately, the cause of ALS is not known, and no effective treatments have been identified.

Recently, veterans of the Gulf War have voiced concerns about a possible association between ALS and service in the War. After returning from the Gulf War, many veterans experienced fatigue, muscle pain, and other symptoms consistent with possible neuromuscular disease. In addition, retired Air Force Major Michael Donnelly brought particular attention to the issue of ALS when he became ill in 1995. Over the ensuing years, other veterans have developed ALS, and a few have died from it.

In March 1999, during a conference sponsored by the Centers for Disease Control and Prevention (CDC) entitled "Studying the Health Impact of Chemical Exposures During the Gulf War", I met with a group of veterans concerned about ALS. In May 1999, I convened a group of experts in ALS and Epidemiology from VA, Department of Defense (DOD), Department of Health and Human Services (HHS), CDC, and several universities. This expert group recommended that VA assemble the available data on the number of known ALS cases among Gulf War veterans, and the age distribution of ALS patients, before making a decision on the need for additional formal research in this area.

### **Preliminary Data**

At the same time, clinicians at VA and DoD identified 28 patients with possible ALS among the 697,000 soldiers who took part in the Gulf War. A preliminary review of the assembled cases of ALS by experts in motor neuron diseases, and a review of the VA National Mortality Study led by Dr. Han Kang, indicated a modest, if any, increase in the rate of ALS among Gulf War veterans and no excess mortality from ALS, respectively. However, these preliminary data did suggest an earlier age of onset of ALS.

While the rate of development of ALS did not seem unusual for a U.S. population, several questions logically emerge. Would these particular veterans have contracted ALS regardless of any military or wartime experience? Could the veterans have been exposed to something, or did something else happen in the Gulf War that could have caused them to develop this illness? In other words, has this rare and devastating illness developed coincidentally or is the illness related to service in the military?

With all the information assembled, I convened an ad hoc ALS Advisory Committee in July 1999 to review the data and to seek their interpretation and recommendations for next steps to further explore the epidemiology of ALS. Again, this meeting included representatives from the VA Cooperative Studies Program Epidemiologic Research and Information Centers, VA Medical Research Service's Environmental Hazards Research Centers, VA Environmental Epidemiology Service, DoD, HHS, CDC, the ALS Association, and neurology experts from the VA and university community.

### **About the Review...**

The "Gulf War Review" is written by VA's Environmental Agents Service (EAS). The "Review" is published to provide information about the concerns of Gulf War veterans, their families, and others interested in possible long-term health consequences of military service in the Gulf War. The "Review" describes actions by VA and others to respond to these concerns.

The most recent, prior to this, issue of the newsletter is dated December 1999. Additional issues will be prepared when warranted by significant developments. EAS anticipates publication of the "Review" three or four times annually. Four issues were published in 1995 (January, April, August, and December), three in 1996 (March, September, and December), three in 1997 (March, June, and September), four in 1998 (March, June, October, and December) and four in 1999 (March, June, September and December). This issue is the first for 2000. It was completed in early February 2000 and does not include developments that occurred after that time.

Comments or questions concerning the content of the "Review" are encouraged. Suggestions and ideas for future issues of the newsletter should be sent to Donald J. Rosenblum, Deputy Director, Environmental Agents Service ( 131), VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420.

*VA facilities should order additional copies from the VA Service attd Distribution Center. Each station has a Publications Control Officer (PCO). VA facilities should place any others through their PCO using the LOG system.*

Questions about the Registry examination should be directed to the Registry Coordinator or Registry Physician at the nearest VA medical facility. The telephone number can be found in the local telephone directory under the "U.S. Government" listings. Assistance is also available from the toll-free VA Gulf War Helpline: **1-800-749-8387**.

The ALS Advisory Committee concluded that there was no clear indication of an excess rate of ALS in Gulf War veterans, with the caveat that the available data could represent an underestimate of the actual rate. The Committee agreed that the age distribution of ALS appeared to be

younger than the age distribution of ALS in the general U.S. population. The Committee recommended that VA proceed with the planning of a national epidemiologic study of ALS among Gulf War veterans.

## **The Proposed Study**

Currently, VA is leading a research effort with collaboration from HHS, CDC, DoD, and university-based neurology experts, with participation and advice from the ALS Association. The planning committee for the proposed study met for the first time on August 19-20 and is making good progress. The central focus of the study will be: (1) a nationwide effort to identify ALL cases of ALS or other motor-neuron diseases occurring among Gulf war veterans; (2) to determine their health status; and (3) to describe their exposures to potential causal factors or risk factors based on in-home interviews and clinical examinations at VA or non-VA centers of excellence in neurologic diseases.

Although this "Epidemiologic Investigation into the Occurrence of Amyotrophic Lateral Sclerosis Among Gulf War Veterans" is in the earliest stages of planning, we have identified several working hypotheses which we will attempt to address with the research effort:

- Develop a comprehensive descriptive epidemiology of cases among Gulf War veterans with particular attention to whether there is a higher than expected occurrence of ALS among deployed veterans of the Gulf War as compared to either non-deployed Gulf War veterans or contemporary non-veteran populations,
- Explore possible or probable causal factors, with particular focus on the role of chemical or biologic factors in the Persian Gulf area of deployment,
- The primary outcome of interest in these preliminary investigations is the incidence of ALS among deployed and non-deployed Gulf War veterans.

The first phase of the study will involve complete identification, with a comprehensive evaluation, of patients who may have ALS among the deployed and non-deployed Gulf War veterans. To identify cases of ALS among veterans, we will initiate: (1) a nation-wide search involving screening of VA and DoD databases; (2) solicitation of cases from VA and DoD neurology services, non-federal neurologists through their professional societies, the ALS Association and similar organizations; and (3) public announcements in newspapers and on relevant Internet sites,

We have already created a toll-free telephone line and will ask veterans, or family and friends of veterans who may have or may have had ALS, to call the VA study coordinators. (The telephone number is **1-877-DIAL-ALS, or 1-877-342-5257,**

at the Epidemiologic Research and Information Center in Durham, NC).

The diagnosis of ALS will be verified through medical record review and, if necessary, by clinical examination. A detailed clinical examination will be conducted to fully document characteristics and status of the disease. The examinations will be conducted by neurologists with expertise in ALS at VA or private sector centers of excellence in neurology, or if necessary, in the patients' homes. A blood sample for genetic markers of ALS susceptibility will also be requested from the study volunteers.

An in-home interview will be conducted with each patient to identify possible unique exposures.

## **Shedding Light**

This research effort will provide the opportunity to identify all patients with ALS, or with other motor neuron diseases. With a complete data set, we will be able to compute the rate of the disease among Gulf War veterans more accurately. Finally, we will have the ability to explore possible environmental exposures in an effort to address the key question about any causal relationship between service in the Gulf War and development of ALS.

We expect to begin the initial research early this year. We really do not know what we will find with this intense research effort. If we do find an elevated risk for development of ALS, the finding will have broad implications for veterans, VA, and DoD alike. For other Americans who are not veterans, a major national study of ALS in the relatively young group of Gulf War veterans could provide new knowledge about the epidemiology of this rare disease and even shed light on the possible cause(s) of ALS.

## **Spouses/Children Health Examination Program, Newsletter Extended 4 Years**

On November 30, 1999, President Clinton signed Public Law 106-117, the Veterans Millennium Health Care and Benefits Act. The legislation includes a wide range of provisions affecting the Department of Veterans Affairs (VA) programs on behalf of the Nation's military veterans. Among other things, the legislation authorizes the Gulf War Spouse and Children Health Examination Program for an additional four years, to run through December 31, 2003. The legislation also mandates the Gulf War newsletter through that date.

VA officials encourage and welcome the spouses and children of Gulf War veterans to participate in an examination program designed to identify any health problems. The health examination program for spouses and

children of Gulf War veterans, established by VA in April 1996, has provided valuable health status information to participants.

In 1998, with the enactment of Public Law 105-368, this program was expanded and extended through December 31, 1999. With the enactment of Public Law 106-117, it is clear that the program will exist through (at least) 2003.

To be eligible for participation, an individual must (1) be the spouse or child of a veteran who is (a) listed in VA's Gulf War Veterans Health Registry, and (b) suffering from an illness or disorder; (2) be suffering from, or may have suffered from an illness or disorder (including a birth defect, miscarriage, or stillbirth) which cannot be disassociated from the veteran's service in the Southwest Asia theater of operations; and (3) have granted VA permission to include in the Registry relevant medical data from the evaluation,

In addition to extending the program, Public Law 105-368 provided for program improvements through "enhanced flexibility;" by permitting examinations to be completed under a fee arrangement and providing for VA payment of certain transportation expenses. Due to the complexity involved in contracting for pediatric examinations and the great distance many spouses and children were travelling for examinations, VA now is allowing facilities the option of paying private providers to conduct the examinations. The veteran (or spouse) must still call the toll-free Helpline **(1-800-PGW-VETS; 1-800-7494387)** to register for this program and confirm their eligibility.

Please note that no payments can be made to private physicians unless the above requirements are met and the spouse or child is officially enrolled in the examination program.

When the veteran is notified of program enrollment by the coordinating facility, he or she may request that the examination be conducted by his or her private physician. Private physicians must agree to fill out all required VA forms to obtain payment. If reimbursement for travel is required, VA will provide payment at the same rate as beneficiary travel for veterans. Reimbursement of travel costs is processed in the same way as payment for the examination; that is, all reimbursements are paid by the VA Denver Payment Processing Center.

Questions about this program should be directed to the Gulf War Veterans Helpline **(1-800-PGW-VETS; 1-800-749-8387)**. Individuals wishing to participate in the program should call this toll-free telephone number. No treatment is available for illnesses detected in this program. Authority for the program was initially established in Public Law 103-446. It was extended by Public Law 104-262 and Public

Law 105-368, and, as noted above, most recently by Public Law 106-117.

This newsletter pre-dated the enactment of Public Law 103-446, which required its publication and distribution. VA officials planned to continue it even if it were no longer required.

## Executive Director Named for the Coordinating Boards

On December 20, 1999, Dr. Robert G. Claypool, former Deputy Assistant Secretary of Defense for Health Operations Policy, assumed the position of Executive Director for the recently established Military and Veterans Health Coordinating Board (MVHCB) and also for the Persian Gulf Veterans Coordinating Board (PGVCB), created in 1994.



*Dr. Robert G. Claypool*

President Clinton ordered the establishment of the new board to ensure a more fully coordinated interagency approach to protect the health of Service men and women, veterans and their families as it relates to future deployments. The co-chairs of both boards are the Secretaries of Defense, Veterans Affairs, and Health and Human Services.

The new board is modeled upon and collocated with the highly successful PGVCB. Dr. Claypool succeeds Dr. Robert Roswell, a VA physician and high level administrator, as Executive Director of the PGVCB. Dr. Roswell managed the PGVCB as a part-time assignment.

Dr. Claypool, who recently retired from the Army Medical Corps as a Major General, is certified by the American Board of Internal Medicine. He served in the US Army from 1965 to 1999 in a variety of positions, including commander of community hospitals and as internal medicine residency program director. He has a subspecialty certification in rheumatology. Dr. Claypool's past Army assignments include service as the commanding general of Brooke Army Medical Center at Fort Sam Houston, TX. His assignments in the Office of the Secretary of Defense involved policymaking supporting various aspects of the Department of Defense's force health protection program.

Technology Council/Presidential Review Directive-5, Aug 1998, "Planning for Health Preparedness and Readjustment of Military, Veterans, and their Families after Future Deployments."

He also promotes collaboration and information sharing, and establishes priorities for federally-sponsored, deployment-related, health research among federal agencies. In addition, he works toward improved health risk communication between departments, their Service members and veterans constituencies.

## Veterans Sought for Gulf War Illnesses Treatment Study

Recruitment continues for a VA/DoD research study testing whether aerobic exercise and behavioral modification benefit Gulf War veterans by improving symptoms of fatigue, muscle and joint pain, and memory or other neurologic problems. Veterans who want more information or who wish to volunteer may call the study sites at the following phone numbers:

### VA Medical Centers

Albuquerque, NM ..... (505) 265-1711, ext. 2587  
 Birmingham, AL ..... (888) 820-1102  
 Boston, MA ..... (617) 232-9500, ext. 4803  
 Brooklyn, NY ..... (718) 636-6600, ext. 6588  
 Dayton, OH ..... (937) 268-6511, ext. 1212  
 East Orange, NJ ..... (800) 248-8005  
 Fargo, ND ..... (888) 289-2121  
 Houston, TX ..... (713) 791-1414 x5030, 6246  
 Philadelphia, PA ..... (215) 823-5952  
 Portland, OR ..... (503) 220-8262, ext. 57338  
 Richmond, VA ..... (888) 289-1632  
 St. Louis, MO ..... (314) 289-6554  
 San Antonio, TX ..... (210) 617-5300, ext. 4061  
 San Francisco, CA ..... (415) 221-4810, ext. 2287  
 San Juan, PR ..... (787) 641-7582, ext. 10146  
 Seattle, WA ..... (206) 764-2421  
 West Haven, CT ..... (203) 932-5711, ext. 3990  
 White River Junction, VT ..... (802) 295-9363, ext. 6052

### DoD Medical Centers

Naval Health Research Center  
 San Diego, CA .....(619) 524-0071  
 Walter Reed Army Medical Center  
 Washington, DC .....(202) 782-6563

**Note:** Researchers have concluded recruitment after enrolling the required number of veterans for a related study testing an antibiotic treatment for a possible infectious cause for the symptoms reported by some Gulf War veterans.

### Has Your Address Recently Changed? Are You Receiving More than One Copy of the Review?

If you have recently moved, please use this form to update our mailing list. Send the completed form to the Gulf War Review, Austin Automation Center (200/397A), 1615 Woodward Street, Austin, TX 78772-0001. Thank you.

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## 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 (DOD) Gulf War Veterans' Hotline (1-800-796-9699) for an examination.

Gulf War 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 Gulf War Registry examination will be offered. Treatment will be provided to eligible veterans. The VA Gulf War Information Helpline can also provide the latest information and assistance. The toll-free telephone number is **1-800-PGW-VETS (1-800-749-8387)**.

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

Gulf War veterans seeking disability compensation for illnesses incurred in or aggravated by military service - contact a Veterans Benefits Counselor at the nearest VA regional office or health care facility at **1-800-827-1000**, or call the VA Gulf War Information Helpline at **1-800-PGW-VETS (1-800-749-8387)**.

Gulf War veterans seeking participation for their spouses or children in the VA-funded health examination program for spouses and children - call

the VA Gulf War Information Helpline at **1-800-PGW-VETS (1-800-749-8387)**.

Veterans interested in the alternative self-funded examination for spouses or children - contact the Gulf War Registry Coordinator at the nearest VA medical center for forms and information.

Gulf War 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 at **1-800-827-1000** or call the VA Gulf War Information Helpline at **1-800-PGW-VETS (1-800-749-8387)**.

Anyone with first-hand information about "incidents" that occurred in the Southwest Asia theater of operations during the Gulf War that may be related to health problems experienced by military personnel who served in the War - call the DoD "Incidents" Hotline at **1-800-472-6719**.

For additional information about VA's program initiatives, see VA's Gulf War veterans' illnesses home page at **<http://www.va.gov/gulf.htm>**.

Gulf War veterans who encounter difficulties at a VA medical facility can contact the "**patient advocate**" at that facility for assistance in resolving the problem.

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 Gulf War veterans, especially veterans who are seeking disability compensation.

# Gulf War Review



## Department of Veterans Affairs

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