



# Persian Gulf Review

Vol. 4, NO. 2

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

March 1996

## Presidential Advisory Committee Issues Interim Report

On February 14, 1996, the Presidential Advisory Committee on Gulf War Veterans' Illnesses, established by President Clinton in May 1995, released its interim report.

The report includes chapters on outreach, medical and clinical issues, research, and chemical and biological weapons. The final chapter describes the Committee's work plan for the balance of the year. (The final report is due in December 1996). Within each chapter, the Committee presents its analytical approach, describes background material, and makes findings and recommendations based on investigations to date.

### Outreach

The Committee found the Department of Defense (DOD) and the Department of Veterans Affairs (VA) have used a number of progressive techniques to educate veterans and other citizens concerned about Gulf War veterans' illnesses. However, neither department has performance measures sophisticated enough to evaluate the success of these programs. The Committee report includes seven recommendations designed to improve evaluation of various outreach efforts.

### Medical and Clinical Issues

In the interim report, the Committee focused on medical treatment issues that surfaced during the deployment and demobilization of troops. The Committee concluded that DoD's policies and procedures were not adequate in all cases to prevent service members with pre-existing conditions from being deployed or to identify health problems at the time of demobilization. The Committee noted that these conditions could have contributed to some current health concerns.

The Committee found that the DoD and the Food and Drug Administration (FDA) deliberated carefully before allowing the use of pyridostigmine bromide (PB) and botulinum toxoid (BT) vaccine as antidotes to possible chemical and biological warfare (CBW) agents without FDA approval. On the other

hand, the Committee was critical of the FDA for failing to devise better long-term methods governing military use of drugs and vaccines for CBW defense in the five years since the Gulf War.

*Continued on page 2, column 1*

## President Clinton's Statement on Committee's Interim Report

I am pleased to accept the interim report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses. Dr. Joyce Lashof and the Committee members have made an impressive start on helping to ensure that we are doing all we can both to determine the causes of the illnesses Gulf War veterans are suffering from, and to provide effective medical care to those in need.

I am pleased that the Committee's interim report recognizes the serious efforts underway in the Administration to restore these men and women to good health. I know that the Departments of Defense, Health and Human Services, and Veterans Affairs will review the recommendations contained in this report and will continue the research, outreach, and medical programs needed to improve the lives of Gulf War veterans and their families.

I have asked Secretary William Perry, Secretary Donna Shalala, and Secretary Jesse Brown to develop an action plan for implementing the recommendations in the interim report. I am also asking the Departments to continue their record of full cooperation with the Advisory Committee as it prepares its final report over the next 10 months.

As I said last March when announcing my intention to establish the Advisory Committee, 5 years ago we relied on these Gulf War veterans to fight for Our country; they must now be able to rely on us to try to determine why they are ill and to help restore them to full health. We are all indebted to the Presidential Advisory Committee on Gulf War Veterans' Illnesses for its contribution to this critical task. I look forward to reviewing their final recommendations later this year.



The Committee cited DoD's inability to produce the records of who received PB or BT as strong evidence for the need for "wholesale improvement in the government's performance on medical recordkeeping during military engagements." The Committee made six recommendations relating to medical and clinical issues.

## Research

The Committee found that most of the studies sponsored by DoD, VA, and the Department of Health and Human Services are well designed and appropriate to determine if Gulf War veterans have mortality, symptoms, or diseases that might be attributable to service in the Gulf War.

However, the report concluded that inadequate response to scientific peer review, disregard for the importance of allocating scarce research dollars to the best designed studies, and inattention to the need to communicate effectively with veteran participants are undermining the effectiveness of government research efforts.

The Committee noted that the lack of data about exposures (example, oil fire smoke or infectious diseases) also hampers research. Observing that DoD is attempting to recreate certain exposure scenarios with the Persian Gulf Registry of Unit Locations, the Committee recommended heightened efforts to collect exposure data in future conflicts. The Committee offered six recommendations regarding research efforts.

## Chemical and Biological Weapons

The Committee commented that the work of the United Nations (UN) Special Commission on Iraq provides a more definitive picture of Iraq's advanced CBW capabilities than was available at the time of the Gulf War. Furthermore, the UN findings underscore the considerable uncertainty regarding Iraq's intentions to use CBW agents against U.S. and coalition troops.

The Committee concluded that the decisions of DoD and the Central Intelligence Agency (CIA) to reopen their investigations of CBW in the Gulf War are positive steps and urged DoD and CIA to draw fully on their resources to answer some of the War's most controversial questions. The Committee indicated that it will be carefully monitoring progress on this matter.

The Committee found that improved technology to detect the presence of CBW agents would improve the health care surveillance of troops involved in future conflicts. Three recommendations were made relating to CBW issues.

## Committee's Background

In a March 6, 1995, speech before the Veterans of Foreign War of the United States Annual Washington Conference, President Clinton announced that he was establishing the

Presidential Advisory Committee to ensure 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.

On May 26, 1995, the President signed the Executive Order establishing the Committee. It was formally charged to provide advice and recommendations regarding ( 1 ) research, (2) coordination efforts, (3) medical treatment, (4) outreach, (5) external reviews, (6) risk factors (specifically including drugs and vaccines, infectious diseases, environmental chemicals, radiation and toxic substances, smoke from oil well fires, depleted uranium, physical and psychological stress, and other factors applicable to the Persian Gulf War), and (7) chemical and biological weapons.

The initial Committee meeting was held on August 14-15, 1995, in Washington, DC. In her opening remarks, First Lady Hillary Rodham Clinton, urged the Committee to be mindful of the President's commitment "to leave no stone unturned" in the search for answers to the concerns about the possible long-term consequences of military service in the Persian Gulf region. Secretary of Veterans Affairs Jesse Brown, Secretary of Health and Human Services Donna E. Shalala, and Deputy Secretary of Defense John P. White, also made presentations.

Subsequently, Committee meetings were held on October 18-19, 1995, in Arlington, VA; December 4-5, 1995, in San Diego, CA; and January 31, 1996, in Washington, DC. In addition, the Committee's Clinical Issues Panel met on September 18, 1995, in Charlotte, NC; the Epidemiologic Research Panel met on November 7-8, 1995, in San Francisco, CA; the Use of Investigational Drugs and Vaccines Panel met on January 12, 1996, in Kansas City, MO; and Clinical Syndromes Panel met on February 27, 1996, in San Antonio, TX. Additional meetings are planned for March 26, 1996, in Boston, MA; April 16, 1996, in Atlanta, GA; and May 1-2, 1996, in Washington, DC. Readers interested in additional information about the Committee are encouraged to write to the Presidential Advisory Committee on Gulf War Veterans' Illnesses, 1411 K Street, N.W., Suite 1000, Washington, DC 20005.

The 12-member committee is made up of veterans, scientists, health care professionals, and policy experts. Joyce C. Lashof, M.D., is Committee Chair. Dr. Lashof is former Dean and Professor Emerita of the School of Public Health at the University of California at Berkeley. She was Assistant Director of the (since abolished) congressional Office of Technology Assessment (OTA) from 1978 to 1981. Before joining OTA, Dr. Lashof was Deputy Assistant Secretary for Health Programs and Deputy Assistant Secretary for Population Affairs at the (then) Department of Health, Education, and Welfare. She also was President of the American Public Health Association, 1991-92.

## Copies Available

Copies of the interim report are available from the Superintendent of Documents. Telephone orders are accepted at (202) 512-1800. The best time to call is 8-9 a.m. EST. The telephone number for fax orders is (202) 512-2250. Mail requests should be sent to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954. The cost is \$3.50 each (\$4.38 foreign). Prices include regular domestic postage and handling. Prices are subject to change. Checks are payable to the Superintendent of Documents. Charges can be made to VISA or MasterCard. When ordering, use the full title and serial number: *Presidential Advisory Committee on Gulf War Veterans' illnesses: Interim Report*, S/N 040-000-00667-2.

### About the "Review" ...

The "Persian Gulf Review" is written by VA's Environmental Agents Service (EAS). The "Review" is published to provide information about the concerns of Persian Gulf veterans, their families, and others interested in the possible long-term health consequences of military service in the Persian 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 was printed in December 1995. Additional issues will be prepared when warranted by significant developments. EAS anticipates publication of the "Review" about four times annually. Four issues were published in 1995 (January, April, August, and December). This issue was written in early March 1996 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, Persian Gulf Review, Environmental Agents Service (131), VA National Headquarters, 810 Vermont Avenue, NW, Washington, DC 20420.

Requests for additional copies of this issue should also be sent to Mr. Rosenblum. A limited supply of the February 1993, September 1993, September 1994, January 1995, April 1995, August 1995, and December 1995 issues is also available. Please specify the quantity and issue dates requested. VA facilities should order additional copies from the VA Forms Depot.

Questions about the Persian Gulf Registry examination program 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 Persian Gulf Helpline: **1-800-749-8387**.

## President Signs Legislation Extending Special Health Care Eligibility for PGW Veterans

On February 13, 1996, President Clinton signed into law, H.R. 2353, a bill that extends the Department of Veterans Affairs' (VA) authorities to carry out various programs that expired in 1995, to require certain reports from the Secretary, and for other purposes. The legislation is now known as Public Law 104 II0.

Among other things, the legislation extends VA's authority to provide special health-care eligibility to Persian Gulf War veterans for medical conditions possibly related to exposure to environmental hazards or toxic substances. Authority had technically expired on December 31, 1995. Under the new legislation, the authority expires on December 31, 1996. For additional information regarding VA health care eligibility, see the article that begins on page 5 of this newsletter.

### Article Highlights Coordination of Federal Efforts on Behalf of Persian Gulf War Veterans

A four-page article in the December 1995 issue of the *Federal Practitioner* concluded that the Persian Gulf Veterans Coordinating Board has been an "effective mechanism for bringing together three separate government departments to work toward a common goal of serving the needs of Persian Gulf veterans."

The Board was established on January 21, 1994, to provide direction and coordination on health issues related to the Persian Gulf War within the Executive Branch of the Federal Government. The Board is co-chaired by the Secretaries of Veterans Affairs, Defense, and Health and Human Services.

The Board has established three primary mission objectives: (1) to provide all veterans the complete range of health care services necessary for medical problems that may be related to deployment in Operations Desert Shield and Desert Storm; (2) to develop a research program that will result in the most accurate and complete understanding of the types of health problems being experienced by Persian Gulf veterans and the factors that have contributed to these problems; and (3) to develop clear and consistent guidelines for the evaluation and compensation of disabilities related to Persian Gulf service.

Three working groups established by the Board focus on specific issues related to medical care, research, and compensation. The working groups provide recommendations to the three Secretaries. Working group membership is drawn from administrative, clinical, and research specialists in the three departments.

The article notes that a "precedent among governmental agencies has been established that should continue after Persian Gulf health issues are resolved."

A two-page editorial by Susan H. Mather, M.D., M.E.H., Assistant Chief Medical Director for Public Health and Environmental Hazards, Department of Veterans Affairs, accompanies the article. Summarizing the prompt multi-agency, multi-faceted effort on behalf of Persian Gulf War veterans, Dr. Mather favorably contrasted these programs with the response to Agent Orange concerns in the 1970's and 1980's. Dr. Mather commented that President Clinton, himself, has expressed concern about the medical problems of Persian Gulf veterans. She credited the President with setting the "tone" with his commitment "to leave no stone unturned" in the quest for conclusive, substantive answers to the questions raised about the possible long-term health consequences of military service in the Gulf.

## **Investigators Find No Increase in Birth Defects/Health Problems among Children Born to PGV's in Mississippi**

In November 1993, the local newspaper in Jackson, Mississippi, reported an apparent cluster of birth defects and other health problems among children born to veterans of two Mississippi National Guard units after their return from the Persian Gulf War.

From December 1993 through May 1994, the Jackson VA Medical Center; the Mississippi State Department of Health; and the Centers for Disease Control and Prevention conducted a collaborative investigation to determine whether an excess number of birth defects occurred among children born to this group of veterans; and if so, whether etiologic/pathologic patterns in the birth defects could be observed.

Investigators reviewed the medical records of all children conceived by and born to the veterans of the two units after Gulf War deployment. The observed numbers of birth defects and other health problems were compared with the expected numbers using rates from birth defects surveillance systems and previous surveys.

The researchers found no increase in the total number of all types of birth defects among children conceived by and born to these National Guard units after deployment to the Persian Gulf theater of operations. The rate of birth defects of all types in children born to this group of veterans is similar to that expected in the general population. However, because of the small numbers involved (55 children had been conceived and born after deployment to the Gulf region), investigators could not determine whether the occurrence of any specific birth defect observed among this group of children differed from what was expected. Larger studies should provide more definitive answers.

Investigators reported that "perhaps the most significant finding is that a variety of birth defects was observed, and the clustering of any one type or affected system did not occur." They added that no known genetic or chromosomal abnormality is common to the various defects. Investigators also concluded that the frequency of premature birth, low birth

weight, and other health problems appeared similar to that in the general population.

Study results were published in *Military Medicine* in January 1996.

## **Army Study Shows No Increase Risk of Deaths for Persian Gulf Veterans, Except for Deaths from Unintentional Injury**

Army researchers (from the Walter Reed Army Institute of Research and the U.S. Army Center for Health Promotion and Preventive Medicine) recently completed a cause-specific study comparing the mortality rates of U.S. military personnel deployed in the Persian Gulf region during Operations Desert Shield and Desert Storm with the rates of other U.S. troops serving elsewhere during that time period.

Investigators analyzed the deaths occurring among all active duty U.S. military personnel during the one year period beginning August 1, 1990, and ending July 31, 1991. Age-adjusted mortality rates among U.S. troops in the Gulf War region were compared with rates among U.S. troops on active duty throughout the world.

A total of 1,769 active duty persons died during the study period (372 in the Gulf region, 1,397 stationed outside the region). Of the 372 deaths in the Persian Gulf region, 147 (39.5 percent) occurred as a direct result of combat during the War, 194 (52.2 percent) resulted from injuries not incurred in battle, and 30 (8 percent) resulted from an illness. Twenty-three deaths due to illness were considered unexplained or cardiovascular deaths.

Based on age-adjusted mortality rates observed among U.S. troops on active duty personnel outside the Persian Gulf, 165 deaths from unintentional injury and 32 deaths from illness (20 of which were unexpected or cardiovascular) would have been anticipated among Persian Gulf troops.

Investigators concluded that except for deaths from unintentional injury, U.S. troops in the Persian Gulf region did not experience significant higher mortality rates than U.S. troops serving elsewhere. There were no clusters of unexplained deaths. The number and circumstances of nonbattle deaths among Persian Gulf troops were typical for the U.S. military population.

The study results were published in the *Journal of the American Medical Association* on January 10, 1996.

## **IOM Committee Evaluates DoD Exam Program, Findings**

In early January 1996, the Institute of Medicine's (IOM) "Committee on the DoD Persian Gulf Syndrome Comprehensive Clinical Evaluation Program" released a report assessing the Department of Defense (DOD) program to respond to the health problem experienced by active duty

military personnel following their service in the Persian Gulf. Specifically, the IOM Committee reviewed and evaluated the protocol for DoD's Comprehensive Clinical Evaluation Program (CCEP) and DoD's interpretation of the CCEP results of the first 10,020 CCEP patients.

The IOM report was quite complimentary of the CCEP. The Committee characterized the CCEP as a "compassionate and comprehensive effort to address the clinical needs of thousands of active-duty personnel who served in the Persian Gulf War." The 12-member Committee called the CCEP a "thorough, systematic approach to the diagnosis of a wide spectrum of diseases." The Committee found that a specific diagnosis or diagnoses can be reached for most patients and that DoD made "conscientious efforts to build consistency and quality assurance" into the program.

The IOM Committee noted that the DoD report on the initial 10,020 CCEP patients indicated that 37 percent were diagnosed with psychiatric conditions, most commonly depression or post-traumatic stress disorder. The IOM Committee encouraged DoD to emphasize in future reports that psychosocial stressors can produce physical and psychological effects that are "as real and potentially devastating" as physical, chemical, or biological stressors. The Committee suggested that DoD emphasize that effective treatments exist for many of these psychiatric disorders.

## Recognize CCEP Limitations

The Committee observed that while CCEP did not provide evidence of an unknown illness among Gulf War participants, it was not designed to provide definitive answers of this nature. CCEP is a medical evaluation and treatment program. IOM indicated that answers would be provided by research studies underway in DoD and VA. The Committee indicated that comparisons between CCEP data and community based or other populations "should be made with great caution and only with the explicit recognition of the limitations of the CCEP as a self-selected case series."

The IOM reported that CCEP should be used for several purposes, including (1) educating Persian Gulf veterans and their physicians, (2) improving the medical protocol itself, and (3) evaluating patient outcomes. The Committee suggested that the medical findings be promptly distributed to all CCEP primary care physicians, VA physicians, and physicians in the community.

The Committee urged DoD to consider developing a comprehensive document for use in the CCEP that "describes the potential physical, chemical, biological, and psychological stressors that were present in the Persian Gulf theater." The Committee indicated that this would enable CCEP physicians to more effectively counsel their patients.

The IOM report noted that Walter Reed Army Medical Center staff have developed the Specialized Care Center (SCC) for the evaluation, treatment, and rehabilitation of a small, select group of seriously impaired patients referred from

regional medical centers. The Committee preliminarily concluded that if the SCC program is successful in improving the health and functional status of its patients, the elements that are most effective in enabling the patients to cope with their symptoms could be identified. It might then be possible to disseminate some of these elements to the DoD medical treatment facilities close to where the patients live and work.

The 12-member Committee is chaired by Dr. Gerald Burrow, Dean, Yale University School of Medicine.

The Institute of Medicine was chartered in 1970 by the National Academy of Sciences, a non-governmental organization, to enlist distinguished members of appropriate professions in the examination of policy matters pertaining to the health of the public. The Institute acts under 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. Dr. Kenneth I. Shine is the president of IOM.

Copies of the 51-page report, entitled Evaluation of the U.S. Department of Defense Persian Gulf Comprehensive Clinical Evaluation Program, are available in "limited" quantities from the Division of Health Promotion and Disease Prevention, 2101 Constitution Avenue, N.W., Washington, DC 20418. Readers may call (202) 334-2383 for more information.

The National Academy Press is the publisher.

## Persian Gulf Health Care Eligibility Clarified

*In its interim report, the Presidential Advisory Comminee on Gulf War Veterans' Illnesses found that VA's use of the term "priority care" in reference to Gulf War veterans' eligibility for medical care creates "false" expectations among a significant portion of its clientele." The Advisory Committee urged that VA forego use of that term in outreach initiatives. Rather, the Advisory Comminee recommended that VA should clearly state that Gulf War veterans are "entitled to receive the Persian Gulf Health Registry examination free of charge, including any diagnostic testing found to be medically necessary and counseling regarding findings. "*

*The following article, prepared by the Health Administration Service at VA Headquarters, was written to clarify this matter further.*

Individuals who (1) served on active duty in the U.S. Armed Forces in the Persian Gulf theater during the Persian Gulf War, (2) served for at least two years or the period for which they were called to active duty, **and** (3) were discharged under other than dishonorable conditions, have basic eligibility for medical care within the VA system. Basic eligibility includes such services as inpatient hospital care, outpatient medical treatment, pharmacy services, nursing home care, and associated ancillary services.

A one-time dental examination and treatment may also be available on an outpatient basis if the dental condition can be shown to have existed at the time of discharge or release from active duty of at least 90 days.

Veterans who served in the Persian Gulf theater during the Persian Gulf War are eligible for a Persian Gulf Registry examination. This examination, which is free, consists of a complete medical examination, including base-line laboratory tests and other diagnostic tests deemed appropriate by the examining physician. Consideration is given to the veteran's particular condition to determine his or her current health status.

Every attempt possible is made to identify any medical condition existing at the time of the Persian Gulf Registry examination or any other VA examination process. If any condition is found, which the VA examining physician determines could possibly be related to the veteran's service in the Persian Gulf theater, that condition will be treated, cost free. Data collected from these examinations are entered into a special computerized program, the "Persian Gulf Registry." Researchers analyze Registry data to aid in scientific investigations. Veterans are strongly encouraged to apply for the examination by contacting their nearest VA health care facility.

### **Misleading Term "Priority Care"**

The term "priority care," as associated with the VA health care system, is misleading to some Gulf War veterans. Many believe that "priority care" gives them "head of the line" privileges when receiving medical care. This, however, is not an accurate statement. "Priority care" is a process, imposed by law, identifying the sequence in which veterans will be accepted for care by VA. In other words, VA is required, by law, to establish priorities in the delivery of medical care.

All veterans have, to some extent, eligibility for VA health care. A veteran's priority is based on the level of his or her eligibility (e.g. service connected for the condition, 50% or more service connected, Persian Gulf conditions, etc.). Priority becomes an issue only when the demand for care is consistently greater than the care which can be provided with available VA resources. In such events, new applicants for medical care will be accepted if their priority category is above the priority level where appropriate care can be provided within available resources.

### **Additional Information**

All veterans have varying degrees of eligibility and as such have different restrictions/requirements imposed. Due to this complexity in determining eligibility for VA medical care benefits, veterans are encouraged to contact the admission office at the VA medical care facility. Veterans will be interviewed individually and the eligibility will be determined accordingly.

## **Compensation Available to Veterans with Service-Connected Illnesses**

Persian Gulf War veterans with service-connected injuries or illnesses may be eligible for monthly payments from the Department of Veterans Affairs (VA). Before a veteran can be considered for this benefit, he or she must apply. A Veterans Benefits Counselor (VBC) at the nearest VA regional office or medical center can provide the application and answer questions about the claim process. VBC's can be reached nationwide by telephone at the following number: 1-800-827-1000. Representatives from veterans service organizations can also be helpful.

### **Persian Gulf Veterans with Undiagnosed Illnesses May Be Eligible**

Public Law 103446, signed by President Clinton on November 2, 1994, authorizes 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.

Under regulations finalized on February 3, 1995, 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, a veteran must have signs or symptoms that became 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 10 percent or more not later than two years following such service. In addition, the signs and symptoms must not be attributable to any known clinical diagnosis by history, physical examination, and laboratory tests.

Chronic disabilities are those that have existed for six months or longer and disabilities that exhibit intermittent episodes of improvement and worsening over a six-month period, measured from the earliest date on which the pertinent evidence established that the disability first became manifest.

Objective indications of chronic disability may include both medical evidence (examinations, hospital reports, etc.) and statements from others outside the medical field who establish

that they are able to make their statements and observations based on personal experience.

Compensation cannot be paid under these regulations if there is 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 something that occurred between the veteran's most recent departure from active duty in the Southwest Asia theater of operations during the Gulf War and the onset of the illness; or (3) the illness is the result of the veteran's own willful misconduct or abuse of alcohol or drugs.

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 the locations,

VA has set up a special Persian Gulf Helpline in St. Louis, MO. The specialists there can assist callers with questions they may have concerning claims for undiagnosed illnesses. The telephone number is **1-800 749-8387**. Veterans and their families may also call **1-800-827-1000** to obtain assistance and information.

The regulations are effective as of November 2, 1994, the date President Clinton signed the legislation.

## **VA to Provide Exams for Spouses and Children of Registry Veterans**

Officials in VA Headquarters will soon release guidance (with a tentative effective date of April 1, 1996) to VA facilities nationwide regarding a special program to include in the Registry the results of health examinations of certain spouses and children of Persian Gulf Registry participants.

VA has \$2 million to fund the examinations, which will be conducted by non-VA physicians. Officials estimate that the funding will cover approximately 4,500 individuals on a first-come/first-serve basis. Participants will register by calling the Persian Gulf Veterans Helpline at **1-800-PGW-VETS**.

To be eligible for participation, an individual must ( 1 ) be the spouse of a veteran who is (a) listed in the VA's Persian Gulf War Veterans 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. Questions about this program should be directed to the Helpline (1-800-PGW-VETS). Authority for this program ends on September 30, 1996. Those individuals wishing to register for the program should call the helpline after April 1, 1996.

An alternative VA program exists for spouses and children of Persian Gulf veterans to enter their medical information into the Persian Gulf Registry. Eligible family members may have their private physicians complete a Registry code sheet containing the protocol examination information and submit it to VA for entry into the database. All expenses related to completion of the protocol and the code sheet are the responsibility of the veteran or the family members. Anyone seeking more information on this unfunded examination program for Persian Gulf veterans' spouses and children, should contact the Persian Gulf coordinator at the nearest VA medical center.

## **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) Persian Gulf Veterans' Hotline at 1-800-796-9699) for an examination.

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 the latest information and 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 Persian Gulf Information Helpline at **1-800-PGW-VETS (1-800-749-8387)**.

Persian Gulf 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 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)**.

Individual with first-hand information about "incidents" that occurred in the Southwest Asia theater of operations during the Persian Gulf War that may be related to health problems experienced by individuals who served in the War - call the DoD "Incidents" Hotline at **1-800-4724719**.

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.

## Q's and A's

The "Persian Gulf Review" includes a question-and-answer section in which VA officials respond to readers' inquiries regarding various concerns of Persian Gulf veterans. Questions should be sent to Donald J. Rosenblum, Environmental Agents Service (131), VA National Headquarters, 810 Vermont Avenue, NW, Washington, DC 20420. We cannot guarantee that all questions received will be printed in the "Review."

Brian Martin asked, "How does a veteran being discharged from active duty, previously examined in the Department of Defense's Comprehensive Clinical Examination Program (CCEP), get on the VA's Registry?"

There are five ways in which Gulf War participants are included in the VA's Persian Gulf War Veterans Health Registry: (1) they apply for health care services from VA; (2) they file a claim for compensation from VA on the basis of any disability which may be associated with Gulf War service;

(3) they die and are survived by a spouse, child, or parent who files a claim with VA for dependency and indemnity compensation (survivors' benefits) on the basis of Gulf War service; (4) they request a special VA Registry health examination (authorized by Public Law 102-585); and (5) they receive from the Department of Defense a health examination similar to the VA Registry health examination and request inclusion in the VA Registry.

A veteran who has participated in the CCEP and who wants to be included in the VA's Registry should contact the Veterans' Registry Coordinator (Persian Gulf) at the nearest VA medical center. If it has been several years since the veteran participated in the CCEP and he/she is still experiencing health problems or has developed new or additional medical difficulties, he/she may ask for or may be advised to have an examination at VA. Since the veteran received a similar examination from the Department of Defense, re-examination is not necessarily required to participate in the VA's Registry. A copy of the veteran's CCEP evaluation can be included in the VA Registry.

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# Persian Gulf Review



## Department of Veterans Affairs

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