



Senate Investigation Unit Report Released

On September 1, 1998, the Senate Committee on Veterans' Affairs released a document, entitled Report of the Special Investigation Unit on Gulf War Illnesses. The Senate Investigation Unit (SIU) was established by the Senate in early 1997 to comprehensively review the government's response to the unexplained illnesses suffered by many Gulf War veterans.

The SIU investigation, carried out by a staff of twenty experts and investigators, produced a detailed report on actions taken (and not taken) by the Department of Defense (DOD) before and during the war, and by the Department of Veterans Affairs (VA) in the aftermath, that relate to the current health of Gulf War veterans.

The report takes an exhaustive look at the medical and scientific issues surrounding Gulf War veterans' unexplained illnesses, including analysis of various environmental hazards to which these veterans were exposed. The report reviews what is known about the relationship between these exposures and illnesses.

SIU Findings

The SIU concludes that the perception that no one in government is helping or is concerned about the health problems of Gulf War veterans had some merit in the past. The report indicated the progress that might be expected given the passage of time, amounts of money spent, and programs put in place to assist ill Gulf War veterans is "not what it should be."

The report includes four key findings: (1) preparedness shortfalls for effective defense against battlefield hazards existed before and during the Gulf War and continue today; (2) insufficient program monitoring hinders the DoD's and VA's effectiveness in serving Gulf War veterans; (3) DoD's and VA's failure to collect information, retain records, and generate valid data analysis impedes effective responses to Gulf War veterans; and (4) DoD and VA must make cooperation and coordination a top priority to ensure timely and effective service for Gulf War veterans.

SIU Recommendations

The SIU offers a total of 29 recommendations, including at least 5 for each of four key findings listed above. VA and DoD are carefully reviewing the report to evaluate the recommendations and take action on those that merit implementation.

Demonstration Projects Initiated to Improve Patient Care and Satisfaction

In response to Public Law 105-114, the Veterans' Benefits Act of 1997, enacted November 21, 1997, the

Department of Veterans Affairs (VA) will carry out a program of demonstration projects to test new approaches to treating, and improving the satisfaction with such treatment of Gulf War veterans who suffer undiagnosed and ill-defined disabilities.

On April 15, 1998, an Under Secretary for Health Information Letter, IL 10-98-005, announced the "Request for Proposals" for this effort. Five Gulf War Veterans' Illnesses Demonstration Projects were subsequently approved and funded at VA medical facilities in Brockton/West Roxbury, MA; Portland, OR/Seattle WA; Tampa, FL; Birmingham, AL; and Cincinnati/Cleveland, OH. These projects were designed so that they can be used by other VA facilities if favorable outcomes are achieved at the demonstration sites. The projects will assess whether clinical care and service satisfaction for Gulf War veterans is improved by multi-disciplinary clinics or case management approaches.

Many Gulf War veterans have reported that they have difficulties sleeping. The project in Brockton/West Roxbury concerns the identification and management of sleep problems in Gulf War veterans. This multi-disciplinary project will allow for identification of Gulf War veterans with potential sleep problems, provide them with timely, expert evaluation and treatment of their disorders, and study optimal treatment regimens.

Some Gulf War veterans have experienced problems receiving healthcare services at VA facilities. The Portland project will assess and describe the sources of this dissatisfaction. It will also examine whether specialized, targeted treatment programs can improve the physical and psychological functioning of ill Gulf War veterans and improve their satisfaction with VA services.

The project in Tampa will use case management approaches and a unique residential rehabilitation program targeted for Gulf War veterans who identify patient satisfaction, continuity of care, and patient education as problem areas within VA. This project will evaluate Gulf War veterans' improvement in clinical measures (including sleep, pain, fatigue, anxiety, and depression) as well as outcome measures (including patient satisfaction, health status, and health care utilization).

The Birmingham project incorporates the most frequently needed healthcare specialists into a multi-disciplinary Gulf War clinic at Birmingham so that their experience and expertise will be available to the veterans at the time of their visit. This study is designed to determine if specialized clinics that apply coordinated support services can provide greater patient satisfaction and better functional outcomes for ill Gulf War veterans than the health care programs and services currently available throughout VA.



The Cincinnati/Cleveland demonstration treatment program focuses on Gulf War veterans with unexplained physical symptoms and is individualized for each patient. This program includes goals designed to help each individual understand the possible consequences of Gulf War service and his/her own health condition; maximize individual control over symptoms; maximize coping with persistent, disabling health problems; and formulate a consistent, coordinated primary care-based follow-up plan. The demonstration treatment program will evaluate the participants' health-related quality of life, health care service utilization, and the effectiveness of this treatment program.

VA officials hope that these projects will ultimately result in significant improvements in VA healthcare services offered nationwide.

DoD/VA Establish New Medical Follow-Up DU Program

The Department of Defense (DOD) and the Department of Veterans Affairs (VA) have instituted a new medical follow-up program to evaluate veterans with exposures to Depleted Uranium (DU). This program will allow scientific documentation of the presence or absence of medical effects from DU exposures.

DU is the component of natural uranium ore left after most of the more radioactive U-235 is removed for use in nuclear power reactors. DU has about half the radioactivity of naturally occurring mineral deposits of uranium. DU was incorporated into projectiles and armor because of its density, availability, and cost. DU projectiles can penetrate armor made with less dense metals. DU armor provides a high degree of shielding.

On July 9, 1998, Dr. Kenneth W. Kizer, VA Under Secretary for Health, issued a directive outlining VA policy and procedures for evaluating Gulf War veterans with possible exposure to DU. The directive included a seven-page DU questionnaire as a supplement to the Gulf War Registry codesheet. The directive establishes the policy that each Veterans Health Administration facility use the DU protocol examination to evaluate Gulf War veterans identified and referred by the DoD or those veterans who self-refer because they are concerned about potential inhalation exposure to DU.

About 300 soldiers have been or will be contacted by DoD's Office of the Special Assistant for Gulf War Illnesses to validate their DU exposure and to encourage them to participate in the medical follow-up screening program at DoD and VA locations.

The evaluation consists of a complete physical examination, a DU exposure questionnaire and a 24-hour urine collection for uranium levels. This program will identify veterans with higher than normal levels of uranium in their urine and provide them appropriate monitoring and follow-up, if required. Soldiers are expected to have normal levels of uranium in their urine unless they have DU fragments embedded in their bodies.

The highest exposure to DU occurred during friendly fire incidents in which U.S. combat vehicles were struck by DU munitions fired from U.S. M1 A1 tanks. Soldiers riding in or on these vehicles may have been exposed to DU by fragments embedding in their bodies, inhalation and ingestion of DU particles created upon penetration, and wound

contamination. DoD estimates that there were about 113 individuals in this group.

Rescuers and others who entered the vehicles immediately after a hit may have also been exposed. Salvage operations on tanks struck by DU could have also led to medically significant exposures. DoD estimates that there were about 200 soldiers in this group.

The VA Medical Center in Baltimore has been monitoring 33 DU exposed veterans since 1993. They had all been hospitalized because of their wounds. Many of these veterans continue to have medical problems, especially relating to the physical injuries they received during friendly fire incidents. About half of them still have retained DU fragments. Those with higher than normal levels of uranium in their urine have embedded DU fragments. These veterans are being followed very carefully, and a number of different medical tests are being done to determine if the depleted uranium fragments are causing health problems.

The veterans being followed who were in friendly fire incidents but who do not have retained depleted uranium fragments, generally speaking, have not shown higher than normal levels of uranium in their urine. For the 33 veterans in the Baltimore program, tests for kidney function have all been normal. All babies fathered by these veterans between 1991 and 1997 had no birth defects.

Canada Releases Gulf War Illnesses Survey

On June 29, 1998, the Canadian Minister of National Defence released the results of a study undertaken to examine the health of Canadian Forces members who participated in the Gulf War. The study, completed by Goss Gilroy, Inc., an Ottawa-based consulting firm, showed that Canadian Gulf War veterans reported a higher prevalence of health problems than were reported by a comparison group, made up of Canadian Forces members serving during the Gulf War, but not stationed near the Persian Gulf.

Although a more detailed review of the results will be conducted by the Canadian Forces Surgeon General, Minister Eggleton announced in June that the following actions will be taken promptly: (1) with all the issues being identified in this study also applying to all deployment veterans, the follow-on initiatives will be applied to all new era Canadian Forces veterans of highly stressful deployments; (2) the Surgeon General will make contact with individual Gulf War illness veterans to inform them of the results of the study, and actions being undertaken; (3) the Canadian Forces will conduct further research, which will be "harmonized" with work going on in other countries, and which will exploit characteristics of the Canada system; and (4) post-deployment clinics will be open to former Canadian Forces members whose medical conditions qualify.

Other announced actions include (5) all Canadian Forces medical personnel will be given special training in the identification and management of deployment related conditions; (6) changes will be made to Canadian Forces policies to better address the needs of personnel and families with deployment related illnesses and treatments; and (7) the Assistant Deputy Minister Personnel will open discussions with others, such as Veterans Affairs Canada and the Canadian Legion, to address "harmonization" of common policy areas.

This study is part of the commitment that the Canadian Department of National Defence (DND) has toward its members. DND expects that this study will be another tool in which the department can improve the quality of life for its members. In February 1998, the DND established four new Post-Deployment Regional Health Clinics at Esquimalt, Edmonton, Valcartier, and Halifax. These are in addition to the Clinic already in Ottawa. The new clinics will be accessible to serving Canadian Forces members returning from other operations, as well as to Gulf War veterans, both serving and retired.

Research Planning Conference Scheduled on Health Impact of Chemical Exposures During Gulf War

The Centers for Disease Control and Prevention, in coordination with the Office of Public Health and Science, the National Institutes of Health, and the Agency for Toxic Substances and Disease Registry, is sponsoring a conference on the health impact of chemical exposures during the Gulf War. The purpose of the conference is to provide a forum for broad public input into the development of a multi-year research plan. The conference is scheduled for February 28-March 2, 1999 at the Crowne Plaza-Atlanta Airport in Atlanta, GA.

For additional information or to obtain registration material, please call Andrea Campagna at 1-800-780-8872, ext. 210, or visit the website at <http://www.cdc.gov/nceh/meetings/1999/gulfwar/>.

VA Focuses on Gulf War Research

The following is an excerpt of an article in the July/August 1998 issue of Vanguard, a Department of Veterans Affairs (VA) employee magazine. Timothy R. Gerrity, Ph.D., Special Assistant, Chief Research and Development Officer, is the author.

"The United States deployed approximately 697,000 military personnel to the Persian Gulf throughout Operations Desert Shield and Storm. During these operations, military personnel were subject to a variety of environmental exposures, both natural and man-made, that could have harmful health effects.

"To address the health concerns of Gulf War veterans, VA in collaboration with the Departments of Defense, and Health and Human Services, and other federal agencies, supports a wide variety of research programs and projects. In addition, we have the primary responsibility for coordinating the entire federal research effort toward clarifying health problems related to Gulf War service. Currently, the federal research effort consists of some 121 research projects, with a cumulative funding commitment from all participating departments approaching \$115 million.

"One major VA study is the 'National Health Survey of Gulf War Era Veterans and Their Families.' The National Survey is being conducted in three phases. Phases I and II, conducted by the VA Environmental Epidemiology Service, involved the administration of a mail health questionnaire and telephone follows to randomly selected Gulf War era veterans (15,000 deployed and 15,000 non-deployed). Phase III...is being conducted by the VA Office of Research and Develop-

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 June 1998. 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), and now three in 1998 (March, June, and October). This issue was completed in September 1998 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.

Requests for additional copies of this and/or future issues should also be sent to Mr. Rosenblum. A limited supply of issues released in 1995-98 is available. Please specify the quantity and issue date requested. VA facilities should order additional copies from the VA Forms Depot.

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.

Last year, the name of this publication changed from "Persian Gulf Review" to "Gulf War Review" to be sensitive to individuals of Persian ethnicity. The September 1997 was the first issue to carry the new name. Veterans who participated in Operation Desert Shield/Storm are now referred to as Gulf War veterans rather than Persian Gulf War veterans. The benefits and services that these veterans are eligible for are unaffected by the name change.

ment's Cooperative Studies Program, with principal investigators from the Environmental Epidemiology Service, Environmental Agents Service and the St. Louis VAMC (VA Medical Center).

"Phase III involves clinical examinations of a sample of 2,000 Gulf War era veterans (1,000 deployed and 1,000 non-deployed), their spouses and their children. This phase will evaluate whether deployed Gulf War era veterans have a greater prevalence of certain diagnosable medical and psychological conditions compared to their non-deployed counterparts. It will also investigate whether there is any relationship between illnesses in the veterans and among their family members.

"Other important VA studies are focused on treatment of ill Gulf War veterans. Two multi-site treatment research initiatives are being considered and developed by the Cooperative Studies Program...One initiative will study the effectiveness of nonpharmacologic interventions in multi-symptom illnesses such as chronic fatigue syndrome and fibromyalgia; the other will explore the value of antibiotic treatments for ill Gulf War veterans.

"Although the evidence of an infectious cause for Gulf War veterans' illnesses is weak, many sick veterans are being treated this way without benefit of knowledge as to the effectiveness of this approach. A multi-site treatment trial like this is the most direct way to resolve that question.

"The most important role of VA research is to ensure that veterans get the most effective treatments, and we are applying our expertise to that task. Both of these trials are expected to begin in early 1999 and each will involve approximately 15 testing sites across the country,

"In addition, the Cooperative Studies Program recently released a program announcement soliciting multi-site treatment trials for patients experiencing persistent illness following their service in the Gulf War.

"We in VA Research and Development hope that these new research initiatives, especially the treatment trials, may provide hope for Gulf War veterans who continue to suffer from diverse symptoms and illnesses."

CDC Finds that Gulf War Veterans and Non-Deployed Personnel Have Similar Conditions

Investigators at the Centers for Disease Control and Prevention (CDC) in Atlanta, GA, have found that military personnel who were deployed to the Gulf War suffer from similar health problems as their counterparts who were not deployed to the Gulf War. CDC researchers also reported that among those who participated in the study, "a chronic multisymptom condition was significantly associated with deployment" to the Gulf War. However, according to the investigators, the condition was not associated with any specific Gulf War exposures and also affected non-deployed personnel.

These findings were published on September 16, 1998, in the Journal of the American Medical Association. Keiji Fukuda, M.D., M.P.H., is the principal investigator. The article is entitled, "Chronic Multisymptoms Illness Affecting Air Force Veterans of the Gulf War."

Background

In December 1994, the Secretaries of Defense and Veterans Affairs and the Commonwealth of Pennsylvania asked CDC to investigate a "mystery illness" reported among Gulf War veterans in an Air National Guard unit in Lebanon, PA. In the first phase of the investigation, CDC interviewed and examined ill Gulf War veterans and found that their major health problems consisted of persistent fatigue and other chronic symptoms that began during deployment or soon after returning from the Gulf War. CDC did not find associated physical signs or clinical laboratory abnormalities.

Patients' illnesses resembled those reported previously, and the classification and cause remain unclear.

The September 16, 1998 article reports on the second phase of the survey of the Air National Guard unit and three comparison Air Force populations. The primary objectives were to determine whether the prevalence of symptoms was increased among active members of the Air Guard unit and among Gulf War veterans from other Air Force populations in comparison with non-deployed personnel and to develop a case definition that would allow further research into the cause(s).

Results

The study showed a significantly higher rate of symptoms among Gulf War veterans than among those who did not serve in the Gulf War. The researchers observed that this result was similar to findings of other studies and registries. Air Force Gulf War veterans likely experience an illness similar to that reported from other branches of military service. The results indicate that a substantial proportion of currently active Air Force Gulf War participants have a chronic multisymptom illness, which is accompanied by significant decreases in functioning and well-being.

The illness was not associated with physical examination or clinical laboratory abnormalities, or with infection by assorted agents that are found in the region or to which troops in combat may have been exposed. Similar poorly characterized illnesses, including fatigue, neurocognitive, and musculoskeletal complaints, have also affected veterans of many other wars.

Investigators could not explain the increased symptoms reported among Gulf War veterans. Although in the study population, the risk of illness was not associated with the dates, season, duration, number of deployments, or military occupational activities, the investigators indicated that they believe that key risk factor(s) among both deployed and non-deployed populations were present at higher intensity or greater frequency among Gulf War veterans.

The investigators concluded that it is "clear" that the distribution of health problems among Gulf War veterans and non-deployed personnel in this study "cannot easily be explained by risk factors unique to Southwest Asia." The study did not find a syndrome or illness unique to Gulf War veterans.

Eligibility Reform Means Change

For more than 50 years, the Department of Veterans Affairs (VA) and its predecessor the Veterans Administration have been providing quality healthcare to America's veterans. Through the Veterans Health Administration (VHA), the Nation's largest integrated healthcare system, VA proudly honors the commitment to serve the Nation's veterans through the efforts of dedicated medical professionals.

In October 1996, Congress passed Public Law 104-262, the Veterans' Health Care Eligibility Reform Act of 1996. This law led the way for the creation of a Uniform Benefits Package--a standard health benefit plan available to **all** veterans. This package not only opens up services to veterans, it simplifies the process by which veterans can receive the services.

For the first time, VA can offer veterans a "Uniform Benefits Package" that emphasizes preventive medicine and primary care, and provides a comprehensive healthcare benefit plan including inpatient and outpatient treatment. The law simplified the process by which veterans present themselves for care--the enrollment process. These changes are designed to make it easier for veterans to receive medical care.

What remains the same is VA's service orientation. As an organization, VA has made a renewed commitment to excellence. VA healthcare professionals have reaffirmed their dedication to the well-being of their patients--America's veterans.

Emphasis on Needed Care

With the new law, the determining factor is no longer the care that a patient is eligible to receive, but the kind of care that the patient needs. This means that enrolled veterans are VA's patients for most outpatient and hospital care that they need.

Under the Uniform Benefits Package, need means any necessary medical outpatient or inpatient care that will: (1) promote, preserve, or restore health, (2) has been prescribed by a VA clinical care provider, and (3) is consistent with generally accepted standards of clinical practice.

Enrollment

To receive healthcare from VA under the new program, veterans must first be enrolled. Veterans can obtain applications for enrollment by visiting, calling, or writing to their nearest VA healthcare facility or veterans benefits office. Completed applications may be submitted in person or by mail. **Enrollment is not required for Gulf War veterans who are seeking only to receive the Gulf War Registry health examination.**

A veteran who has received care from VA between October 1, 1996 and January 30, 1998 may have their application automatically processed. These veterans are encouraged to check with their local VA healthcare facility to be sure. Veterans may apply for enrollment at any time.

Veterans **are not required** to apply for enrollment if they fall into one (or more) of the following categories: (1) VA has rated them disabled with a service-connected condition of 50% or more, (2) less than one year has passed since they were discharged from military service for a disability that the military determined was incurred or aggravated in the line of duty, but that VA has not yet rated, or (3) they are seeking care from VA only for a service-connected disability.

VA is encouraging all veterans to apply, even if they fall into one of these categories. Their application will help VA plan more effectively to meet future healthcare needs, and will help VA to provide better preventive care.

Comprehensive Care Under the Uniform Benefits Package

Enrollment means veterans are eligible for a comprehensive healthcare benefits package of inpatient and outpatient services. Among these services are the following:

(1) preventive services, including immunizations, screening tests, and health education and training classes, (2) primary medical care, including outpatient surgery, (3) diagnosis and treatment, (4) surgery, (5) mental health and substance abuse treatment, (6) home healthcare, (7) respite and hospice care, (8) emergency care in VA facilities, and (9) drugs and pharmaceuticals.

VA healthcare is no longer restricted to specific "disabilities." Enrolled veterans will receive all the medical services and hospital care they need in the most appropriate clinical setting--inpatient, outpatient, or at home. This means that VA can now offer primary care that is readily accessible and integrated with other healthcare services. VA offers programs integrate primary care with case management, that promote good health and that prevent illness.

Restrictions and Limitations

VA will provide all needed hearing aids and eyeglasses to veterans receiving VA care with compensable service-connected disabilities, former prisoners of war (POWs), and certain other veterans.

Some medical services not normally covered by the Uniform Benefits Package include: (1) cosmetic surgery, (2) sterilization, (3) abortion, (4) membership in health clubs or spas for rehabilitation, (5) special private duty nursing, and (6) gender alteration. Drugs and medical devices not approved by the Food and Drug Administration are not covered, except under special circumstances. Benefits for maternity care are not covered.

The law has not changed the requirement for limited home nursing care, domiciliary care, limited dental care, adult health day care, homeless programs, sexual trauma counseling, and non-VA hospitalization. Enrolled veterans may be eligible for these programs, but they are not part of the Uniform Benefits Package. VA encourages veterans to keep any existing healthcare coverage they may have. VA enrollment can be used as a compliment to such coverage.

After veterans have completed the enrollment application, including means test and income screening, if appropriate, VA staff will determine their initial priority group and process their application. (Priority groups are listed below). The Health Eligibility Center will validate the information and send veterans a letter regarding their enrollment. For veterans new to VA, their enrollment applications will be automatically generated as part of their patient registration process the first time they visit a VA healthcare facility for care.

Annual Renewal

Once enrolled, veterans will remain enrolled for one year. Renewal is automatic, unless the veteran asks not to re-enroll, or changes in VA funding have reduced the number of enrollment priority groups treated in a given fiscal year. Each year veterans will receive a VA Form 10-10 EZR on which they can indicate changes in demographics or personal financial status.

Enrollment gives veterans access to a uniform level of care anywhere in the VA healthcare system--including

1,100 facilities nationwide. For the first time, patients receive a comprehensive healthcare benefits package that is completely portable across the entire VA system.

Veterans or other individuals seeking additional information on eligibility reform may wish to call toll-free **1-877-222-VETS (1-877-222-8387)**. The internet address for this information is www.va.gov/health/elig.

Priority Groups

1. Veterans with service-connected conditions rated 50% or more disabling.
2. Veterans with service-connected conditions rated 30-40% disabling.
3. Veterans whom are former POWs; veterans with service-connected conditions rated 10-20% disabling; veterans discharged from active duty for a disability incurred or aggravated in the line of duty; or veterans awarded special eligibility classification under 38 U.S. Code 1151.
4. Veterans who are receiving aid and attendance or homebound benefits; or veterans who have been determined by VA to be catastrophically disabled.
5. Nonservice-connected veterans and service-connected veterans rated 0% disabled, whose income and net worth are below the established dollar thresholds.
6. All other eligible veterans who are not required to make co-payments for their care, including World War I and Mexican Border War veterans; veterans solely seeking care for disorders associated with exposure to a toxic substance, radiation, or for disorders associated with service in the Gulf; and compensable 0% service-connected veterans.
7. Nonservice-connected veterans and 0% non-compensable service-connected veterans with income and net worth above the statutory threshold and who agree to pay specified co-payments.

States Initiate Programs for Gulf War Veterans

Several States have recently started programs on behalf of Gulf War veterans to supplement ongoing federal efforts. To minimize duplication, VA officials have been cooperating and advising State officials throughout the Nation. Four of these State programs are described below. We understand that other States have initiated similar programs. We plan to include information, including addresses and telephone numbers, regarding other States in a future issue of the "Review."

Colorado

Under legislation enacted this year, Colorado is planning a statewide "Gulf War Syndrome Registry" providing for "compilation and analysis of information regarding incidence, diagnosis, treatment, and treatment outcomes of veterans or family members of veterans suffering from Gulf War Syndrome." Under Colorado law, the Registry must also contain the names of children with cancer or birth defects who have at least one biological parent that is a Gulf War veteran and who submits information to the Registry.

The legislation also calls for the creation of a "Gulf War Syndrome Advisory Committee" to advise the Colorado Department of Public Health and Environment on the implementation of the Registry and to analyze the data collected. The Committee identifies grants, donations, and gifts-in-kind from private and public sources to initiate, maintain and publicize the state registry.

Colorado Gulf War veterans can get additional information from the Colorado Department of Public Health and Environment. The address is 4300 Cherry Creek Drive South, Denver, CO 80222-1530. The telephone number is 303-692-2648. The fax number is 303-782-0904.

Connecticut

Maurice "Moe" Collin from the Connecticut Department of Veterans' Affairs chairs the Connecticut Persian Gulf War Information and Relief Commission. Under State law, signed by the Governor on June 13, 1997, the Commission must "... advise the Connecticut Department of Veterans' Affairs on (1) medical, administrative and social assistance needed for veterans who were or may have been exposed to any Gulf War-related risk substance, (2) recommendations for legislation, and (3) information that should be provided to veterans concerning epidemiological or other studies relating to exposure to any Gulf War-related risk substance and any illness suffered by veterans of military service in the Persian Gulf War as a result of such veterans' exposure to any such Gulf War-related risk substance which are being conducted by the state or federal government."

Gulf War veterans in Connecticut may wish to contact the Commission for information regarding this program. The address is Persian Gulf War Information and Relief Commission, Bldg. #7, 287 West Street, Rocky Hill, CT 06067. The telephone number is 806-721-5801. The toll-free telephone number is 1-800-447-0961, extension 5801. The fax number is 860-721-5919.

Kansas

The Kansas Persian Gulf Veterans Health Initiative is investigating health problems reported by Kansas veterans who served during the Gulf War. It provides veterans with current information on health issues, available programs, and benefits. A scientific survey of Kansas Gulf War-era veterans was completed in June 1998. Telephone interviews were conducted by Kansas State University.

The Kansas Gulf Veterans Information Network will be established this year to serve as a resource for a two-way information exchange with Kansas Gulf War veterans by (1) providing current information on Gulf War-related illnesses, services, and benefits, and (2) allowing veterans to report health problems they or family members are having.

For additional information, Kansas Gulf War veterans can contact Dr. Lea Steele at the Kansas Commission on Veterans Affairs, 700 SW Jackson, Suite 701, Topeka, KS 66603. The telephone number is 785-296-3976. The fax number is 785-296-1462. The e-mail address is kspgwvets@cjnetworks.com.

Oklahoma

In 1996, the Oklahoma legislature created a Gulf War Syndrome Outreach Committee. The Committee is responsible for the establishment of a Gulf War Registry documenting

health conditions that treating physicians or veterans believe may have resulted from being exposed to certain agents while serving in the Middle East during the Gulf War. The law provides that such information be kept confidential except in the aggregate and that an annual report be made to the Legislature and the Governor.

In collaboration with the State Military Department, the Committee plans to survey individuals identified by the Department of Defense as Gulf War veterans whose addresses at the time of service were in Oklahoma. The survey will proceed in two phases. First, the Committee will identify current addresses and through an initial mailing provide information about health services and the State Registry. Second, the Committee will provide a self-completion questionnaire with a provision for the inclusion of a physician's report and compile the Registry from those responding.

Data obtained through the second mailing will be reported in the aggregate, and collaboration will be sought within the scientific community to provide for general analysis. The Committee is chaired by Dr. Robert Vincent, Deputy Commissioner of the Oklahoma Department of Health. Correspondence may be sent to the following address: c/o Mark Lowery, Oklahoma Department of Health, 1000 N.E. Tenth Street, Oklahoma City, OK 73117-1299. The telephone number is 405-271-4200. The fax number is 405-271-3431.

CHAMPVA Offers Health Benefits to Families of Some Gulf War Veterans

CHAMPVA, the Department of Veterans Affairs' (VA) civilian health and medical program, shares the cost of medical care for dependents and survivors of certain Gulf War (and other) veterans.

The following individuals are eligible for CHAMPVA, provided they are not eligible for CHAMPUS (a Department of Defense program) or Medicare Part A as a result of reaching age 65 years:

- The spouse or child of veteran who has been rated by a VA regional office as having a permanent and totally service-connected disability;
- The surviving spouse or child of a veteran who died as a result of a VA rated service-connected condition; or who, at the time of death, was rated permanently and totally disabled from a service-connected condition; and,
- The surviving spouse or child of a person who died in the line of duty, not due to misconduct within thirty days of entry into active military service.

In general, CHAMPVA covers most health care services and supplies that are medically or psychologically necessary. Special rules and/or limitations, however, do apply to certain services, and some services (even when prescribed by a physician) are not covered at all. Clarification on covered/noncovered services, as well as limitations, can be obtained by calling the CHAMPVA Center. The toll-free telephone number is 1-800-733-8387.

How to Apply for CHAMPVA Benefits

Applications for CHAMPVA benefits (VA Form 10-10d) can be obtained by calling the CHAMPVA Center at 1-800-733-8387 and selecting the "application form" option from the voice-mail menu. To help reduce the volume of calls during regular business hours, callers are encouraged to call during evening or weekend hours. Completed applications should be mailed to CHAMPVA Center, P.O. Box 65023, Denver, CO 80206-9023.

Upon receipt and confirmation of eligibility, eligible beneficiaries will receive a CHAMPVA Authorization Card or A-card, along with other important program material.

New/Expectant Parents

To establish CHAMPVA eligibility for a newborn child, the following must be accomplished before submission of an application:

- Obtain a Social Security Number for the infant by applying to the nearest Social Security Administration office; and
- Establish dependency of the newborn to the veteran sponsor by contacting the local VA regional office.

Since payment of claims is contingent upon the claimant's eligibility status, new parents are encouraged to take the above action as early as possible.

For additional information regarding this program, call toll-free 1-800-733-8387 or write to CHAMPVA Center, P.O. Box 65023, Denver, CO 80206-9023.

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, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420. Thank you.

Your Name _____

Social Security Number _____

Old Address _____

New Address _____

If you are receiving more than one copy of the newsletter, please let us know. Write to the address above. Please provide your name, address, and social security number. Thank you.

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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Who Served in Desert Shield/Storm*
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