



# Persian Gulf Review

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

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## Secretary Brown Testifies in Support of Compensation for Persian Gulf Veterans

On June 9, 1994, Jesse Brown, Secretary of Veterans Affairs, testified before the House Committee on Veterans' Affairs, Subcommittee on Compensation, Pension and Insurance, which was considering H.R. 4386, the "Veterans' Persian Gulf War Benefits Act," introduced by Committee Chairman G.V. 'Sonny' Montgomery on May 11, 1994. This legislation would authorize VA to provide compensation on a presumptive basis to certain Gulf War veterans and provide for increased research into illnesses reported by Persian Gulf veterans.

Testimony was also provided by Chairman Montgomery, the National Academy of Sciences, the Congressional Office of Technology Assessment, the Department of Defense, the Environmental Protection Agency, and several veterans service organizations. The following is an extract of Secretary Brown's comments before the Subcommittee.

"Persian Gulf veterans are suffering. They are suffering from fatigue, memory loss, painful joints, and other physical and psychological problems. And it is VA's top priority to help them.

"VA intends to do everything possible to assist those who are suffering right now. We intend to continue to look for more scientific answers. And we intend to give veterans the benefit of the doubt on all questions about problems that may relate to service in the Persian Gulf.

"...I testified (on February 1) that VA is providing help to veterans along three tracks: immediate medical care; medical research; and disability compensation. We continue to make progress in all three areas ....

"The 20,000 veterans now in the Registry have been provided a comprehensive physical examination, baseline laboratory tests, and other tests when indicated. We are closely monitoring the Registry to identify any patterns of illnesses and complaints,

"We have also established an advisory committee for scientific review of this complex issue. The committee considers issues related to the diagnosis, treatment, and research of Persian Gulf-related health conditions. Its next meeting will be in July.

"Complementing this effort will be a review by the Medical Follow-up Agency of the National Academy of Sciences. The agency will be reviewing the existing scientific, medical and other information on the possible health consequences of Persian Gulf Service.

"They will be providing their views to both VA and DoD on our efforts to develop useful information on the health concerns of Persian Gulf veterans. They will also give us their recommendations on how to proceed with additional studies of these veterans. Their study is due in October 1995.

"...we had asked the National Institutes of Health to convene an independent group of experts to evaluate current scientific

knowledge on this issue, and recommend priorities for further research.

"That panel has now met. It recommended that VA send a short health questionnaire to a random, representative sample of veterans. They believe such a survey could provide a more accurate estimate of veterans' symptoms than our registry. We intend to do this. It also concluded that it was not yet possible to establish a single case definition for



Secretary Jesse Brown

'Persian Gulf Syndrome.' The members concluded that trying to establish a case definition for this illness, or these illnesses, may be misleading and inaccurate, at this point.

"It is for this reason that the legislation you are currently considering, which will allow us to compensate our veterans without such a case definition, is particularly timely and useful ....

"Three VA environmental hazards research centers will be activated this Summer, and will help to accelerate our progress. Already 19 proposals, including about 150 research projects, were submitted and are undergoing peer review ....

"VA is on the move! We have worked with the Department of Defense, the Department of Health and Human Services, and other agencies to help our Persian Gulf veterans. We believe that we are leaving no stone unturned .....

"The Persian Gulf War was a dirty war - environmentally speaking. Our veterans were exposed to smoke from oil fires; a terribly hot, dusty climate; sand flies carrying parasitic diseases; oil fumes from various sources; depleted uranium; Chemical Agent Resistant Coating (CARC); and some may even have been exposed to chemical and biological agents.

"We are also concerned about the inoculations they received to protect them from these agents. Our soldiers were exposed to these and many other potentially toxic substances.

"As a result, our old rules about compensation must change. Our solutions must fit their problems. Their problems cannot be made to fit our solutions.

"For example, we centralized claims processing of environmental hazard exposure claims in our Louisville, Kentucky, regional office. This has allowed us to develop expertise at rating these claims, and makes it easier for us to identify common health problems among Persian Gulf War veterans.

"Additionally, we have put guidance in place for evaluating Chronic Fatigue Syndrome. We are going to add this condition to our rating schedule. And, we are preparing guidance for evaluating fibromyalgia (musculoskeletal pain with tender spots or trigger points), a condition some Persian Gulf veterans have.



"That is why I wholeheartedly support the legislation this subcommittee is currently considering .... You and the other members of this committee have proposed legislation that is responsive to today's problems, not yesterday's. It is proactive, not reactive, and helps those who need and deserve our help.

"The Administration has only one suggestion for your committee. The current proposal requires that veterans must have illnesses which first became manifest within one year of Gulf service. Otherwise, they will not be eligible for compensation. We would ask that the time limit be extended to two years.

"There are several reasons for this. Many veterans have reported to us that their symptoms were initially mild but got progressively worse before they called a doctor. Others did not see a doctor because they thought they would get better quickly. Some had no health care insurance.

"Since VA did not have the Persian Gulf Registry in full operation until August 1992, most of those who first reported their symptoms in a registry examination would not benefit from this bill (with its current one-year restriction). Also, some active-duty service persons said they were reluctant to report their symptoms because they were afraid of being discharged.

"With that suggestion ... we fully support the legislation you are considering .... Once this legislation is passed, we will do everything we can to expedite the rule making process, so that we can put it into effect as quickly as possible.

## About the "Review"...

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

The most recent issue of the newsletter was printed in September 1993. Additional issues will be prepared when warranted by significant developments. EAS anticipates publication quarterly. This issue of the "Review" was written in late June 1994/early July 1994 and does not include developments that occurred after the first week in July 1994,

Comments or questions about the content of the "Review" are encouraged. Suggestions and ideas for future issues of the newsletter should be sent to Donald J. Rosenblum, Writer/Editor, Persian Gulf Review, Environmental Agents Service (116A), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420. Requests for additional copies of this issue, should also be directed to Mr. Rosenblum. A limited supply of the February and September 1993 issues is also available. Please specify the number of copies requested and the issue date. VA facilities should order additional copies from the VA Forms Depot.

Questions about the Persian Gulf Registry examination program should be directed to the Environmental Physician or Persian Gulf Coordinator at the nearest VA medical center. Questions regarding VA benefit programs, including disability compensation, should be referred to a veterans benefits counselor at the nearest VA facility. The telephone numbers can be found in the telephone directory under the "U.S. Government" listings.

"We will also reach out to those veterans who may benefit from this bill. We will contact those who have submitted claims and those who have obtained Persian Gulf Registry exams. We will continue our periodic publication 'Persian Gulf Review,' and make sure our veterans on the registry receive it. We are going to encourage Persian Gulf veterans to call the VA toll-free number and train our phone counselors to advise them.

"And we intend to continue to carry out our nation's moral obligation to its veterans: our obligation to 'put veterans first.'"

## NIH Panel Finds No Single Cause for Unexplained Medical Problems

An independent, non-Federal panel of experts assembled to examine the available information related to environmental exposure of troops serving in the Persian Gulf concluded that while the complex biological, chemical, physical, and psychological environment of the Persian Gulf theater of operations appears to have produced complex adverse health effects in the primary military personnel, "no single disease or syndrome" accounted for the unexplained health problems experienced by Persian Gulf veterans.

The panel suggested that Persian Gulf veterans are suffering with "multiple illnesses with overlapping symptoms and causes." The panel concluded that although some of these diseases or illnesses can be sorted out by rigorous diagnostic, medical, and epidemiologic procedures, others may only be characterized after further research is conducted.

The panel issued a draft statement on April 29, 1994, based on information analyzed during a two-day (April 27-28) public workshop at the National Institutes of Health (NIH). The final statement was released on June 22, 1994. The workshop was sponsored by the U.S. Departments of Veterans Affairs, Health and Human Services, and Defense, the U.S. Environmental Protection Agency, and the Office of Medical Applications of Research of the NIH.

The panel observed that while few combat casualties occurred among U.S. troops during Operation Desert Shield/Storm, illness and suffering continue. Substantial transient gastrointestinal and respiratory symptoms were seen during the troop buildup and immediately after the short conflict. The panel noted that since then there have been increasing reports of illness from troops who were participants in these operations, and that many attribute their health problems to these experiences. The workshop statement noted that commonly reported medical difficulties include combinations of nonspecific symptoms of fatigue, skin rash, muscle and joint pain, headache, loss of memory, shortness of breath, gastrointestinal and respiratory symptoms, and intolerance to environmental chemicals, which may not fit readily into a common diagnosis.

The panel examined a wide range of possible explanations for the unexpected illnesses experienced by some Persian Gulf War veterans. Possible causative or contributing factors considered by the panel included leishmaniasis, petroleum, sand dust, depleted uranium, pyridostigmine, pesticides, chemical agent resistant coatings, biological and chemical war agents, vaccines, and stressors.

The workshop statement commented that a collaborative government supported program has not been established for evaluation of undiagnosed Persian Gulf illnesses and that a uniform protocol has not followed across military branches, VA facilities, and civilian physicians. According to the panel, this has led to imprecise descriptions of diseases and/or symptoms,

uncertainties about underlying prevalence rates, and inconsistent treatments.

The panel concluded that the absence of well-designed epidemiologic studies that may have linked the illnesses of military personnel with exposures in the Gulf theater of operations has hampered the development of an appropriate case definition of these illnesses.

Panelists concluded that some exposures, such as pyridostigmine and depleted uranium, were unlikely to be responsible for the unexplained symptoms in Persian Gulf veterans. Chronic symptoms of viscerotropic leishmaniasis and post-traumatic stress disorders were found to be compatible with some of the unexplained illnesses, according to the panel. However, the proportion of these illnesses attributable to leishmaniasis and PTSD is unknown.

The panel recommended further investigation of visceral leishmaniasis, potential health problems related to toxic environmental exposures, and somatic results of post-traumatic stress. The panel also suggested that expanded epidemiologic studies be conducted,

The panel received testimony from many Persian Gulf veterans and scientists. There was also substantial participation from members of the audience that included several hundred people each day.

### **Panel Members**

The workshop was chaired by Gareth M. Green, M.D., Professor, Department of Environmental Health, Associate Dean for Professional Education, Harvard School of Public Health. Leon Gordis, M.D., Dr.P.H., served as vice chairperson. Dr. Gordis is a Professor, Department of Epidemiology, School of Public Health, Johns Hopkins University.

The panelists included Eula Bingham, Ph.D., Professor, Department of Environmental Health, University of Cincinnati College of Medicine; William Eschenbacher, M.D., Associate Professor, Department of Medicine, and Chief, Clinical Services, Pulmonary and Critical Care Medicine, Baylor College of Medicine; David W. Gorman, Deputy National Legislative Director, Disabled American Veterans; Michele Marcus, Ph.D., Associate Professor, Department of Epidemiology and of Environmental and Occupational Health, Emory University School of Public Health, and Adjunct Associate Professor, Division of Environmental and Occupational Medicine, Mt. Sinai School of Medicine; and Lee W. Riley, M.D., Assistant Professor, Division of International Medicine, Department of Medicine, Cornell University Medical College.

The panel also included Herbert H. Schaumburg, M.D., Professor and Chairman, Department of Neurology, and Director, Neurotoxicology Center, Albert Einstein College of Medicine; Margaret T. Singer, Ph.D., Professor Emeritus, University of California, Berkeley; John D. Spengler, Ph.D., Professor, Department of Environmental Health, and Director, Environmental Science and Engineering Program, Harvard School of Public Health; Thomas P. Sutula, M.D., Ph.D., Associate Professor, Department of Neurology, University of Wisconsin Medical School; and Robert E. Taylor, M.D., Ph.D., Chair, Department of Pharmacology, and Director, Clinical Pharmacology Program, Howard University College of Medicine.

## **VA/DoD Develop Uniform Case Assessment Protocol**

The Departments of Veterans Affairs and Defense have recently developed a uniform case assessment protocol for the evaluation of Persian Gulf veterans with unexplained illnesses.

In a letter, dated June 17, 1994, sent to all VA health care facilities, VA's Acting Under Secretary for Health John T. Farrar, M.D., noted that the "first step" toward diagnosis of health problems of Persian Gulf veterans will continue to be the Registry examination. For veterans whose health problems are complex and require further evaluation, the full range of consultative and diagnostic services at the VA medical center is made available to these veterans.

If a diagnosis is not readily apparent after routine medical evaluations, Dr. Farrar recommended that the "Comprehensive Clinical Evaluation Protocol" be followed. This protocol was developed for use in VA's Persian Gulf Referral Centers and has been adapted for use by most VA health care facilities and DoD medical facilities nationwide.

The protocol includes a wide range of supplemental baseline laboratory tests and consultations. The NIH workshop panelists urged that such a uniform protocol be implemented. Anyone who needs additional information about the comprehensive protocol can contact the Persian Gulf Coordinator or Environmental Physician at the nearest VA medical center.

## **VA's Persian Gulf Expert Scientific Committee Meets**

On March 30, 1993, Secretary of Veterans Affairs Jesse Brown announced that he established a "blue ribbon" panel of experts to examine various health concerns of Persian Gulf veterans. The panel, composed of experts in environmental and occupational medicine and related fields from both government and the private sector as well as officials from veterans service organizations, met on May 7, 1993. (The September 1993 issue of the "Persian Gulf Review" describes the panel and the May 1993 meeting).

The panel was chartered as a permanent advisory committee, under the Federal Advisory Committee Act, on October 16, 1993. The initial meeting of the chartered committee, known as the "Persian Gulf Expert Scientific Committee," was held on February 22-23, 1994. A subsequent meeting was convened on April 29, 1994, at the conclusion of the National Institutes of Health (NIH) workshop, described above. The primary purpose of the committee's April meeting was to determine the possible impact of the workshop's recommendations on VA and to determine what, if any, new strategies in the care of Persian Gulf veterans VA should consider.

The VA committee concluded that -

\* The NIH workshop was helpful and productive. In many cases, current Department of Veterans Affairs/Department of Defense (VA/DoD) procedures and policies were complemented by the NIH panel's conclusions. The conference was helpful in highlighting areas that need additional attention.

\* VA and DoD should develop a set of standardized guidelines for the testing, treating, and referring of Persian Gulf veterans. These guidelines should be widely publicized after pilot testing. Persian Gulf veterans are seeking care from a number of organizations. All interested parties should be able to obtain suggested testing/treatment considerations developed by VA and DoD.

\* Additional research is needed on leishmaniasis. Sensitive screening tests and effective treatment for this infection are not currently available,

\* Questionnaire development is needed to obtain more specific information on work and exposure histories to accurately record events during the Persian Gulf experience. These questions should allow for subgroup definition and follow-up.

\* Exploratory discussions among the Departments of Health and Human Services, Veterans Affairs, and Defense should be held to develop a strategy to investigate reports from families who suggest their health has declined since the return of a family member from the Gulf.

\* Educational programs for VA health care personnel are needed to sensitize them to VA policies and veterans' complaints, summarize current knowledge, to encourage use of the Persian Gulf Registry, and to publicize testing/treatment/referral policies and guidelines,

The next (at this writing) meeting of the committee is scheduled for July 28-29, 1994. Individuals seeking information about the committee can contact its executive secretary: Robert E. Allen, Ph.D., Special Assistant (116), Office of Environmental Medicine and Public Health, 810 Vermont Avenue, NW, Washington, DC 20420.

## **President Signs Legislation Authorizing Priority Treatment**

On December 20, 1993, President Clinton approved legislation that provides authority to the Department of Veterans Affairs to furnish inpatient and outpatient care to veterans for medical conditions possibly related to exposure to toxic substances or environmental hazards during active duty service in the Southwest Asia theater of operations during the Persian Gulf War.

Prior to enactment of this legislation, now known as Public Law 103-210, Persian Gulf War veterans who claimed exposure to toxic substances and/or environmental hazards did not have the priority for VA medical services accorded to veterans who receive services for conditions possibly related to exposure to Agent Orange or ionizing radiation. Public Law 103-210 equalized the entitlement. The Agent Orange/radiation priority care authority was established in 1981 by Public Law 97-72, and has been extended by several subsequent laws. The Persian Gulf priority care authority expires on December 31, 1994.

Public Law 103-210 gave VA authority to waive the copayment requirement for Persian Gulf veterans under certain circumstances. VA can treat, without charge, a Persian Gulf veteran for any condition that the treating physician medically determines is possibly related to that veteran's Persian Gulf service. This medical opinion is documented in the veteran's medical record by the treating physician. Other Persian Gulf veterans with nonservice connected conditions who are treated for conditions medically determined to be unrelated to their exposure to a toxic substance or environmental hazard will be charged the appropriate copayment,

This legislation also authorizes VA to, upon request, reimburse any veteran who paid a copayment, excluding prescription copayments, for hospital care, nursing home care, or outpatient services, furnished by VA before enactment of this law. This reimbursement would be provided on the basis of a finding that the veteran may have been exposed to a toxic substance or environmental hazard during the Persian Gulf War.

Public Law 102-585, enacted in November 1992, authorized establishment of the VA's Persian Gulf War Veterans Health Registry. Specifically, that law authorized VA to provide, without charge, a comprehensive medical examination which includes any

diagnostic testing the examining physician finds is medically necessary to evaluate the veteran's current health situation as well as counseling regarding the findings of the examination.

## **VA Registry Examination Total Tops 24,000; Preliminary Data Analyzed**

More than 24,000 veterans have completed the Department of Veterans Affairs (VA) Persian Gulf Registry medical examination designed to help individuals who served on active military duty in Southwest Asia during the Persian Gulf War between August 2, 1990, and the termination date of the War (date not yet established).

This registry was designed to assist VA in identifying possible adverse health conditions which may have resulted from active duty service of U.S. military personnel in certain areas. This includes service in one or more of the following areas: (1) Iraq, (2) Kuwait, (3) Saudi Arabia, (4) the neutral zone (between Iraq and Saudi Arabia), (5) Bahrain, (6) Qatar, (7) the United Arab Emirates, (8) Oman, (9) Yemen, (10) the Gulf of Aden and Oman, and (11) the waters of the Persian Gulf, Arabia Sea, and Red Sea.

Adverse health conditions may be due to diseases endemic to the area or to other factors such as pollutants from the Kuwaiti oil fires, for example, carbon monoxide, sulfur oxides, hydrocarbons, particulate matter, and nitrogen oxides. These factors, singly or in combination, may cause chronic as well as acute health problems, and include, but are not limited to the following conditions: (1) chronic bronchitis, (2) chronic obstructive pulmonary disease, (3) pulmonary emphysema, (4) bronchial asthma, and (5) lung cancer.

In addition to the possible adverse health effects of exposure to oil, smoke, and other petrochemical agents, Persian Gulf veterans may report a wide variety of other exposures as a result of Persian Gulf service. These include, but are not limited to, such exposures or diseases as: (1) sand flies, (2) microwaves, (3) depleted uranium, (4) inoculations, (5) contaminated food and drink obtained in the Persian Gulf, (6) pyridostigmine bromide for prophylaxis against nerve agents, and (8) fumes from diesel fuel in tent heaters.

Symptoms include, but are not limited to, the following: (1) fatigue, (2) skin rash, (3) muscle/joint pains, (4) headache, (5) shortness of breath, (6) sleep disturbance, (7) gastrointestinal problems, and (8) cough.

All eligible Persian Gulf veterans, with or without health complaints, are encouraged to participate in the voluntary registry examination program offered at every VA medical center. A complete medical history, physical examination, and interview are performed and documented in the veteran's medical record. Persian Gulf veterans who wish to participate in this program should contact the nearest VA medical center for an appointment.

## **Diagnostic Focus**

Physicians who perform the examination pay particular attention to the following diagnoses which may be associated with Persian Gulf service: (1) chronic laryngotracheitis, (2) other and unspecified diseases of the upper respiratory tract, (3) bronchopneumonia, organism unspecified, (4) chronic bronchitis, (5) emphysema, (6) asthma, (7) bronchiectasis, (8) chronic airway obstruction, not elsewhere classified, (9) pneumoconiosis due to other silica or silicates, (10) pneumoconiosis, unspecified, (11) chronic respiratory conditions due to fumes and vapors, (12) respiratory conditions due to unspecified external agent, (13) unspecified chronic respiratory disease, (14) typhoid fever, also carder- V02.1, (15) amoebiasis, (16) giardiasis, (17) tuberculosis, (18) brucellosis, (19) sandfly fever (phlebotomus fever), (20) viral

hepatitis, (21) Brill's disease (recrudescent typhus), (22) malaria, (23) leishmaniasis, (24) schistosomiasis (bilharziasis), and (25) toxoplasmosis.

In gathering medical data, the examiner determines and records: (1) the time of onset of the symptoms or conditions, (2) the intensity, (3) the degree of physical incapacitation, and (4) the details of any treatment received.

Each veteran is given the following baseline laboratory studies: (1) chest x-ray (if one has not been done within the past six months), (2) complete blood count, (3) SMA-6, SMA-12, or equivalent blood chemistries and enzymes studies, and (4) urinalysis. If a diagnosis is not readily apparent after a routine medical evaluation, VA medical facilities follow the "Comprehensive Clinical Evaluation Protocol" developed for use in the VA Persian Gulf Referral Centers and adapted for use by both VA and the Department of Defense for those who served in the Persian Gulf. This focused protocol was transmitted to all VA medical centers in June 1994. The results of the examination are included in the veteran's consolidated health record.

The Environmental Physician (or designee), responsible for the clinical management of the registry at the medical center, discusses with each veteran the results of his or her physical examination, completed diagnostic studies, and laboratory results which are available when the physical examination is complete. The interview is conducted in such a way as to encourage the veteran to discuss any health concerns, as well as concerns expressed by family members. This discussion and the follow-up letter, sent to each veteran to further describe the veteran's condition, are also documented in the veteran's permanent health record.

The results of each veteran's examination are also summarized on a code sheet and combined with records of other veterans at the VA's Austin Automation Center to help researchers to get useful data about the problems experienced by Persian Gulf veterans.

## **Sensitivity to Needs of Women Veterans**

VA physicians are aware of and sensitive to the needs of women Persian Gulf veterans who were (1) raped, (2) otherwise sexually assaulted, (3) sexually harassed, or (4) combatants during military service. Such experiences can lead to long-term psychiatric and psychosomatic difficulties. When such problems are detected, appropriate counseling and psychotherapy is provided.

## **Referral Center Program**

Recognizing that some Persian Gulf veterans were presenting symptoms that defied explanation through the usual diagnostic and therapeutic endeavors of a local VA medical center, in August 1992, VA established three Persian Gulf Referral Centers to provide further assistance to these veterans.

VA determined that to help these veterans it was desirable to provide for inpatient stays to allow for observation, multidisciplinary consultations, and lengthy occupational and exposure history with an opportunity to re-examine them. For such veterans, the local VA medical centers make arrangements for the transfer to one of the referral centers. The average length of stay at a referral center is about two weeks.

The referral centers are located at the VA medical centers in West Los Angeles, Houston, and Washington, DC. These locations were selected based on availability of clinical and academic expertise in such areas as pulmonary and infectious diseases, immunology, neurology and access to occupational medicine

expertise.

The majority of the veterans who have reported to their local VA medical center have been successfully diagnosed there. The decision to send a veteran to a referral center is made by the local medical center physician in consultation with a referral center physician director.

The number of veterans requiring transfer to a referral center has been relatively small. Just over one hundred of the more than 24,000 Persian Gulf veterans who have completed the registry examinations have been admitted to a referral center. Individuals who feel that they may benefit from a referral center evaluation should contact their local VA physician.

## **Data Analyzed**

Early this year, a team of scientists in VA's Environmental Epidemiology Service (EES) completed a review of registry data on 12,774 veterans. They found that that demographic characteristics (age, sex, etc.) of those who came to VA for an examination were not substantially different from those of all the troops deployed in the Gulf area.

The military characteristics of the registry participants evaluated were significantly different when compared to all deployed troops. Of 696,562 Gulf War troops, 83 percent were from active units and 17 percent were from reserve and national guard units. Corresponding figures for the registry participants were 44 and 56 percent respectively. Even after considering eligibility status for the registry examination, those who served in reserve and national guard units were several times more likely to have participated in the registry examination than those who served in active units.

The most frequent complaints among the 12,774 registry participants were fatigue (16.4 percent), skin rash (16 percent), muscle and joint pain (13.4 percent), headache (13.3 percent), and loss of memory (9.7 percent). Sixteen point one percent expressed no specific complaints. Overall complaints and several selected complaints (example, skin rash, fatigue memory loss) were more frequent among veterans who served in reserve and guard units.

Despite much higher participation rates and a significantly greater proportion of individuals with complaints among veterans who served in the reserve or guard units, EES investigators reported that there seemed to be no significant variation by unit status in occurrence of major categories of medical problems or any specific medical conditions. Similarly, distribution of the same categories of medical conditions by branch of service did not vary substantially.

In comparison to another self-selected veterans group, 141,613 Vietnam veterans who participated in the Agent Orange Registry, Persian Gulf veterans reported more fatigue, muscle and joint pain, headache and shortness of breath but less skin rash. Gulf veterans were diagnosed more frequently with chronic bronchitis, asthma, and non-infectious gastroenteritis and colitis but less frequently with athlete's foot, anxiety state, chronic post-traumatic stress disorder, and dermatitis even after adjusting for age differences at the time of examination.

Persian Gulf veterans who had one or more symptoms were more likely to report heavy exposure to smoke from oil well fires or exposure to other petrochemical contaminants than other veterans without complaints. Similarly, veterans who complained of fatigue were much more likely to report heavy exposure to oil well fire smoke than all other veterans, veterans with other health complaints, and veterans with no complaints.

Thirty-eight cases of cancer were reported in the registry. There was no discernible demographic, military, or pathological pattern to the distribution of these cancers.

## Data Limitations

EES researchers urged caution in analyzing and describing the information in the registry. They noted that the individuals in the registry are a self-selected group of veterans who are concerned about the possible adverse health effects of service in the Gulf area and who were willing to come to VA facilities for medical examinations. They added that a majority of troops who served in the War were still in service with active units and would not yet be seeking medical attention from VA. The registry participants may not be representative of either the troops deployed in the Gulf area overall or of those eligible for medical care from VA. It is unclear whether certain symptoms and diseases in the registry participant population are under-represented or over-represented.

In spite of its limitations, the registry serves as a useful tool in suggesting areas for further in-depth reviews and study. The registry can provide an opportunity to identify possible adverse health trends on which to base the design and conduct of valid epidemiologic studies.

## VA Reaches Out to Persian Gulf Veterans

The Department of Veterans Affairs has taken a number of concrete actions to advise Persian Gulf veterans about the benefits and services available to them and their families.

### Poster

In 1992, VA produced and widely distributed a multi-colored poster, entitled "Persian Gulf Veterans," which depicts a Gulf War scene complete with oil well fires. The poster, printed in two sizes (17 inches by 22 inches and 11 inches by 14 inches), encourages Persian Gulf veterans to contact the nearest VA medical center for information and assistance concerning the VA registry medical examination.

### Newsletter

The "Persian Gulf Review" newsletter, which describes recent developments and policies, is distributed to all Persian Gulf veterans who participate in the registry examination program as well as all VA medical centers, vet centers, regional offices, and other interested parties. The newsletter is published several times annually. Two issues (dated February 1993 and September 1993) were published last year. This is the first issue prepared this year.

### Exhibits

In 1993, VA created two Persian Gulf exhibits designed to heighten awareness of the Department's response to the varied concerns of Persian Gulf veterans. The exhibits mention research, examinations, treatment, counseling, and disability compensation. The exhibits highlight the Persian Gulf Registry program. As with the posters, Persian Gulf veterans are encouraged to contact the nearest VA medical center for information about this medical examination program.

The first public display of the two exhibits was during Public Service Recognition Week in May 1993. Significant crowds viewed the exhibits on the National Mall in Washington, DC.

Subsequently, the exhibits have been used by VA personnel throughout the country to increase awareness of the VA Persian Gulf program.

The two exhibits are similar, but they are being used for different purposes. The table top model is portable and can be carried to meetings and set up in about five to ten minutes. It weighs about 15 pounds. The height is 40 inches; length, 5 feet 6 inches; and depth, 22 inches. The exhibit is ideal for a one-day meeting. It is often used in conjunction with the "Persian Gulf Review" newsletter.

The second exhibit stands 7 feet 6 inches high. It is 118 inches in length and 40 inches in depth. The large exhibit weighs 1200 pounds. It is shipped in 3 large crates and set up requires 1-2 hours. Obviously, the large exhibit is most appropriate for large meetings, conferences, or conventions lasting several days. The large exhibit has a pocket for the "Review".

Three copies of the table top version and two copies of the large exhibit were constructed. VA field stations requesting either exhibit should submit VA Form 3-2757, Request for Exhibit Presentation to the Environmental Agents Service (116A), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420, as early as possible. The Environmental Agents Service will forward the request to the Exhibits Section. That office needs to have the request for the large exhibit a minimum of 30 workdays in advance of the intended use.

Veterans service organizations and other groups interested in having the exhibits at a meeting, conference, or other gathering should contact the nearest VA facility to make appropriate arrangements.

## News Media and VSO's

VA researchers and policy-makers frequently provide interviews to news media representatives and meet with veterans service organization officials to explain what is known about the problems experienced by Persian Gulf veterans and describe what VA is doing to effectively respond to the concerns expressed by these veterans and their families.

## Persian Gulf Family Support Program

Outreach is an important aspect of the VA's Persian Gulf Family Support Program in coordination with the Veterans Benefits Administration, Veterans Service Organizations, American Red Cross, Vet Centers, and National Guard and Reserve Units to assure that veterans are aware of the full range of services available to them. To date, this program has been responsible for more than 3,000 presentations to more than 75,000 individuals. There have been over 11,000 veterans and 800 family members participating in over 19,500 individual counseling sessions, 1,400 marital counseling sessions, 1,400 family counseling sessions, and 826 group counseling sessions.

This is one of the first VA programs in which family members were provided services whether or not the veteran was actively involved.

The outreach efforts initiated by Persian Gulf Family Support Program official vary by facility. Several stations have undertaken extensive initiatives. For example, early this year, the Persian Gulf Family Support Program at the VA Medical Center, Ann Arbor, Michigan, sponsored a two-day conference on Persian Gulf-related issues. The conference was planned to reach veterans who had concerns about the psychological and medical effects of their experiences in the Gulf. The conference featured a representative from the office of Senator Donald Riegle, Jr., and panels of medical experts to answer participants' questions. The

conference was well received by the nearly two hundred participants. Anyone interested in learning more about the conference held in Ann Arbor can contact Dorothy Stock, M.S.W., Coordinator (122), Persian Gulf Family Support Program, VA Medical Center, 2215 Fuller Road, Ann Arbor, MI 48105. Her telephone number is (313) 761-7931.

Veterans interested in learning about the Persian Gulf Family Support Program are encouraged to contact Social Work Service at the nearest VA medical center.

## **Interagency Board Formed to Address Persian Gulf Health Concern**

Early this year the Secretaries of the Departments of Veterans Affairs, Defense, and Health and Human Services announced the formation of a new interagency board to work to resolve the health concerns of Persian Gulf War veterans, including active duty personnel and reservists with Gulf service.

The Persian Gulf Veterans Coordinating Board, headed by the three Secretaries, merge the expertise and capabilities of each department and coordinate efforts to find the cause of and treat Persian Gulf veterans' health problems and develop guidelines for compensation. Working groups are focusing on research, clinical issues, and disabilities and benefits. An interagency staff, located in VA headquarters in Washington, DC, coordinates the activities of the board and the working groups.

"We must continue to provide medical treatment to Persian Gulf veterans, but we also need to hasten our efforts to find out what is causing their health problems," declared Secretary of Veterans Affairs Jesse Brown. "We must pool all of our resources and expertise to help these veterans become whole once again. This new board ensures a focused, intensive effort to achieve this goal," said Secretary Brown, announcing the establishment of the Coordinating Board.

## **Defense Science Board Issues Report on Persian Gulf Health Effects**

On June 23, 1994, Department of Defense released the final report of the Defense Science Board Task Force on Persian Gulf War Health Effects. The Task Force was established by the Under Secretary of Defense (Acquisition and Technology) to review information regarding the possible exposure of personnel to chemical and biological weapons agents and other hazardous material during the Gulf War and its aftermath.

After receiving extensive information from a wide range of scientific and medical experts from within and outside the Department of Defense, the eight-member Task Force, chaired by Nobel laureate Joshua Lederberg, concluded that -

\* There is no persuasive evidence that any of the proposed etiologies caused chronic illness on a significant scale in the absence of acute injury at initial exposure. In fact, the overall health experience of U.S. troops in Operation Desert Storm was favorable beyond previous military precedent with regard to non-combat as well as combat-related disease. This remarkably low background has probably put into relief the residual health problems that have instigated this inquiry.

\* There is no evidence that either chemical or biological warfare was deployed at any level against us, or that there were any exposures of U.S. service members to chemical or biological warfare agents in Kuwait or Saudi Arabia. (The Task Force is aware of one soldier who was blistered, plausibly from mustard gas, after entering a bunker in Iraq during the post-war period.)

\* There is insufficient epidemiological evidence at this time to support the concept of any coherent "syndrome." Veterans numbering in the hundreds have complained of a range of symptoms not yet explained by any clear-cut diagnosis -- a number of these cases in many respects resemble the "Chronic Fatigue Syndrome (CFS)." (The Task Force concluded that it would be advantageous to coordinate further research on veterans' illness in this category with ongoing studies of "CFS" in the civilian population.) This is not to deny the possibility of severe stress, infection, and trauma as precipitating causes of "CFS."

\* Much further work is needed, even to verify whether the incidence of symptomatic events, beyond the reports of complaints that can be elicited by wide publicity, is associated with any specific aspects of the Operation Desert Storm experience, or indeed is probably different among these veterans compared to other armed forces or civilian populations. This observation is a reflection of the tenuous state of available epidemiological data in the absence of controlled surveys and studies.

As a Department of Defense group, the Task Force limited its recommendations to actions within the purview of the Secretary of Defense.

The Task Force recommended that -

\* DoD make substantial improvements in pre- and post-deployment medical assessment and data handling.

\* The appropriate Service medical facilities should ensure that clinical treatment, absent a proven etiology, is managed on a case-by-case basis, directed at the symptoms presented. Carefully controlled treatment protocols might assist in carving out specific syndromes from the broad range of symptoms noted.

\* Further research be conducted on the long-term consequences of exposure to chemical and biological weapons.

The following individuals served with Dr. Lederberg on the Task Force: Dr. George M. Whitesides, Harvard University; Dr. Paul Dory, Professor Emeritus, Harvard University; Dr. Abba I. Terr, Stanford University Medical Center; Dr. Joseph Bunnett, University of California, Santa Cruz; Dr. John D. Baldeschweiler, California Institute of Technology; Dr. Margaret Hamburg, New York City Commissioner of Public Health; and Major General Phil Russell, U.S. Army (Ret.), Johns Hopkins University School of Medicine.

## **DoD Establishes Telephone Hotline for Persian Gulf Veterans**

On June 23, 1994, the Department of Defense announced the activation of a national toll-free telephone number to gather data and provide referral information to allow appropriate DoD and VA medical professionals to effectively respond to the health-related concerns of individuals who served in the Persian Gulf War and their families.

Hotline telephone operators have been trained to gather information about the veteran or family member with medical problems related to service in the Gulf. Information requested includes the name, address, telephone number, and current military status.

Callers who are current active duty military personnel, Reserve and Guard members on full-time active duty or full-time National Guard duty, military retirees eligible for pay, and their eligible family members are encouraged to contact their nearest military treatment facility.

All other Reserve members, including the Selected Reserve, Individual Ready Reserve, and Standby Reserves, plus retirees not

yet eligible for pay are advised that they may contact either the nearest military treatment facility or the nearest VA medical center.

All other Persian Gulf veterans are referred to the nearest VA medical center.

The toll-free telephone number is 1-800-796-9699. It is operational weekdays from 8:00 a.m. to 11:00 p.m.

## 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 **1-800-796-9699***

*Persian Gulf veterans with concerns about their health - contact the nearest VA medical center. The telephone number can be found in the local telephone directory under Department of Veterans Affairs in the "U.S. Government" listings. A Persian Gulf Registry examination will be offered. Treatment will be provided to eligible veterans.*

*Persian Gulf veterans in need of marital/family counseling - contact the nearest VA medical center or VA vet center.*

*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 **1-800-827-1000**.*

*Note: Representative 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.*

# Persian Gulf Review



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