GULF WAR NEWSLETTER

INFORMATION FOR VETERANS WHO SERVED IN OPERATIONS DESERT SHIELD AND DESERT STORM AND THEIR FAMILIES

GULF WAR REMEMBERED—VA EMPLOYEES AND VETERANS REFLECT ON EXPERIENCES

A Marine Corps journalist, left, interviews a gunnery sergeant at a camp in northern Saudi Arabia during Operation Desert Storm.

On January 17, 1991, Operation Desert Storm and the air war began with an illuminated night sky over Baghdad. Breaking news coverage of the event mesmerized U.S. audiences and offered many their first vivid connection to what it meant to be a military Servicemember.

The Gulf War is often remembered for its dramatic, successful air strikes, the short duration of the ground war, and the relatively low number of U.S. casualties. To mark the 25th anniversary, we want to remember and honor those who served by sharing reflections on the war from VA employees—many of whom are also Gulf War Veterans.

Oil well fires blaze out of control outside Kuwait City. The wells were set afire by Iraqi forces prior to their withdrawal from the region during Operation Desert Storm.

Carol Sobel: "During Desert Shield, I was a newly-promoted Master Sergeant assigned to the Defense Information School at Fort Benjamin Harrison, Ind. I was slated to be assigned to fill the NCOIC position in the Public Affairs Office, 2nd Armored Division (Forward), Garlstedt Germany in January 1991. That was, until the unit was called up to deploy in November, giving me only ten days to get to Germany, leaving my family behind. We were in theater in January, writing articles

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GULF WAR AT A GLANCE

- Desert Shield/Desert Storm (1990-1991) Servicemembers Worldwide: **2,322,000**
- Deployed to Gulf: **694,550**
- U.S. Casualties: **148** killed in action, **467** wounded in combat, **235** other in-theater deaths
- Providing medical support to the military in times of war with more than **3,000** VA employees serving.
- First war to utilize women in non-traditional roles such as truck drivers and helicopter and aircraft pilots.

GULF WAR REMEMBERED—VA EMPLOYEES AND VETERANS REFLECT ON EXPERIENCES

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and taking photographs of the preparations the unit was making for combat during the Shield portion, and then, during Storm combat operations where we were part of the famous 'left hook.' At the end of the 100-hour war, we were in Kuwait, straddling the highway leading to Iraq, watching the sky turn black from the burning oil wells. We lost eight soldiers, some to friendly fire, which still affects me to this day. I am part of a Facebook group for Desert Storm Veterans, to keep in touch, give cheer, tell stories, give condolences if someone gets sick, or dies, and, in my case, as a VA employee, help provide information needed to get some the VA care they need."

Ms. Sobel is a retired Army Sergeant Major and Public Affairs Specialist for the Veterans Health Administration.

Ken Mac Garrigle: "I was in the U.S. Army Reserves. We were on an exercise at Fort Bragg, N.C., with the 82nd Airborne Division. During the exercise, I happened to see a local Fayetteville newspaper with the large headline, 'Iraqi Tanks Invade Kuwait.' I thought, 'Hey, that's weird, that's just like our scenario here… wait a second.' It was spooky. The next day, an active duty lieutenant requested that we Reservists stop the exercise and go to the Fort Bragg post library to try and get the names/addresses of hardware stores, building supply stores, etc., in Saudi Arabia for his unit. He knew that they would need supplies in country that they could not take with them.

A U.S. Air Force B-52G Stratofortress aircraft takes off on a mission in support of Operation Desert Storm. The aircraft is armed with bombs on the wing pylons.

And yes, I said library, remember this was before the Internet, Google, the online CIA Fact Book. Our lieutenant had, no doubt, been given a warning order, and soon enough, we would be heading off to the Pope AFB Green Ramp to be part of the designated 82nd Airborne 'speed bump' in the Saudi Arabian desert for Operation Desert Shield/Storm. A month later, my Reserve unit was told we would be joining the buildup, as well."

Mr. Mac Garrigle is a retired U.S. Army Reserve Major who deployed to Operation Desert Storm, Bosnia, and Operation Iraqi Freedom. He is a social media, Web, and outreach manager for the Veterans Health Administration.

Debbie Gramlick: "Early in Desert Shield, I was deployed as an Air Force Public Affairs Specialist to a tiny British-owned island in the middle of nowhere called Diego Garcia. On night one of Desert Storm, we stood on top of our tents to count the number of B-52s returning to the island, to make sure everyone made it home alive. Many of us rushed to base ops that night to greet our aircrews, but one of the pilots—a young captain—looked as pale as a ghost, and didn't utter a word. I caught up with the young pilot the next day and he opened up about flying low-level over Iraq, watching Triple-A explode all around him, and the prospect of his mother reading in the news that her only son had died on the first night of Desert Storm. He continued to share his experiences with me after each combat mission until the war ended, and we returned home to our respective bases, promising to keep in touch. This February, we will celebrate our 24th wedding anniversary."

Ms. Gramlick is the Executive Assistant to the Assistant Deputy Under Secretary for Health, Administrative Operations within the Veterans Health Administration.

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GULF WAR REMEMBERED—VA EMPLOYEES AND VETERANS REFLECT ON EXPERIENCES

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Ralph L. Erickson: "On August 1, 1990, as a young Army doctor, fresh from completing my residency training at Walter Reed, I reported in at Fort Bragg, North Carolina for my new assignment at U.S. Army Special Operations Command (USASOC). The following day, Iraqi forces invaded Kuwait and we were all put on alert for deployment. I remember the next nine months being incredibly busy ones as I helped prepare our special ops units before they deployed and then, later joined them in theater. Because of my preventive medicine and public health training, I was also called upon to work in northern Iraq and southeast Turkey after the war in the EUCOM/NATO relief effort for displaced Iraqi Kurds (Operation Provide Comfort). There's no question that these early experiences significantly shaped what would become a 32-year Army career."

Dr. Erickson is a retired Army Veteran of the Gulf War (1990-1991) and Operation Iraqi Freedom (2003). He currently serves as the Chief Consultant for Post-Deployment Health Services within Patient Care Services at the Veterans Health Administration.

These stories remind us of the friendships forged, families made, and the careers launched during the Gulf War for which we are grateful. To all the Gulf War Veterans, we say, "Thanks. We remember. You made us proud."

To view more personal stories about the Gulf War, please visit **www.publichealth.va.gov/exposures/publications/gulf-war/gulf-war-winter-2016/gulf-war-anniversary.asp.** ★

RESEARCH SPOTLIGHT: CAN LIGHT THERAPY HELP THE BRAIN?

Following up on promising results from pilot work, researchers at the VA Boston Healthcare System are testing the effects of light therapy on brain function in Veterans with Gulf War Illness.

Veterans in the study wear a helmet lined with light-emitting diodes (LEDs) that apply red and near-infrared light to the scalp. They also have diodes placed in their nostrils, to deliver photons to the deeper parts of the brain.

The light is painless and generates no heat. A treatment takes about 30 minutes.

The therapy, though still considered "investigational" and not covered by most health insurance plans, is already used by some alternative medicine practitioners to treat wounds and pain. The light from the diodes has been shown to boost the output of nitric oxide near where the LEDs are placed, which improves blood flow in that location.

"We are applying a technology that's been around for a while," says lead investigator Dr. Margaret Naeser, "but it's always been used on the body, for wound healing and to treat muscle aches and pains, and joint problems. We're starting to use it on the brain."

Naeser is a research linguist and speech pathologist for the Boston VA, and a research professor of neurology at Boston University

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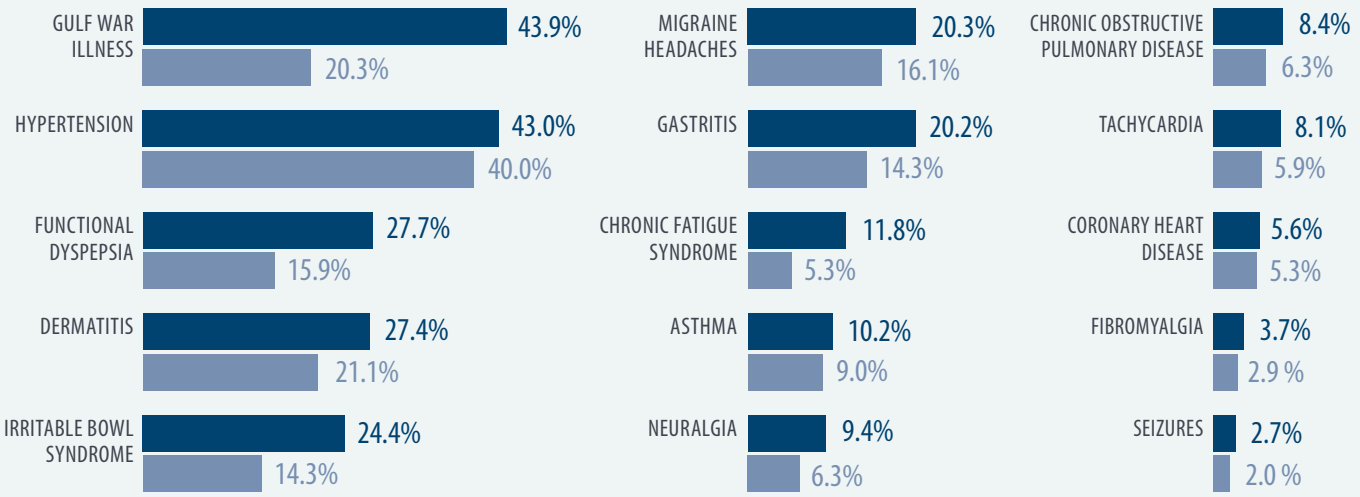
A staffer in Dr. Margaret Naeser's lab demonstrates the equipment built especially for the research: an LED helmet (Photomedex), intranasal diodes (Vielight), and LED cluster heads placed on the ears (MedX Health). Goggles are worn to block out the red light. The near-infrared light is beyond the visible spectrum and cannot be seen. (Photo courtesy of Naeser lab)

HEALTH OF GULF WAR AND GULF WAR ERA VETERANS

In 1995, VA conducted a survey study on the health of a sample of 15,000 Gulf War Veterans (deployed) and 15,000 Gulf War Era Veterans (non-deployed). VA followed up with these Veterans with another survey in 2012–2013 to learn about their recent physical and mental health. About half of the Veterans responded. The survey results indicate that more than 20 years after the war, Veterans who were deployed continue to report poorer health than Veterans who did not deploy. However, mental and physical health conditions are common in both deployed and non-deployed Veterans. Read the full study online at www.ncbi.nlm.nih.gov/pubmed/26716848[1].

CHRONIC ILLNESSES

79% of Veterans reported at least one chronic medical condition (82% in deployed Veterans and 78% in non-deployed Veterans).

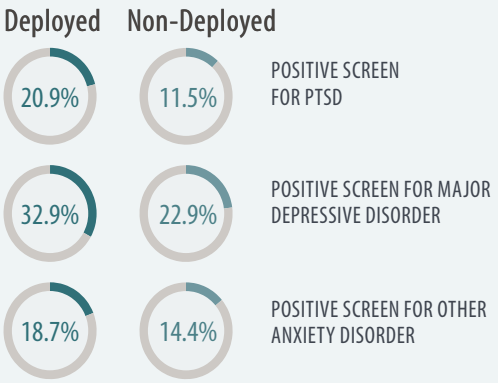


The average number of self-reported chronic medical conditions was 3.5 (3.7 in deployed Veterans ahnd 2.9 in non-deployed Veterans).

MENTAL HEALTH DISORDERS

The survey included screening questions to see if Veterans may have certain mental health conditions.

45% of study participants screened positive for at least one mental health condition (52% in deployed Veterans and 39% in non-deployed Veterans).



SELF REPORTED HEALTH

VA OFFERS A VARIETY OF HEALTH CARE BENEFITS TO GULF WAR VETERANS. VISIT **HBEXPLORER.VACLOUD.US** TO CHECK YOUR ELIGIBILITY AND LEARN HOW TO APPLY.

1. *Dursa EK, Barth SK, Schneiderman AI, Bossarte RM. Physical and Mental Health Status of Gulf War and Gulf Era Veterans: Results From a Large Population-Based Epidemiological Study. J Occup Environ Med 2016; 58: 41-46.*

RESEARCH SPOTLIGHT: CAN LIGHT THERAPY HELP THE BRAIN?

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School of Medicine. She is also a licensed acupuncturist and has conducted past research on laser acupuncture to treat paralysis in stroke and pain in carpal tunnel syndrome.

How do the diodes work?

The LED therapy increases blood flow in the brain, as shown on MRI scans. It also appears to have an effect on damaged brain cells, specifically on their mitochondria. These are bean-shaped subunits within the cell that put out energy in the form of a chemical known as ATP. The red and near-infrared light photons penetrate through the skull and into brain cells and spur the mitochondria to produce more ATP. That can mean clearer, sharper thinking, says Naeser.

Naeser says brain damage caused by explosions, or exposure to pesticides or other neurotoxins—such as in the Gulf War—could impair the mitochondria in cells. She believes light therapy can be a valuable adjunct to standard cognitive rehabilitation, which typically involves "exercising" the brain in various ways to take advantage of brain plasticity and forge new neural networks.

"The light-emitting diodes add something beyond what's currently available with cognitive rehabilitation therapy," says Naeser. "That's a very important therapy, but patients can go only so far with it. And in fact, most of the traumatic brain injury and PTSD cases that we've helped so far with LEDs on the head have been through cognitive rehabilitation therapy. These people still showed additional progress after the LED treatments. It's likely a combination of both methods would produce the best results."

Naeser hopes the work will validate LED therapy as a viable treatment for Veterans and others with brain difficulties. She foresees potential not only for war injuries but for conditions such as depression, stroke, dementia, and even autism.

This article originally appeared in *VA Research Currents* on March 31, 2015. To view the full article or subscribe to VA research updates, please visit **www.research.va.gov/currents/default.cfm**. ★

VA TO RELEASE NEW HEALTH AND WELLNESS APPS FOR VETERANS

VA is launching a number of mobile apps to help Veterans live healthier lives. These apps will expand care beyond the traditional office visit by offering easy access to medical information and increased communication between patients and VA care teams. For more information about these and other apps, please visit the VA App Store at **mobile.va.gov/appstore**.

Annie for Veterans

Annie is a text messaging system that can be used by Veterans on a smartphone or a basic cell phone. Annie promotes self-care through text messages such as appointment reminders, educational messages, medical facility updates, and prompts for Veterans to send back their own health readings to Annie. National release targeted to begin summer 2016.

Mobile Blue Button

Mobile Blue Button allows you to access, print, download, and store information from your VA Electronic Health Record (EHR). National release targeted to begin spring 2016.

Summary of Care

Summary of Care lets you receive and view your VA medical information—including lab results, medications, allergies, and more—in one place and from the convenience of your mobile device. National release targeted to begin spring 2016.

Veteran Appointment Request

Veteran Appointment Request allows you to request primary care and mental health appointments at VA facilities where you already receive care, and to schedule and cancel selected primary care appointments directly through the app. Limited field testing targeted to begin spring 2016. ★

GULF WAR PRESUMPTIVES

For Gulf War Veterans, VA presumes that unexplained symptoms are related to Gulf War service if a Veteran has experienced them for six months or more. The "presumptive" illness(es) must have first appeared during active duty in the Southwest Asia theater of military operations or by December 31, 2016, and be at least 10 percent disabling.

If you are a Gulf War Veteran who may experience a cluster of medically unexplained chronic symptoms that can include fatigue, headaches, joint pain, indigestion, insomnia, dizziness, respiratory disorders, and memory problems, VA presumes that some health conditions were caused by military service. In practical terms, Gulf War Veterans who meet certain criteria don't have to prove an association between their illness and military service. By assuming a link between symptoms and military service, it can simplify and speed up the application process for benefits. Presumptive illnesses are included in the following graphic.

GULF WAR PRESUMPTIVE ILLNESSES

CHRONIC FATIGUE SYNDROME

A condition of long-term and severe fatigue that is not relieved by rest and is not directly caused by other conditions.

FIBROMYALGIA

A condition characterized by widespread muscle pain. Other symptoms may include insomnia, morning stiffness, headache, and memory problems.

FUNCTIONAL GASTROINTESTINAL DISORDERS

A group of conditions marked by chronic or recurrent symptoms related to any part of the gastrointestinal tract. Functional condition refers to an abnormal function of an organ, without a structural alteration in the tissues. Examples include irritable bowel syndrome, functional dyspepsia, and functional abdominal pain syndrome.

UNDIAGNOSED ILLNESSES

With symptoms that may include but are not limited to: abnormal weight loss, fatigue, cardiovascular disease, muscle and joint pain, headache, menstrual disorders, neurological and psychological problems, skin conditions, respiratory disorders, and sleep disturbances.

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Chronic Multi-Symptom Illness

Chronic multi-symptom illness (CMI) describes the presence of symptoms in two or more body systems that last or recur regularly for more than six months. This term was first used in 1998 in the article describing the symptoms of Gulf War Veterans and its use and meaning has evolved over the years. According to the Institute of Medicine, CMI was a general term that applies to a diverse mix of conditions. Some examples of CMI include:

- Chronic fatigue syndrome
- Fibromyalgia
- Gulf War Illness
- Irritable Bowel Syndrome

If you suffer from CMI, consider reaching out to VA to get help. VA is actively strengthening its support of Veterans with CMI through enhanced recognition, education, and monitoring of their needs. Through an improved system of care and a well-prepared workforce, Veterans with CMI will find the clinical care and additional benefits they need to optimize their health and quality of life. ★

THE FASTEST WAY TO GET A DISABILITY CLAIM DECISION

If you are a Veteran that needs to file a disability compensation claim for the first time or you need to submit a new claim for a previous service-related condition, there is now a faster, easier way to get a claim decision. With the help of your local Veterans Service Officer, you can file an electronic claim, or eClaim, through eBenefits and get a faster VA decision.

What is an eClaim?

VA now offers Veterans the ability to initiate and submit claims online through the VA/DoD eBenefits web portal. All you need is a free Level 2 Premium eBenefits account to start your eClaim today. An eClaim removes all of the paper clutter connected with filing a traditional paper claim. You can now directly submit your information online into VA's claims processing system. This allows VA to more quickly process your information and make a faster claim decision. For an even faster disability compensation claim decision, Veterans can also choose to file an electronic Fully Developed Claim (FDC) through eBenefits.

What is an electronic Fully Developed Claim (FDC)?

When you provide all required evidence at the same time you submit a claim electronically through eBenefits AND certify that you have no more evidence, you are filing an electronic FDC. Providing all your documentation up front helps VA issue the fastest claim decision possible. Be aware, your claim will be removed from the FDC Program and processed through the traditional claim route if you do not include sufficient evidence, fail to attend your VA medical appointment, or if additional evidence is received after submission. You can learn more about the FDC Program and filing an eClaim at **www.benefits.va.gov/fdc** or visit the VBA Media and Publications Page to view informative videos on these topics.

Contact a Veterans Service Officer for help filing an eClaim or electronic FDC, or visit **www.eBenefits.va.gov** and follow the guided step-by-step process. Agents at VA's toll-free number 1-800-827-1000 can also answer any questions you may have. Don't get stuck waiting for a claim decision longer than you have to – take control of your claim and file an eClaim today! ★

MAKE A DIFFERENCE: PARTICIPATE IN GULF WAR RESEARCH

VA is a national leader in health research. Each year, dedicated researchers and volunteers work together on thousands of studies to advance medical care for future Veterans. In addition to the spotlighted LED study, there are many more projects needing volunteers. Several VA studies recruiting participants are listed below.

- Impact of Exercise Training on Pain and Brain Function in Gulf War Veterans
- Complementary and Alternative Medicine in Veterans with Gulf War Illnesses
- Vascular and Skeletal Muscle Function in Gulf War Veterans' Illness
- Complementary Neurosteroid Intervention in Gulf War Veterans' Illnesses
- Randomized Clinical Trial of Duloxetine and Pregabalin for the Treatment of Gulf War Illness in Veterans

For more information about VA research or to volunteer for a study, please visit **www.research.va.gov**, or **www.warrelatedillness.va.gov/research/volunteer**.

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