

**GULF WAR (INCLUDING OPERATION IRAQI FREEDOM) REGISTRY (GWR)
PROGRAM (FORMERLY PERSIAN GULF REGISTRY (GWR) PROGRAM)**

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook is revised to provide new registry data entry procedures required to access the reconstructed Environmental Agents Service (EAS). *NOTE: This Handbook addresses only the Registry and its implementation; it does not address treatment or enrollment issues for Gulf War or other combat veterans.*
- 2. SUMMARY OF CONTENTS.** The principal changes to the VHA Handbook 1303.2 relate to the new method of entering and retrieving data from the reconstructed EAS web site <http://vaww.registries.aac.va.gov> and notification that the examination program for spouse and children of Gulf War veterans has been discontinued. These new procedures allow Environmental Health (EH) Clinicians and EH Coordinators to search for, and access exam information by veteran's name or social security number, and provide the ability to retrieve all exam information, historical and current, regardless of point of entry. Additionally, the form used for data entry procedures has changed from a code sheet to a worksheet. Copies of these forms are located on the Web site <http://vaww.registries.aac.va.gov>.
- 3. RELATED ISSUES.** VHA Handbook 1303.1 and VHA Handbook 1303.5.
- 4. RESPONSIBLE OFFICE.** The Office of Environmental Agents (131) is responsible for the contents of this Handbook. Questions may be referred to 202-273-8463.
- 5. RECISSIONS.** M-10, Part III, Chapter 4 and 5, and VHA Handbook 1303.2, dated March 7, 2005, are rescinded. *NOTE: The Persian Gulf Registry Specifically for Spouses and Children of Persian Gulf War Veterans, was discontinued in August 2005, as Congress did not extend authority for the Department of Veterans Affairs (VA) to continue this program.*
- 6. RE-CERTIFICATION.** This VHA Handbook is scheduled for re-certification on or before the last working day of June 30, 2012.

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GULF WAR (INCLUDING OPERATION IRAQI FREEDOM) REGISTRY (GWR) PROGRAM (FORMERLY PERSIAN GULF REGISTRY (GWR) PROGRAM)

NOTE: This Handbook addresses only the Registry and its implementation; it does not address treatment or enrollment issues for Gulf War (GW) or other combat veterans.

1. PURPOSE

This Veterans Health Administration (VHA) Handbook provides procedures to maintain a Gulf War (including Operation Iraqi Freedom (OIF)) Registry (GWR) Program at all Department of Veterans Affairs (VA) health care facilities for concerned participants of “Operation Desert Shield and Desert Storm, and OIF.” *NOTE: For purposes of this Handbook, veterans who served in the Persian Gulf theatre of war are referred to as GW veterans.*

2. BACKGROUND

a. In response to Iraq’s invasion of Kuwait on August 2, 1990, the United States (U.S.) began deploying troops to the Arabian Gulf 5 days later in support of Operation Desert Shield. A total of forty coalition countries eventually deployed military forces to the Gulf region, including troops from the U.S., the United Kingdom, France, and Canada. On January 17, 1991, the air war against Iraq began (Operation Desert Storm), which was followed by a 4-day ground war starting on February 24, 1991.

b. By the end of active hostilities on February 28, 1991, the U.S. had deployed 697,000 troops to the theatre of operations. The British deployed approximately 53,000 military personnel, the French deployed 25,000 military personnel, and the Canadians deployed 4,500 military personnel. In contrast to previous conflicts, a larger proportion (e.g., 17 percent) of U.S. troops were from the Reserves and/or National Guard and another 7 percent were women. Along with the rapid buildup of coalition combat forces, an extensive medical care infrastructure and preventive medicine effort was established in the theatre of operations. *NOTE: For further details and updates refer to the web site at <http://www.va.gov/gulfwar/>.*

c. By the end of the GW, VA medical care personnel became concerned about potential health problems of U.S. service members exposed to oil well fire smoke. Consequently, VA developed a proposal to create a clinical registry of GW veterans to evaluate the health problems they were experiencing and to provide better health care for returning troops. This proposal led to the establishment of the VA Persian Gulf War Health Examination Registry, authorized in November 1992, by the “Persian Gulf War Veterans Health Status Act” (Public Law (Pub. L.) 102-585).

d. The GW examination registry was established after the first Gulf War to identify possible diseases resulting from U.S. military personnel service in certain areas of Southwest Asia (see subpar. 5b). These diseases were endemic to the area or may have been due to hazardous exposures, including heavy metals. Furthermore, air pollutants, i.e., carbon monoxide sulfur oxides, hydrocarbons, particulate matter, and nitrogen oxides, singly or in combination, could have caused chronic health problems.

(1) Due to the un-ignited petroleum and/or smoke from the sabotage of Kuwaiti oil wells, the following health problems are to be considered in veterans of the first Gulf War:

- (a) Chronic bronchitis,
- (b) Chronic obstructive pulmonary disease,
- (c) Pulmonary emphysema,
- (d) Bronchial asthmas, and
- (e) Lung cancer.

(2) GW veterans reported a wide variety of symptoms and exposures as a consequence of GW service. These include, but are not limited, to exposure to:

- (a) Oil, smoke, and other petrochemical agents for veterans of the first Gulf War; and
- (b) Leishmaniasis (spread by sand flies) for veterans of all Gulf Wars including OIF.

e. **OIF.** The U.S. began deploying troops to the Gulf region in late 2002. OIF veterans are presenting to VA with a wide range of both medical and psychological conditions similar to those found in other young military populations. **NOTE:** *To date, no unusual illnesses have been found among OIF veterans.*

f. With the exception of health problems relating to exposure to oil fires, the type of symptoms and exposures listed in subparagraph 2d may be reported by veterans of OIF. **NOTE:** *Refer to web site <http://www.va.gov/gulfwar/> for health risks details.*

g. During the examination process, these exposures and health conditions are identified and documented in the veteran's health record.

h. The GW registry contains medical and other data regarding possible health exposures that veterans may have experienced. The registry signals VA's commitment to address questions concerning possible future effects of air pollutant exposure and other environmental agents, as well as to serve as the basis for future medical surveillance.

3. REGISTRY EVALUATION

Veterans claiming health conditions related to an exposure to a toxic substance or an environmental hazard must be evaluated clinically by means of a physical examination and appropriate diagnostic studies (see App. B). Where findings reveal a condition that may require treatment, refer the veteran to the Enrollment Coordinator in the facility Business Office to determine if the veteran is eligible for treatment.

4. RESPONSIBILITIES

a. The GWR is modeled after the Agent Orange and Ionizing Radiation Registries. All VA facility staff must be alerted of the GWR through appropriate internal communications, e.g., medical center patient handbook (both inpatient and outpatient, if available), medical center memoranda, and posters providing names, locations, and office telephone numbers of the Environmental Health (EH) Clinician and EH Coordinator.

(1) The GWR is the responsibility of VA Central Office Environmental Agents Service (EAS), in coordination with:

- (a) EH Clinicians;
- (b) EH Coordinators; and
- (c) The VA Corporate Franchise Data (CFD) Center, in Austin, TX.

(2) The GWR consists of medical examinations and other data from concerned GW participants. The GWR is the most effective means of identifying such concerned veterans.

b. The EAS has the responsibility to develop, coordinate, and monitor VHA activities relating to the GW issues associated with GW service. **NOTE:** *All policy and clinical questions relating to the identity of possible diseases that may result from service of U.S. military personnel in certain areas of Southwest Asia need to be referred to EAS.*

c. The EH Clinician and EH Coordinator at each VA facility have the responsibility for coordinating the medical and administrative aspects of the registry. They and other medical center staff play a key role beginning with the initial contact in:

- (1) Providing registry participants with comprehensive health screening examinations at no cost,
- (2) Advising veterans of examination results, and
- (3) Reporting examination findings to the CFD registry database on the web site at <http://vaww.registries.aac.va.gov>.

5. GULF WAR REGISTRY (GWR) EXAMINATION

a. **Purpose.** This paragraph establishes clinical and administrative procedures related to the maintenance of VHA's GWR Program for physical examinations of concerned veterans. **NOTE:** *Active duty military personnel who served in Southwest Asia are eligible to participate in the GWR Program. Further information on active duty military personnel can be accessed on Web site <http://vaww.vhaco.va.gov/vhahq/publicat.htm>.*

b. **Eligibility Criteria.** VA must provide a GWR examination to veterans who request the examination and who served on active military duty in Southwest Asia during the GW which

began in 1990, and continues to the present (Title 38 United States Code (U.S.C.) § 101(33)), including OIF. **NOTE** : *When eligibility for the GWR examination is questionable, consult either the EAS, VA Central Office, or the facility Chief Business Office or equivalent office.*

- (1) This includes service in one or more of the following areas:
 - (a) Iraq;
 - (b) Kuwait;
 - (c) Saudi Arabia;
 - (d) The neutral zone (between Iraq and Saudi Arabia);
 - (e) Bahrain;
 - (f) Qatar;
 - (g) The United Arab Emirates;
 - (h) Oman;
 - (i) Gulf of Aden;
 - (j) Gulf of Oman; and
 - (k) Waters of the Persian Gulf, the Arabian Sea, and the Red Sea.

NOTE: *Veterans who served in Afghanistan (Operation Enduring Freedom) are not eligible for GWR examinations. Information on Afghanistan or other combat areas can be accessed on web sites <http://vaww.vhaco.va.gov/vhahq/publicat.htm> and/or www.va.gov/EnvironAgents/*

(2) Eligible GW and/or OIF veterans applying for treatment in a VA medical center and/or outpatient clinic must be encouraged to undergo an initial (i.e., “first-time”) GWR examination. Veterans are also eligible for follow-up (2nd, 3rd, etc.) registry examinations if requested by an EH Clinician or if a veteran reports new symptoms. The follow-up exams are not routine, but need to be provided to concerned veterans with new symptoms. **NOTE:** *The protocol for conducting the physical examinations and ordering diagnostic studies is contained in Appendix B.*

(3) Veterans need to be advised that the registry examination or treatment does not constitute a formal claim for compensation.

(a) Although the results of a GWR examination may be used to support a compensation claim, the examination is not a compensation claim.

NOTE: If a compensation examination is performed for a GW veteran and the veteran requests inclusion in the GWR, it is not necessary to schedule an additional registry examination, as long as the information is sufficient to adequately complete the registry examination questions included in web site <http://vaww.registries.aac.va.gov>. This web site includes a Users Guide that provides instructions for obtaining access to the secured registry databases.

(b) Veterans who wish to submit a claim for conditions possibly related to GW service need to do so by the normal claims process through a Veterans Service Representative (VSR) at the nearest VA medical center or regional office. For further assistance, the veteran may call one of the following national toll-free numbers:

1. Veterans Health Eligibility and/or Enrollment: 1-877-222-VETS (8387);
2. VA Gulf War, Agent Orange, and Other Environmental Programs: 1-800-749-8387; or
3. VA Regional Offices provide information about disability compensation benefits, as well as vocational rehabilitation and education programs available to veterans: 1-800-827-1000.

c. **Program Management.** For current information and program activities, EH Clinicians, EH Coordinators, and Business Office employees must familiarize themselves with the materials on the EAS web sites, <http://www.va.gov/EnvironAgents/> and <http://www.va.gov/gulfwar/>, and other materials distributed by VA Central Office. In addition, appropriate program officials need to attend the quarterly EAS conference calls from VA Central Office.

d. **Responsibilities.** The EH Clinician, or designee, EH Coordinator, and health administration or appropriate administrative staff of each VA facility play a significant role in determining the perceptions veterans have concerning the quality of VA health care services and of their individual treatment by VA health care providers.

(1) **EH Clinician.** The EH Clinician, or designee, is responsible for:

(a) Providing clinical management of the veteran receiving a registry examination, and serving as the primary health care provider, unless another has been assigned.

(b) Serving in an advisory capacity for the administrative management of the program.

(c) Discussing the results of the examination(s) with the patient and, as appropriate, providing follow-up visits and/or possible referrals to other tertiary medical centers or War-Related Illness and Injury Study Centers (WRIISCs).

NOTE: Some veterans who return from combat missions may experience persistent unexplained disabling symptoms. VA's WRIISCs are VA's response to this important health issue. VA primary care providers examining eligible enrolled combat veterans with undiagnosed illnesses can request a veteran's evaluation at one of the Centers. Refer to VHA Handbook 1303.5 and web site <http://www.va.gov/EnvironAgents> for WRIISC referral

procedures and brochures, and view the VHA video entitled “War and Health: Treating War-Related Illnesses at VA’s WRIISCs,” which describes the clinical, risk communication, education, and research programs of the WRIISCs. This video also illustrates the type of patient for whom referral may be indicated.

(d) Counseling the veteran on the purpose of the physical registry examination.

(e) Informing how the data supplied by the veteran and obtained during each registry examination may be used. The veteran needs to be advised that the information the veteran supplies and the medical data obtained during the GWR examination allows:

1. VHA to track patient demographics, medical diagnosis, and related medical data for workload analysis to assist in budget planning and possibly generating hypotheses for future research studies.

2. The information to be disclosed outside of VA to Federal, State, and local government agencies as stated in the “Notice of Systems of VA Records” published in the Federal Register in accordance with the Privacy Act of 1974.

3. The veteran to be informed that by participating in the registry, the veteran is consenting for the use and disclosure of information as described. **NOTE:** *For more comprehensive Privacy and Release of Information, the clinician and/or veteran may refer to VHA Handbook 1605.1 at the web site at <http://www.va.gov/vhapublications/publications.cfm?pub=2>*

(f) Providing focused initial registry examination and continuum of care, if assigned responsibility as the primary care clinician to those symptomatic veterans experiencing multiple symptoms after their GW experience.

(g) Conducting and documenting the physical registry examination in the veteran’s health record.

(h) Providing a complete medical history including:

1. Family;
2. Occupation;
3. Social, including tobacco, alcohol, and drug use;
4. Civilian exposure to possible toxic agents;
5. Psychosocial condition; and
6. Review of systems.

(i) Completing all elements of the registry examination, no later than 10 working days, after examination, then reviewing and reporting the worksheet data to the EAS database, located at the AAC on the EAS web site at <http://vaww.registries.aac.va.gov>. **NOTE:** *This web site includes a Users Guide that provides instructions for obtaining access to the secured registry databases.*

(j) Personally discussing with each veteran the findings of the physical registry examination and completed diagnostic studies. The interview must be conducted in such a way as to encourage the veteran to discuss any health concerns, as well as concerns expressed by family members.

(k) Personally discussing each veteran's need for a follow-up examination either recommended by the EH Clinician or requested by the veteran. These follow-up exams are not performed routinely, but need to be based on new symptoms reported by the veteran.

(l) Documenting these discussions and/or findings in each veteran's health record.

(m) Encouraging the veteran to contact a VA medical center to document additional diagnoses in an appropriately-titled progress note in the veteran's health record, if the veteran is subsequently diagnosed with a significant health problem by a non-VA physician. This new diagnosis must be submitted over the non-VA physician's signature and on official letterhead and subsequently transmitted to AAC on the EAS Web site at <http://vaww.registries.aac.va.gov> for inclusion in the registry database.

(n) Preparing and signing a follow-up letter to each veteran explaining the results of the examination and associated laboratory tests. **NOTE:** *Sample follow-up letters are provided in Appendix D and Appendix E.*

1. These letters are to be mailed to the veteran within 2 weeks of the initial examination appointment. For any examination where there is a new diagnosis, another letter is to be mailed within 2 weeks. The only exception to this timeframe is when a consultation at a specialty clinic is requested as part of the initial examination process. This exception suspends, but does not remove, the requirement for the follow-up letter. The follow-up letter is to be sent no later than 2 weeks after the consultation.

2. A copy of this dated and signed letter must be filed and/or scanned into the veteran's health record.

3. It is essential that this letter be written in language that can be easily understood by the veteran. Inappropriate wording could unduly alarm or confuse the veteran. **NOTE:** *A great deal of sensitivity and care must be exercised in the preparation of this correspondence.*

4. The letter must explain that:

a. If the veteran who was examined has no detectable medical problems, the follow-up letter needs to so indicate and suggest that the veteran contact the nearest VA health care facility if health problems appear later.

b. If it is determined upon examination that the veteran does have medical problems, it is not necessary to specify the problems in the letter; however, the veteran must be advised the recent examination indicated a health condition or problem which may require further examination and/or treatment.

c. If the veteran is eligible for VA medical treatment, the letter needs to so advise and recommend that the veteran seek follow-up medical care at the VA medical facility.

d. If the veteran is not eligible for treatment, the letter needs to so advise and recommend that the veteran seek appropriate medical care elsewhere.

e. The examination does not automatically initiate a claim for VA benefits. For information relating to claims, refer the GW veterans to a VSR at the nearest VA medical center or regional office (RO).

f. The results of the examination must be maintained by VA and must be available for future use, as needed.

g. If the veteran changes place of residence, the veteran needs to provide the new address to the EH Coordinator whose address and phone number are provided.

NOTE: Clarification on the roles of the EH Clinicians performing registry examinations in relation to those of Primary Care Clinicians and specialty or sub-specialty consultants. It is the responsibility of the EH Clinician performing registry examinations to complete a thorough medical evaluation including recording of diagnosed disorders. Specialty and sub-specialty consultations are appropriate as part of the registry examination process when necessary, such as to further evaluate a veteran for a suspected diagnosis or a veteran with difficult-to-diagnose symptoms. In general, these consultants need to determine whether or not invasive procedures and/or very specialized tests need to be performed. When a follow-up examination is recommended by the EH Clinician, the EH Clinician serves as the primary care provider to the veteran, unless another primary care clinician has been assigned. In general, it is the responsibility of the veteran's primary care provider (rather than the EH Clinician) to provide ongoing care, with the assistance of specialists and sub-specialists, if needed.

(2) **EH Coordinator Responsibilities.** The EH Coordinator is responsible for the administrative management of the program, including:

(a) Completing Registry Worksheets (see App. C).

(b) Scheduling of appointments. Facilities need to make every effort to give each veteran a GWR examination within 30 days of the request date. If numerous consultations are required, whenever possible, all of these need to be scheduled on the same day so that the veteran is not unduly inconvenienced. When it is not possible to provide all consultations on the same day, the EH Coordinator or the scheduler needs to work with the veteran to minimize the number of disruptions in the veteran's life. If a medical center fails to meet the time standard of 30 calendar days from date of request, the medical center Director must explore all alternatives, i.e.,

referrals to other VA facilities, additional staff hours to perform these examinations, and/or the use of fee-basis sources or contracting out some or all examinations with other health care providers in order to bring the medical center in line with the time standard. If, after these alternative measures have been explored and the time standard still cannot be met, an exemption needs to be requested by contacting EAS, VA Central Office at (202) 273-8463 or (202) 273-8465.

(c) Monitoring timeframe compliance.

(d) Reviewing records for accuracy and completeness.

(e) Providing each veteran with a brief oral explanation of the purposes of the GWR and the examination process, and responding to any questions the veteran might have. This can be accomplished during the EH Coordinator's initial contact with the veteran.

(f) Disseminating information. It is important that each GW veteran be fully advised of the GWR examination. Facility staff are encouraged to fully communicate all aspects of the GWR examination by any appropriate means. Upon distribution by VA EAS, provide each GW veteran, reporting to the outpatient area, with the following:

1. Information Bulletin (IB) 10-41, "VA Gulf War Veterans' Illnesses, Questions and Answers," which describes the purpose of the examination and its limitations;

2. IB 10-42, "Gulf War Research, A Report to Veterans," which is for veterans specifically interested in research;

3. If appropriate, IB 10-166, "Operation Iraqi Freedom and Enduring Freedom Review," and

4. IB 10-57, "Special Health Registry Examination Programs," which describes the purpose of all EAS registry programs, Agent Orange, Gulf War and Operation Iraqi Freedom, Depleted Uranium and Ionizing Radiation.

NOTE: IB 10-41 and IB 10-42 are also available in Spanish.

5. "The "Gulf War Review," which is published annually.

NOTE: These publications can be viewed and printed by visiting EAS web site at <http://www.va.gov/gulfwar/>.

(g) Completing data entry. The EH Coordinator, or designee, must:

1. Complete the demographic sections of the GWR worksheet and ensure that all information is entered into the EAS database on the web site at <http://vaww.registries.aac.va.gov> before the veteran is referred to the clinician for the examination.

2. Complete the Symptoms and Exams Section of the GWR worksheet. This data may be entered by the EH Clinician or EH Coordinator. **NOTE:** *It is preferable that the clinician enter the data to ensure accuracy and timeliness.*

3. In the event that a veteran requests a GW examination, but does not wish to be included in the registry database, perform a registry examination. In the “Remarks,” indicate the current date and note that the veteran chose not to participate in the registry. This GW worksheet needs to be filed in the veteran’s electronic health record. Do not enter the data from the worksheet in web site <http://vaww.registries.aac.va.gov> .

(h) Establishing, updating, retaining, and disposition of health records

1. The EH Coordinator must establish a health record on each registry participant, if one does not already exist. VA Form 10-9009B, Gulf War Identification Sticker, must be affixed to the front of the paper health record, if appropriate, or post “Gulf War Registry Examination,” in the Computerized Patient Record System (CPRS).

2. These GWR records are subject to the same retention and disposition policies as other medical record files, i.e., Records Control Schedule (RCS) 10-1. The GWR examination information (registry worksheet, progress notes, laboratory reports, and other pertinent examination documentation) must be made part of the perpetual medical record following the same retention requirements specified for VA Agent Orange and Ionizing Radiation examinations.

a. Incarcerated Veterans

(1) GWR examinations may be provided to incarcerated veterans. The examination may be provided either in the prison or jail, or in the VA facility.

(2) If an incarcerated veteran is accepted for a GWR examination, VA may conduct such an examination in a VA facility, but only if accompanied by officials of the releasing agency who is responsible for custodial restraint and safe return of the inmate. VA is encouraged to work with said penal institution to avoid potential disruptions at the VA medical center upon reporting for the examination (example, the wearing of prison uniforms and restraints are to be discouraged). **NOTE:** *The clinic Director, or designee, must notify the prison authorities when the GWR examination is completed.*

(3) A bill is not issued to the penal institution for the GWR examination of an incarcerated veteran conducted at a VA facility.

(4) For purposes of entry into the GWR, VA medical facilities can provide assistance to penal authorities or institutions agreeable to conducting examinations to veterans. **NOTE:** *VA will not reimburse the penal authorities when they conduct these GWR examinations.*

(5) Copies of this Handbook, GWR examination worksheets, etc., must be provided to penal institutions upon request.

(6) Penal authorities must be advised at the time of such requests, that the results of the examinations provided at their institutions are to be returned to the VA facility of jurisdiction for inclusion, on the veteran's behalf, in VA's GWR.

(7) A recommendation can be made to the penal institution to retain a copy of the examination documents submitted to VA. **NOTE:** *Such documents need to be maintained by penal authorities and provided to the individual upon release from the penal institution.*

b. Veterans With Other Than Honorable Discharges. Current VHA policy applies to veterans with less than honorable discharges applying for GWR examinations. **NOTE:** *M-1, Part I, Chapter 4.38 can be accessed on Web site <http://vaww.vhaco.va.gov/vhahq/publicat.htm>.*

c. Active Duty Military Personnel

(1) When active duty members of the uniformed services apply to VA facilities for a GWR examination, the Department of Defense (DOD) must authorize and provide the appropriate DOD Form 2161, Referral for Civilian Care, or equivalent form, requesting this examination, or DOD must provide services under an existing DOD-VA sharing agreement. The current VHA requirements of M-1, Part I, Chapter 15, or current policy regarding the authorization and billing from the appropriate branch of service applies. **NOTE:** *VA facilities need to reference the current directive providing the interagency billing rates. This information can be found on web site <http://vaww.vhaco.va.gov/vhahq/publicat.htm>.* Procedures for processing the examination are the same as those for a veteran participating in this program.

(2) A military facility may perform the GWR examination according to VA instructions. **NOTE:** *The DOD Deployment Health Clinical Center has the following toll free helplines to answer questions about deployment-related health evaluations: Clinicians Helpline: 1-866-559-1627 and Service Members Helpline 1-800-796-9699.*

(3) Military facilities may obtain the pertinent VA administrative issue and appropriate forms from the nearest VA site. The VA Medical Center, 50 Irving Street, N.W., Washington, DC 20422, Attn: Environmental Health Coordinator (136), is the processing center for all active duty members of uniformed services stationed overseas. Military facilities must complete GWR examination worksheets with the exception of the facility number, suffix (if applicable), and county and state. This information must be completed by the VA EH Coordinator.

(4) Military facilities must provide completed copies of the worksheets, physical examination, laboratory tests, etc., to the nearest VA medical center or outpatient clinic. The EH Coordinator must:

(a) Complete the GWR data worksheets to include facility number (and suffix, if applicable), and county and state codes.

(b) Transmit the worksheet data to the AAC on the EAS web site at <http://vaww.registries.aac.va.gov>.

(c) Establish a health record if one does not already exist, and maintain in the administrative health record or scanned health record, an appropriately titled CPRS Progress Note; and

(d) If requested, and only with a signed request for release of information (ROI) from an active duty member or other legal authority as outlined in VHA Handbook 1605.1, VA may supply a copy of these medical records to the military facility.

(i) **Updating EH Clinician and EH Coordinator Appointments**

1. Separate listings of the EH Clinicians and EH Coordinators are maintained within EAS and published on the internet and intranet web sites at <http://www.va.gov/EnvironAgents/> and <http://vaww.va.gov/EnvironAgents>.

2. In an effort to keep these listings current, facilities are mandated to notify EAS of changes as they occur in the status of EH Clinicians and Coordinators at their respective facilities and/or satellite clinics.

3. As changes in appointments occur, the name, title, mail routing symbol, telephone and facsimile (FAX) numbers including area code must be submitted to the Environmental Health Coordinator, EAS (131), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420.

NOTE: To provide current GW information to concerned VA Registry Staff, it is important that any changes in appointments of EH Clinicians and Coordinators at VA facilities be provided to VA Central Office (131) as they occur.

6. GULF WAR UNIFORM CASE ASSESSMENT PROTOCOL (UCAP)

a. **Background**

(1) Most personnel who served in the GW have reported health problems since their return to the U.S. While most of the health problems of these veterans have been diagnosed as conditions that are readily definable, some veterans have unexplained illnesses that developed after their GW service. These GW veterans seen by VA EH Clinicians have complex, multifaceted health problems that provide difficult diagnostic challenges. Veterans are understandably frustrated that definitive answers regarding the cause(s) of their problems are not immediately forthcoming.

(2) VA and DOD worked cooperatively to develop a Uniform Case Assessment Protocol (UCAP) for the evaluation of these GW veterans who, after a thorough routine medical evaluation, are determined to have unexplained illnesses (see App. F). *NOTE: This UCAP grew out of the medical experience in diagnostic evaluation of GW veterans seen at VA Referral Centers. (These Centers were discontinued and replaced with the WRIISCs whose mission expanded to offer similar comprehensive clinical care to combat veterans of all eras, as described in VHA Handbook 1303.5.) The protocol was then further refined and adapted for use by both VA and DOD facilities. DOD's similar protocol was identified as the Comprehensive Clinical Evaluation Program (CCEP), but is no longer in practice.*

(3) The UCAP includes a group of supplemental baseline laboratory tests and consultations which needs to be provided to every veteran with debilitating unexplained illness. It gives guidelines for the minimum diagnostic work-up for the most frequent complaints experienced by GW or OIF veterans with unexplained illnesses. This protocol utilizes validated and readily available diagnostic tests to thoroughly evaluate each of the common symptoms reported by GW and OIF veterans.

(4) The concept behind the protocol was to identify previously unrecognized major diagnostic entities which could provide an explanation for the symptoms commonly reported in GW veterans with unexplained illnesses. *NOTE: It needs to be emphasized that the protocol is not designed to be all-encompassing; therefore, it needs to be carried out with a high degree of clinical judgment.* All significant symptoms and abnormalities not specifically outlined in the protocol must be fully evaluated according to the medical judgment of the EH or Primary Care clinicians directing the work-up. The information gathered by this process is to be entered into a computerized database at <http://vaww.registries.aac.va.gov>.

b. **Authority.** The UCAP for GW veterans with unexplained illnesses was administratively established by the Under Secretary for Health to assist in addressing the unique health concerns of the GW veterans. On November 2, 1994, Pub. L. 103-446 amended Title 38 U.S.C. 1117 implementing the uniform and comprehensive medical evaluation protocol for the GW veterans.

c. **Scope.** All VA health care facilities must examine the available services for GW and OIF veterans to ensure that quality outreach, diagnostic, and treatment services are furnished as intended. If these services cannot be provided by the local VA facility, a mechanism must be developed to provide these services by contract, sharing agreements, or referral to other VA facilities.

d. **Responsibilities**

(1) **EH Clinicians.** The EH Clinician is responsible for:

(a) Conducting the Registry examination (Phase I), which is the first step toward diagnosis of the health problems of a GW or OIF veteran (see App. B and App. C); and

(b) If a diagnosis is not readily apparent after conducting routine medical evaluations, initiating the UCAP, (Phase II) using the protocol provided in Appendix G.

(c) Initiating the UCAP (Phase II) and, if the health problems are still unexplained, the EH clinician might consider a referral to one of the WRIISCs (see App G).

(2) **EH Coordinators.** The EH Coordinator is responsible for:

(a) Following the reporting instructions as included in Appendix G.

(b) Providing accurate coding of both symptoms and diagnoses, and when questions arise about these items, consulting with EH Clinician, or designee.

(c) Completing and entering the UCAP data on the Web site <http://vaww.registries.aac.va.gov> . *NOTE: This web site includes a Users Guide that provides instructions for obtaining access to the secured registry databases.*

7. MEDIA AND OTHER EXTERNAL CONTACTS

a. **Media Contacts.** Reports of Contact from various media sources (e.g., radio, television, newspapers, etc.) concerning GWR Program activities are to be referred by phone to the facility Public Affairs Officer. Interviews are not to be given unless approved by the medical center Public Affairs Officer who may appropriately coordinate a response with the regional VA public affairs representative.

b. **Contacts to Advise Centers of “Special Cures” for GW-Related Illnesses.** Medical centers can expect, on occasion, to be contacted by private sector physicians, researchers, and the general public with information regarding “quick cures” for GW-related illnesses. Such individuals need to be advised that:

- (1) There are medically accepted mechanisms to introduce new clinical treatments;
- (2) All new treatments suggested must be reviewed by a formally-designated Human Subjects Review Committee;
- (3) It is important to have independent confirmation of treatment efficacy;
- (4) Provisions exist to permit the originator of new therapies to retain professional credit and be appropriately compensated; and/or
- (5) The individual might want to consider presenting the “new approach” at a VA or medical school Grand Rounds or Staff Review Committee meeting.
- (6) In general, VA cannot fund experimental treatments of veterans at non-VA facilities.

DEFINITIONS AND ACRONYMS

1. **ANA.** Anti-Nuclear Antibody.
2. **BAER.** Brainstem Auditory Evoked Response.
3. **CAPS.** Clinician-Administered Post-Traumatic Stress Disorder (PTSD) Scale.
4. **CARC.** Chemical Agent Resistant Compound paint.
5. **CBC.** Complete Blood Count.
6. **CFD.** The Corporate Franchise Data Center located in Austin, TX, is the location of the computerized registry for worksheet data collection and database entry. This was formerly known as the Austin Automation Center (AAC),
7. **CHR.** Consolidated Health Record is a file containing medical records relating to patient identity, diagnosis, prognosis, or treatment at a Department of Veterans Affairs (VA) facility.
8. **CMP.** Comprehensive Metabolic Panel.
9. **CPK.** Creatine Phosphokinase.
10. **CPRS.** Computerized Patient Record System.
11. **CT.** Computed Tomography.
12. **D.O.** Doctor of Osteopathy.
13. **DOD.** Department of Defense.
14. **DOD Form 2161.** "Referral for Civilian Care."
15. **DSM-IV.** Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.
16. **DSM-IV-TR.** Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (Text Revised)
17. **DU.** Depleted Uranium.
18. **EAS.** Environmental Agents Service. EAS (131), VA Central Office, has the responsibility to coordinate and monitor all VHA activities, research, and otherwise, relating to the Gulf War (GW) issue.

19. **ECG.** Electrocardiogram.
20. **EEG.** Electroencephalogram.
21. **EGD.** Esophagastroduodenoscopy.
22. **Environmental Health (EH) Clinician.** The EH Clinician is a physician or designee who is responsible for the clinical management of the GW Program at each VA medical facility.
23. **Environmental Health (EH) Coordinator.** The EH Coordinator is a staff member responsible for the administrative management of the GW program at each VA facility.
24. **EMG.** Electromyogram.
25. **ENG.** Electronystamogram.
26. **Examinations**
 - a. **Initial.** The first physical examination which is completed, and data entered in the GW registry database, located at the AAC, on the EAS web site at <http://vaww.registries.aac.va.gov>.
 - b. **Follow-up.** Examination performed subsequent to the initial (first) examination and data entered in GW registry database, located at the AAC, on the EAS Web site at <http://vaww.registries.aac.va.gov>.
27. **Facility.** Any VA entity that provides GW Registry examinations to GW veterans.
28. **GI.** Gastrointestinal.
29. **GW.** Gulf War.
30. **GWR.** Gulf War Registry, a computerized index of veteran participants, is managed centrally by the EAS in VA Central Office. The coded findings of GWR Program physical examinations and related diagnostic results are entered into a database by the VA facility staff on Web site <http://vaww.registries.aac.va.gov>.
31. **GYN.** Gynecology.
32. **Hct.** Hematocrit.
33. **Hgb.** Hemoglobin.
34. **HIV.** Human Immunodeficiency Virus.

35. **IB-10-41.** VA Information Bulletin (IB) entitled “Gulf War Veterans’ Illnesses, Questions and Answers.”
36. **IB 10-42.** “Gulf War Research, A Report to Veterans.”
37. **IB 10-166.** “Operation Iraqi Freedom/Enduring Freedom Review.”
38. **ICD-9-CM.** The International Classification of Diseases, 9th Edition, Clinical Modification provides standardized classification of diseases.
39. **IgG.** Immunoglobulin G.
40. **KIA.** Killed in Action.
41. **KTO.** Kuwait Theater of Operations.
42. **LDH.** Lactic Acid Dehydrogenase.
43. **LP.** Lumbar Puncture.
44. **MIA.** Missing in Action.
45. **MOS.** Military Occupational Specialty.
46. **M.D.** Doctor of Medicine.
47. **MRI.** Magnetic Resonance Imaging.
48. **MSLT.** Multiple Sleep Latency Test.
49. **NCV.** Nerve Conduction Velocity.
50. **OIF.** Operation Iraqi Freedom.
51. **O&P.** Ova and Parasites.
52. **P.A.** Physician’s Assistant.
53. **PFT.** Pulmonary Function Test.
54. **Plt.** Platelet.
55. **PPD.** Purified Protein Derivative.
56. **PTF.** Patient Treatment File.

57. **PTSD.** Post-Traumatic Stress Disorder.
58. **Persian Gulf Area of Service.** For eligibility purposes, active military duty in Southwest Asia during the Gulf War included service in one or more of the following areas: Iraq, Kuwait, Saudi Arabia, the neutral zone (between Iraq and Saudi Arabia), Bahrain, Qatar, the United Arab Emirates, Oman, waters of the Persian Gulf, Red Sea, Arabian Sea, and Gulfs of Aden and Oman.
59. **(Persian) Gulf War Period of Service.** Public Law (Pub. L.) 102-25 established a (Persian) Gulf War period of service that affects persons serving on active duty as of August 2, 1990. The wartime period of service continues until terminated by Presidential proclamation or by law.
60. **Records Control Schedule (RCS) 10-1.** Provides instructions for record retention and disposition.
61. **RHP.** Reproductive Health Problems.
62. **SCID.** Structured Clinical Interview for DSM-IV and DSM-IV-TR.
63. **SCUDS.** The common name for a former Soviet Union designed surface to surface missile. It is actually the NATO designator given to the missile.
64. **SED.** Skin Erythema Dose.
65. **SGPT(ALT).** Serum Glutamic Pyruvate Transaminase.
66. **SGOT (AST).** Serum Glutamic Oxaloacetic Transaminase.
67. **SSN.** Social Security Number.
68. **T4.** Thyroxine Total Serum.
69. **TB.** Tuberculosis.
70. **TSH.** Thyroid Stimulating Hormone.
71. **UCAP.** Uniform Case Assessment Protocol.
72. **UGI.** Upper Gastrointestinal.
73. **VA.** Department of Veterans Affairs.
74. **VA Form 10-9009B.** Identification Sticker entitled "Persian Gulf."

- 75. **VDRL.** Venereal Disease Research Laboratory.
- 76. **VHA.** Veterans Health Administration.
- 77. **VSР.** Veterans Services Representative.
- 78. **WBC.** White Blood Cells.

**PROTOCOL FOR CONDUCTING THE PHYSICAL EXAMINATION
AND ORDERING DIAGNOSTIC STUDIES, PHASE I**

1. It is essential that a complete medical history, physical examination, and interview be performed and documented on appropriate forms.
 - a. The required forms that must be fully completed are: VA Form 10-9009a, Gulf War Registry (GWR) Worksheet; dated follow-up letters which must be maintained, as well as scanned documents attached to appropriately titled Computerized Patient Record System Progress Notes (CPRS); and all medical records of the registry examination, i.e., Standard Form (SF) 88, Report of Medical Examination, and SF 509, Medical Record Progress Report (for follow-up) which must be maintained within CPRS. *NOTE: This needs to be accomplished by, or under, the direct supervision of the Environmental Health (EH) Clinician. Examination data must be recorded in the veteran's medical record as is done for any other medical examination.*
 - b. The complete medical history needs to address the following:
 - (1) Family history;
 - (2) Occupational history;
 - (3) Social history including tobacco, alcohol, and drug use;
 - (4) Civilian exposure(s) history to possible toxic agents;
 - (5) Psychosocial history; and
 - (6) Review of systems.
2. The person actually performing the physical examination must be identified by name, signature, and title (i.e., Doctor of Osteopathy (D.O.), Doctor of Medicine (MD), Physician's Assistant (PA), etc.).
3. When a GWR examination is done as part of a compensation and pension (C&P) examination, the physical examination must be done by, or under, the direct supervision of the EH Clinician or designee.
4. The physician needs to be aware of the variety of exposures endemic to the Gulf War area. These are listed in subparagraph 5b of the Handbook. There has been a wide distribution of major categories of diagnosis reported by VA EH Clinicians, however no significant variation in occurrence of major categories of medical problems has been identified. Following (for informational purposes) is a list of some of the health problems and/or diseases that need to be considered:

a. Recommended coding (see International Classification of Diseases, Current Edition).

<u>Complaints</u>	<u>Symptom Code</u>	<u>Diagnosis</u> (If confirmed)	<u>Diagnostic Code</u>
(1) Other Symptoms involving: (2) Nervous and Musculoskeletal (3) Systems for Pain in the joint	78199	Arthralgia	71940-71949
(4) Malaise and Fatigue	78079	Chronic Fatigue Syndrome Fibromyalgia	78071 7291
(5) Insomnia with sleep apnea	78051 or 78053	Sleep Apnea	99001

b. **DIAGNOSIS**

- (1) Amebiasis;
- (2) Apnea, sleep;
- (3) Arthralgia;
- (4) Asthma;
- (5) Brill's Zinsser disease (recrudescence typhus);
- (6) Bronchiectasis;
- (7) Bronchopneumonia, organism unspecified;
- (8) Brucellosis;
- (9) Chronic obstructive pulmonary disease, not elsewhere classified;
- (10) Chronic bronchitis;
- (11) Chronic Fatigue Syndrome;
- (12) Chronic Laryngotracheitis;
- (13) Chronic respiratory conditions due to fumes and vapors;
- (14) Emphysema;

- (15) Fibromyalgia;
- (16) Giardiasis;
- (17) Leishmaniasis;
- (18) Malaria;
- (19) Other and unspecified diseases of upper respiratory tract;
- (20) Pneumoconiosis due to other silica or silicates;
- (21) Pneumoconiosis, unspecified;
- (22) Unspecified chronic respiratory disease;
- (23) Respiratory conditions due to unspecified external agent;
- (24) Sandfly fever (phlebotomus fever);
- (25) Schistosomiasis (bilharziasis);
- (26) Toxoplasmosis;
- (27) Typhoid fever, also carrier - V02.1;
- (28) Tuberculosis, specify variant(s);
- (29) Viral hepatitis;
- (30) Memory loss;
- (31) Polyneuropathy;
- (32) Skin rash;
- (33) Adjustment disorder, including Post-Traumatic Stress Disorder (PTSD);
- (34) Alcohol dependence syndrome; and
- (35) Drug dependence.

5. In gathering these data, it is important to determine and record the:

- a. Time of onset of the symptoms or conditions,

- b. Intensity,
 - c. Degree of physical incapacitation, and
 - d. Details of any treatment received.
6. Each veteran must be given the following baseline laboratory studies (Phase I Registry Examination):
- a. Complete Blood Count (CBC);
 - b. Comprehensive metabolic panel or blood chemistries and enzyme studies; and
 - c. Urinalysis.
7. Appropriate additional diagnostic studies need to be performed and consultations obtained, as indicated, by the patient's symptoms and the physical and laboratory findings.

NOTE: If individuals have unexplained illnesses, after a Phase I Registry Examination is performed, a Phase II examination is conducted according to the judgment of the EH Clinician or Primary Care Clinician (see App. G for instructions).

- a. Other diagnostic studies, such as pulmonary function tests and sperm counts, need to be performed if medically indicated.
- b. Laboratory tests results need to be filed in the Consolidated Health Record (CHR) and/or CPRS.

**INSTRUCTIONS FOR COMPLETING DEPARTMENT OF VETERANS AFFAIRS (VA)
FORM 10-9009A, GULF WAR REGISTRY (GWR) WORKSHEET, PHASE I
(PARTS 1, 2, and 3)**

1. General Instructions for Completing Department of Veterans Affairs (VA) Form 10-9009A (June 2005).

a. All Gulf War Registry (GWR) worksheet data are required to be entered into the GWR database located at the Corporate Franchise Data (CFD) Center on the Environmental Agents Service (EAS) web site at <http://vaww.registries.aac.va.gov>. *NOTE: This web site includes a Users Guide that provides instructions for obtaining access to the secured registry databases.* Blank registry worksheets are available on this web site and a User's Guide with a Table of Contents provides instructions on:

- (1) How to Get Access to EAS Registries,
- (2) EAS Registries Logon,
- (3) Main Page,
- (4) Patients,
- (5) Exams,
- (6) Agent Orange Exam,
- (7) Depleted Uranium Exam,
- (8) Gulf War Exam,
- (9) Gulf War Phase II,
- (10) Ionizing Radiation,
- (11) Reports,
- (12) Appendix A, Sample 9957 for EAS Coordinator,
- (13) Appendix B, Sample 9957 for EAS Coder,
- (14) Appendix C, Sample 9957 for EAS Clinician, and
- (15) Appendix D, Sample 9957 for EAS Depleted Uranium Follow-up Sample Worksheets.

NOTE: As of September 30, 2003, the CFD no longer accepted hard copies of code sheets (now identified as worksheets) mailed to their offices in Austin, TX.

b. Click on the User's Guide on web site <http://vaww.registries.aac.va.gov> and follow the registry entry instructions carefully to ensure that all data fields are accurately completed. Edits are automatically accomplished at the time of entry. *NOTE: This web site includes a Users Guide that provides instructions for obtaining access to the secured registry databases.* The completed registry worksheet must be maintained in the administrative health record or scanned and attached to an appropriately titled Computerized Patient Record System (CPRS) progress note.

c. Part 1 of the worksheet may be completed in the presence of the veteran.

d. Parts 2 and 3 of the worksheet need to be completed at the time of the examination by the Environmental Health (EH) or Primary Care Clinician and coded by appropriate staff, either the EH Coordinator or the Coding Clerk. *NOTE: Careful attention needs to be paid to assigning the correct code for both complaints (symptoms) and diagnosis. International Classification of Disease (ICD), 9th Edition, Clinical Modification (CM), (ICD-9-CM) code 78999, for uncodable complaints (symptoms), only needs to be assigned after all coding possibilities have been thoroughly explored. The indiscriminate use of ICD-9-CM code 78999 may result in skewed or misleading statistics.*

**EXAMPLE OF GULF WAR REGISTRY FOLLOW-UP LETTER
(MEDICAL PROBLEMS INDICATED)**



**DEPARTMENT OF VETERANS AFFAIRS
Medical Center
Anywhere, U.S.A. Zip**

In Response Reply To:

(Date)

(Name/Address)

Dear _____:

We sincerely appreciate your recent participation in the Department of Veterans Affairs (VA) Gulf War (GW) Registry. This effort should prove to be helpful in assisting us to serve you and other veterans who are concerned about the possible health problems that may have resulted from service in Southwest Asia during the Gulf War and/or Operation Iraqi Freedom (OIF).

As discussed at the conclusion of your visit, results of your examination and laboratory tests showed certain problems (optional--these findings may be described in lay terms). In view of these findings, we have scheduled you for treatment of these health problems on (date). If for any reason you cannot keep this appointment, please call (telephone number) at the earliest possible time to cancel and reschedule.

The results of your examination will be maintained by VA and will be available for future use as needed. If you have any questions or concerns about your Gulf War Registry examination, please contact the Veterans' Environmental Health Coordinator at (telephone number) for assistance.

Whether you are eligible for cost-free treatment or will be responsible for co-payments will be determined by your income and other factors unless the VA determines that your health problems are service-connected. You may wish to file a claim for compensation to establish possible service-connection. The injury or illness need not have been incurred in combat; the law requires only that a disease or disability was incurred or aggravated as a result of military service.

Please remember that this examination does not automatically initiate a claim for VA benefits. If you wish to file a claim, please contact the nearest VA Regional Office. In your area, the need any further assistance, you may contact one of the following toll-free numbers:

- (1) Veterans Benefits Representative: 1-800-827-1000 (for information on filing claims);
- (2) Veterans Health Benefits Service Center: 1-877-222-VETS (8387); or
- (3) VA Helpline: 1-800-749-8387.

An outreach program has been implemented by which VA notifies all individuals listed in the registry of significant VA activities, including the health consequences of military service in the Gulf War theater of operations during the Gulf War or Operation Iraqi Freedom. VA's Environmental Agents Service (EAS) periodically publishes a newsletter entitled "Gulf War Review." A copy of the current "Review" is enclosed for your reference. If you would like to view or print this newsletter, you should visit the EAS web site at:

<http://www.VA.gov/EnvironAgents>.

For other veterans who served on active duty in a designated theater of combat operations after the Persian Gulf War or in combat against a hostile force during a period of hostilities after November 11, 1998, VA is authorized to provide health care services to them for a 2-year period following separation from military service for conditions possibly related to their combat service.

We trust this information is helpful to you. Once again, your participation in the registry is appreciated.

Sincerely yours,

(Signature)

Name of Environmental Health Clinician

Enclosure

**EXAMPLE OF GULF WAR REGISTRY FOLLOW-UP LETTER
(NO MEDICAL PROBLEMS INDICATED)**



**DEPARTMENT OF VETERANS AFFAIRS
VA Medical Center
Anywhere, U.S.A. Zip**

In Response Reply To:

(Date)

Name/Address

Dear _____:

We sincerely appreciate your recent participation in the Department of Veterans Affairs (VA) Gulf War (GW) Registry. This effort should prove to be helpful in assisting us to serve you and other veterans who are concerned about the possible health problems that may have resulted from service in Southwest Asia during the Gulf War or Operation Iraqi Freedom (OIF).

As discussed at the conclusion of your visit, results of your examination and laboratory tests indicate that there are no detectable medical problems. At this time you have no reason to be concerned about any adverse health effects resulting from your service in the Persian Gulf. However, in the future if you have a medical problem, I would encourage you to seek the help and advice of Environmental Health Clinicians or Coordinators at the nearest VA medical center or outpatient clinic. You may reach us at (telephone number).

The results of your examination will be maintained by VA and will be available for future use as needed.

Please remember that this examination does not automatically initiate a claim for VA benefits. If you wish to file a claim for compensation to establish possible service-connection, please contact your nearest VA Regional Office. In your area, the Regional Office is located at (address). Their telephone number is (phone number). VA may pay compensation for current disability due to any injury or disease that was incurred or aggravated as a result of military service. The condition does not have to be related to combat.

If you need any further assistance, you may call one of the following toll-free numbers:

- (1) Veterans Benefits Representative: 1-800-827-1000 (for information on filing claims);
- (2) Veterans Health Benefits Service Center: 1-877-222-VETS (8387); or
- (3) VA Helpline: 1-800-749-8387

An outreach program has been implemented by which VA notifies all individuals listed in the registry of significant VA activities, including the health consequences of military service in the Gulf War theater of operations during the Gulf War or Operation Iraqi Freedom. VA's Environmental Agents Service (EAS) periodically publishes a newsletter entitled "Gulf War Review." A copy of the current "Review" is enclosed for your reference. If you would like to view or print this newsletter, you should visit the EAS web site at:

<http://www.VA.gov/EnvironAgents>.

For other veterans who served on active duty in a designated theater of combat operations after the Persian Gulf War or in combat against a hostile force during a period of hostilities after November 11, 1998, VA is authorized to provide health care services to them for a 2-year period following separation from military service for conditions possibly related to their combat service.

We trust this information is helpful to you. Once again, your participation in the registry is appreciated.

Sincerely yours,

(Signature)

Name of Environmental Health Clinician

Enclosure

CONDUCTING THE UNIFORM CASE ASSESSMENT PROTOCOL (UCAP), PHASE II**1. PHASE I-LEVEL LABORATORY EVALUATIONS**

Even though the following base-line studies were completed during the Phase I-level laboratory evaluations, they must be repeated at this time.

- a. Complete Blood Count (CBC);
- b. Comprehensive metabolic panel or blood chemistries and enzyme studies; and
- c. Urinalysis.

2. PHASE II-LEVEL EVALUATION PROTOCOL. Phase II-Level Evaluations are recommended for those veterans after complete clinically-indicated evaluations are conducted and the clinician determines that the patient has an unexplained illness. Individuals who, after completing Phase I or registry evaluations, have a disability and do not have a clearly-defined diagnosis which explains their symptoms, must receive the following supplemental baseline laboratory tests and consultations.

a. Supplemental Baseline Laboratory Tests

- (1) CBC,
- (2) Sedimentation Rate Erythrocyte Sedimentation Rate (ESR),
- (3) C-Reactive Protein,
- (4) Rheumatoid Factor,
- (5) Anti-Nuclear Antibody (ANA),
- (6) Liver Function,
- (7) Creatine Phosphokinase (CPK),
- (8) Hepatitis Serology,
- (9) Human Immunodeficiency (HIV),
- (10) Venereal Disease Research Laboratory (VDRL),
- (11) B-12 and Folate,

- (12) Thyroid Function Test,
- (13) Urinalysis, and
- (14) Tuberculosis (TB) skin test Purified Protein Derivative (PPD).

b. **Consultations.** Consultations, to include:

- (1) Dental, but only if participant's annual screening is not done.
- (2) Infectious Disease.
- (3) Psychiatry, but only with physician-administered instruments as:

(a) Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Revised (DSM IV and DSM IV-TR). **NOTE:** *Delete modules for mania and psychosis.*

(b) Clinician Administered Post-Traumatic Stress Disorder (PTSD) Scale (CAPS).

(4) Neuropsychological testing, but only as indicated by a psychiatry consult.

c. **Symptom-specific Examination.** Individuals who have the following symptoms need to have the listed minimum work-up.

(1) **Diarrhea.** Diarrhea, to include:

- (a) Gastrointestinal (GI) consult,
- (b) Stool for Ova and Parasites (O&P),
- (c) Stool Leukocytes,
- (d) Stool culture,
- (e) Stool volume,
- (f) Colonoscopy with biopsies, and
- (g) Esophagoduodenoscopy (EGD) with biopsies and aspiration.

(2) **Abdominal Pain.** Abdominal pain, to include:

- (a) GI consult,

- (b) EGD with biopsy and aspiration,
- (c) Colonoscopy with biopsy,
- (d) Abdominal Ultrasound,
- (e) Upper Gastrointestinal (UGI) series with small bowel follow-through, and
- (f) Abdominal Computed Tomography (CT) Scan.

(3) **Headache**

- (a) Magnetic Resonance Imaging (MRI) of the head.
- (b) Lumbar Puncture (LP) to include:
 - 1. Glucose,
 - 2. Protein,
 - 3. Cell Count,
 - 4. Venereal Disease Research Laboratory (VDRL),
 - 5. Oligoclonal (IgG),
 - 6. Myelin basic protein,
 - 7. Opening pressure, and
 - 8. Neurology.

(4) **Muscle Aches and/or Numbness**

- (a) Electromyogram (EMG), and
- (b) Nerve Conduction Velocity (NCV).

(5) **Memory Loss.** Memory loss only if verified by neuropsychological testing, to include:

- (a) MRI.
- (b) LP. *NOTE: See tests on headache evaluation.*
- (c) Neurology consult.

(d) Neuro-psychological testing.

(6) **Vertigo and/or Tinnitus.** Vertigo and/or tinnitus to include:

(a) Audiogram,

(b) Electronystamogram (ENG), and

(c) Brainstem Auditory Evoked Response (BAER).

(7) **Chronic Fatigue.** Chronic fatigue, to include:

(a) Polysomnography, and

(b) Multiple Sleep Latency Test (MSLT).

(8) **Chronic Cough and/or Shortness of Breath.** Chronic cough and/or shortness of breath, to include:

(a) Pulmonary Consult;

(b) Pulmonary Function Test (PFT) with exercise and Arterial Blood Gases (ABG);

(c) If routine PFT's are negative, perform Methacholine challenge test; and

(d) Bronchoscopy with biopsy and/or lavage which is to be considered if PFTs are normal.

(9) **Chest Pain and/or Palpitations.** Chest pain and/or palpitations, to include:

(a) Electrocardiogram (ECG),

(b) Exercise Stress Test, and

(c) Holter monitor.

(10) **Skin Rash.** Skin rash, to include:

(a) Dermatology consult, and

(b) Consider a biopsy.

(11) **Reproductive Concerns.** Reproductive concerns, to include for:

(a) Males, a urology consult.

(b) Females, a gynecology (GYN) consult.

(c) Additional elements recommended for the evaluation of Gulf War veterans with complaints of Reproductive Health Problems (RHP):

1. Detailed genitourinary history and/or problems, including:
 - a. Sexual,
 - b. Genitourinary symptoms,
 - c. Menstrual,
 - d. Contraceptive practices,
 - e. Pregnancy-related,
 - f. Conception,
 - g. Birth defects,
 - h. Congenital disorders,
 - i. Menopause,
 - j. Prior infections, and
 - k. Prior surgery.
1. Exposures to toxic agents, etc.
2. Detailed genital and/or pelvic examination.
3. Laboratory and ancillary testing, e.g.:
 - a. Pap tests, and
 - b. Tests for genitourinary infection.
4. Urologist consultation for male veterans who have RHP that cannot be diagnosed or managed successfully by primary care practitioners.
5. Gynecology consultation for female veterans who have RHP that cannot be diagnosed or managed successfully by primary care practitioners.

(d) Additional elements for evaluation of Gulf War (GW) veterans with complaints of infertility.

1. Detailed menstrual and reproductive history (such as the Infertility Questionnaire utilized by Walter Reed Army Medical Center).

2. Semen analysis, e.g.:

a. Volume,

b. pH,

c. Liquefaction,

d. Sperm concentration,

e. Motility,

f. Progressive motility,

g. Sperm viability,

h. Leukocytes, and

i. Morphology.

3. Referral to an infertility specialist or program.

(e) Additional elements for evaluation of GW veterans with complaints related to birth defects or genetic disorders in offspring conceived during or after GW service.

1. Detailed history of congenital or genetic disorders (such as the Patient Genetic Screen Questionnaire utilized by Walter Reed Army Medical Center).

2. Detailed occupational exposures questionnaire (such as Worker and Supervisor Questionnaires utilized by National Naval Medical Center).

3. Referral to a genetic disease specialist or program.

**INSTRUCTIONS FOR COMPLETING GULF WAR (GW) WORKSHEET, PHASE II,
(PART 3), UNIFORM CASE ASSESSMENT PROTOCOL (UCAP)**

1. General Instructions for Completing Department of Veterans Affairs (VA) Gulf War Registry Examination Worksheet, Phase II, Uniform Case Assessment Protocol (UCAP).

a. The Phase II examination needs to be offered to all eligible Gulf War (GW) (including Operation Iraqi Freedom) veterans with unexplained illnesses. The Phase II examination needs to be performed after the completion of the Phase I registry examination, and a thorough clinically-based evaluation of the veteran's symptoms, as deemed necessary, by the examining physician.

b. Phase II needs to be performed at the local VA medical facility or, if the medical expertise is unavailable, local referral must be made to the nearest regional tertiary care center or War-Related Illness and Injury Study Center (WRIISC). *NOTE: Refer to Veterans Health Administration (VHA) Handbook 1303.5 or web site <http://www.va.gov/EnvironAgents>, and the video entitled War and Health: Treating War-Related Illnesses at VA's WRIISCs.*

2. Instructions for Completing Phase II, (Part 3), Tests and Consultations. Only those entries which are related to the veteran's symptoms and deemed necessary by the examining physicians need to be completed; leave test and consult questions that are not applicable blank. Select either Yes (Y) or No (N) from the pull-down menu. *NOTE: Refer to web site <http://vaww.registries.aac.va.gov> for instructions. This web site includes a Users Guide that provides instructions for obtaining access to the secured registry databases.*