



Persian Gulf Review

Vol. 5, NO. 2

Information for Veterans Who Served in Desert Shield/Storm

March 1997

Presidential Advisory Committee on Gulf War Veterans' Illnesses Issues Final Report--Findings and Recommendations

On January 7, 1997, President Clinton received the Final Report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses. The findings and recommendations are described below. The President asked the Committee to continue to monitor the ongoing Federal programs on behalf of Persian Gulf War veterans.

In May 1995, President Clinton established the Presidential Advisory Committee to ensure an independent, open, and comprehensive examination of health concerns related to Persian Gulf War service. The Committee, a 12-member panel made up of veterans, scientists, health care professionals, and policy experts, held 18 public meetings between August 1995 and November 1996. The Committee heard invited testimony and received public comment at each meeting. Committee staff held in-house consultations, received briefings, conducted literature reviews, interviewed veterans, and reviewed government documents. The Committee analyzed information on the full range of activities specified in its charter--research, coordinating efforts, medical treatment, outreach, reviews conducted by other governmental and nongovernmental bodies, risk factors (exposure and health effects), and chemical and biological weapons.

Overall, the Committee was "encouraged" by the government's response to the range of health-related problems experienced by Persian Gulf War veterans. The Committee agreed with the National Academy of Sciences' Institute of Medicine's conclusion that the clinical evaluation programs of DoD and VA are "excellent for the diagnosis of Gulf War veterans' illnesses."

Findings

The Committee found that:

Among the subset of the Gulf War veteran population examined in the ongoing clinical and research programs,

many veterans have illnesses likely to be connected to their service in the Gulf.

Current scientific evidence does not support a cause and effect link between the symptoms and illnesses reported today by Gulf War veterans and exposures while in the Gulf Region to the following environmental risk factors assessed by the Committee: pesticides, chemical warfare agents, biological warfare agents, vaccines, pyridostigmine bromide, infectious diseases, depleted uranium, oil-well fires and smoke, and petroleum products.

Stress is known to affect the brain, immune system, cardiovascular system, and various hormonal responses. Stress manifests in diverse ways, and is likely to be an important contributing factor to the broad range of physical and psychological illnesses currently being reported by Gulf War veterans.

Recommendations

The Committee recommended that:

To ensure credibility and thoroughness, further investigation of possible chemical or biological warfare agent exposures during the Gulf War should be conducted by a group independent of DoD. Openness in oversight activities--including public access to information and veteran participation--public notice of meetings, opportunity for public comment, and regular reporting are essential. Full public accountability is critical. (Continued on Page 3)

Secretary Jesse Brown Testifies on Efforts to Help Persian Gulf War Veterans

(On January 9, 1997, Department of Veterans Affairs Secretary Jesse Brown testified before Senate Committee on Veterans' Affairs during a hearing that focused on health issues relating to Persian Gulf War veterans. The following is an excerpt of his 17-page written statement. Individuals seeking to obtain the full statement can contact the Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420).



Some media reports glamorized the war as "40 days and nights of thunder" in the air action and "100 hours of lightning ground combat." The rest of the story was not so appealing. Nearly 700,000 U.S. troops spent several months in a harsh, desert environment.

Our warriors were exposed to anxious months of preparations for war, with deep concerns about land mines, chemical and biological warfare attacks, and a well-armed enemy.

They faced stressful combat conditions, smoke from oil fires, infectious parasites, vaccines and drugs to counter the effects of nerve gas, insecticides, toxic petroleum products, depleted uranium, and chemical agents,

When victory was declared, some of our servicemen and women found that their war was not over. Soon after returning from the Gulf, some veterans began to report a variety of symptoms and illnesses. They were suffering from fatigue, memory loss, painful joints, and other physical and psychological problems.

At that time, as an official of the Disabled American Veterans, I added my voice to those calling on the government to look into this matter. We remembered the frustrations of Vietnam veterans waiting for a response to concerns about Agent Orange. We in the veterans community were determined that history should not repeat itself...

When I became Secretary for Veterans Affairs in January of 1993, I was briefed on the actions VA had taken for Persian Gulf veterans. A Persian Gulf Registry, with a special medical examination, had been established even before many of these veterans were released from active duty.

Among VA's Top Priorities

This was a good, early response. But we immediately strengthened it, making this issue one of VA's top priorities.

We requested and received legislation to give Persian Gulf veterans special eligibility for VA medical care (P.L. 103-210, December 20, 1993).

We established four Persian Gulf Referral Centers...

We named an Expert Scientific Advisory Committee, with representatives from our veterans service organizations on it.

We started an extensive research program...

We conducted nationwide clinical training for the staff caring for Persian Gulf veterans,

We consolidated Persian Gulf benefits claims, to ensure consistent and fair rating (VA first centralized claims at the Louisville VARO; then added Nashville, Philadelphia and Phoenix.)

And we supported legislation to compensate Persian Gulf veterans with undiagnosed illnesses. I wrote to every member of Congress, endorsing this legislation. When the legislation was enacted, we moved quickly to begin paying this compensation (P.L. 103446, November 2, 1994).

...this law specifies that veterans must have symptoms

within a presumptive period, now set at two years, after they left the Persian Gulf. I am very concerned that some claims were denied because the veterans' symptoms did not appear until after the two-year presumptive period.

I wrote to the President to propose that the current presumptive period be reconsidered. I am pleased that earlier this week the President announced he has accepted this proposal, and I am charged with reporting back to him in 60 days regarding extending the limit. I will consult with veterans organizations, Members of Congress, and other interested parties before making my decision.

When the compensation law was passed, we contacted Persian Gulf veterans who had VA examinations, and we invited them to file a claim. We immediately began reviewing claims based on environmental hazards that had been disallowed.

Research is Essential

We all know that the questions about health effects of Persian Gulf service can be answered only through research. The President has designated me to take the lead in coordinating all federally sponsored research.

More than 80 Persian Gulf-related projects are in progress, and others have been completed. Larger VA studies include a long-term mortality study of Persian Gulf veterans, and a national health survey of these veterans and their families. In addition, last year VA established a fourth Environmental Hazards Research Center to study the possibility of reproductive problems related to military service.

We are proud that nearly half of all Persian Gulf research is being conducted at VA hospitals and our affiliated medical schools. But we know how important it is to open up scientific review and inquiry to independent, non-government experts.

That is why we have worked hand-in-hand with the Persian Gulf Expert Scientific Panel, the National Academy of Sciences' Institute of Medicine, the National Institutes of Health Panel, the American Institute for Biological Sciences, and the Presidential Advisory Committee on Gulf War Veterans' Illnesses. And it is why we also have supported research by non-government scientists.

Concerns about Chemical Agents

Following DoD's announcement in June 1996 that U.S. troops may have been exposed to chemical warfare agents in the Persian Gulf, we moved aggressively to evaluate this information. The available scientific literature suggests that long-term, chronic health problems do not result from exposures that were not marked by acute clinical signs and symptoms.

However, research in this area is limited. We cannot conclude that low-level exposures do not have long-term effects, especially when combined with other environmental factors. More research is needed.

Accordingly, the Persian Gulf Veterans Coordinating

Board requested and received funding for three new basic science research projects at \$2.5 million, and published a request for proposals in the Commerce Business Daily for studies on low-level exposure to these chemicals...

VA Listens to Veterans

I have said, on many occasions, "If anyone believes we should be doing something we are not doing, we want to hear from you." In light of this, I am surprised at some of the criticism I have heard. It has been suggested... that VA has not listened to veterans who reported they had been exposed to chemical warfare agents in the Persian Gulf.

The record shows that VA acted responsibly and aggressively... In 1993, three years prior to the DoD disclosure, VA designed a special protocol. It was meant to detect symptoms related to possible nerve gas exposures,

On November 1, 1993, we responded to a specific group of veterans who thought they had been exposed to chemical warfare agents. We selected the Birmingham VA Medical Center to intensively review the scientific literature on the effects of these chemicals. They developed a specialized neurological examination to look for these effects. This facility continues to serve as a focal point for referral patients including those with chemical agent exposures.

On November 16, 1993, I testified before this Committee, noting that some outside VA would dismiss concerns over chemical warfare agents. I said at that time "VA has a responsibility to remain sensitive to the concerns of veterans. So we have had an open mind from the beginning. Our search for answers has never ruled out chemical agents."

And in the Spring 1994, we revised the Registry questionnaire and code sheet to ask veterans if they believed they were exposed to chemical warfare agents.

These activities continue to be important, and they are being carried out today in VA medical facilities nationwide...

VA's Persian Gulf programs are encompassed in a comprehensive four-pronged approach, addressing relevant medical care, research, compensation, and outreach and educational issues. VA provides Persian Gulf Registry health examinations and follow-up care at its medical facilities nationwide, specialized evaluations at four regional Referrals Centers, and readjustment and sexual trauma counseling to Persian Gulf War veterans. To date, more than 63,000 Persian Gulf War veterans have completed Registry examinations, almost 187,000 have been seen in VA ambulatory care clinics, more than 19,000 have been hospitalized at VA medical facilities, more than 350 veterans have received specialized Referral Center evaluations, and more than 74,000 have been counseled at VA's Vet Centers.

*Over 191,000 now.

Presidential Advisory Committee on Gulf War Veterans' Illnesses Issues Final Report--Findings and Recommendations

(Continued from Page 1)

A Presidential Review Directive (PRD) be issued to instruct the National Science and Technology Council to develop an insurgency plan to address health preparedness for and readjustment of veterans and families after future conflicts and peacekeeping missions. The President's Committee of Advisors on Science and Technology and other nongovernmental experts, as appropriate, should be asked to review the plan 12 months after the PRD is issued and again at 18 months to ensure national expertise is brought to bear on these issues.

DoD and VA immediately develop and implement a comprehensive risk communication plan. This effort should move forward in close cooperation with agencies that have a high degree of public trust and experience with risk communication, such as the Toxic Substances and Disease Registry and the National Institute for Occupational Safety and Health.

FDA solicit timely public and expert comment on any rule that permits waiver of informed consent for use of investigational products in military exigencies. Among the areas that specifically should be revisited are: adequacy of disclosure to service personnel; adequacy of recordkeeping; long-term follow-up of individuals who receive investigational products; review by an institutional review board outside of DoD; and additional procedures to enhance understanding, oversight, and accountability.

DoD officials at the highest echelons, including the Joint Chiefs of Staff and the Commanders in Chief, assign a high priority to dealing with the problem of lost or missing medical records. A computerized central database is important. Specialized databases must be compatible with the central database. Attention should be directed toward developing a mechanism for computerizing medical data in the field (including classified information, if and when it is needed). DoD and VA should adopt standardize recordkeeping to ensure continuity.

The Persian Gulf Veterans Coordinating Board and other appropriate departments and agencies be charged to develop a protocol to implement the following recommendation, which was made in the Committee's Interim Report: Prior to any deployment, DoD should undertake a thorough health evaluation of a large sample of troops to enable better postdeployment medical epidemiology. Medical surveillance should be standardized for a core set of tests across all services, including timely postdeployment followup.

The government develop more accurate and reliable methods of recording troop locations to facilitate post-conflict health research. DoD should make full use of global positioning technologies.

The government plan for further research on possible long-term health effects of low-level exposure to

Presidential Advisory Committee on Gulf War Veterans' Illnesses Issues Final Report--Memo to the Secretaries

(The following is an excerpt from the memorandum, dated December 31, 1996, signed by Committee Chair Joyce C. Lashof, M.D., Presidential Advisory Committee on Gulf War Veterans' Illnesses to the Secretaries of Defense, Health and Human Services, and Veterans Affairs transmitting the Committee's *Final Report*.)

Over the past 16 months, the Committee has analyzed the full range of the government's outreach, medical care, research, chemical and biological weapons, and coordination activities pertinent to Gulf War veterans' illnesses. We also investigated short- and long-term health effects of Gulf War risk factors.

Together with our February 1996 *Interim Report*, we make several recommendations we believe can improve our government's approach to addressing the concerns of the men and women who served our country during Operations Desert Shield/Desert Storm. We emphasize, however, that in the main these are suggestions to fine-tune the government's programs on Gulf War health matters. The Committee has concluded that in all areas save one, the government has responded with a comprehensive series of measures to address Gulf War veterans' illnesses.

Many veterans clearly are experiencing medical difficulties connected to their service in the Gulf War. First and foremost, continuing to provide clinical care to evaluate and treat veterans' illnesses is vital. At the same time, however, a causal link between a single factor and symptoms Gulf War veterans currently remains elusive. And while the Committee finds that stress is likely to be an important contributing factor to Gulf War veterans' illnesses, the story is by no means complete: Veterans, their physicians, and policymakers clearly stand to benefit from the broad array of ongoing research.

This benefit can only be achieved with a thoughtful, inclusive dialogue between veterans and your Departments. In light of public skepticism arising from recent revelations related to chemical warfare, the Committee strongly believes that a sustained risk communication effort is the only way to repair what many believe has been a breach of the government's compact with Gulf War veterans. This effort cannot begin soon enough.

The Committee is pained by the current atmosphere of government mistrust that now surrounds every aspect of Gulf War veterans' illnesses. It is regrettable--but understandable. Our investigation of the Department of Defense's efforts related to chemical weapons led us to conclude these early efforts have strained public trust in our government. Hence, evidence of possible chemical warfare agent exposures during the Gulf War must be thoroughly

organophosphorus nerve agents such as sarin, soman, or various pesticides, based on studies of groups with well-characterized exposures, including: a) cases of U.S. workers exposed to organophosphorus pesticides; and b) civilians exposed to the chemical warfare agent sarin during the 1994 and 1995 terrorist attacks in Japan. Additional work should include follow-up and evaluation of an appropriate subset of any U.S. service personnel who are presumed to be exposed during the Gulf War. The government should begin by consulting with appropriate experts, both governmental and nongovernmental, on organophosphorus nerve agent effects. Studies of human populations with well-characterized exposures will be much more revealing than studies based on animal models, which should be given lower priority.

The government continue to collect and archive serum samples from U.S. service personnel when feasible.

Research on possible causes and methods of prevention of excess mortality from external causes among veterans receives high priority.

The government consider methods for routinely sampling military populations regarding reproductive health so that an appropriate baseline exists for evaluating reproductive outcomes following deployment. In particular, DoD should consult with the National Center for Health Statistics and strongly consider implementing its National Survey of Family Growth and related methodologies for collecting data.

The entire federal research portfolio place greater emphasis on basic and applied research on the physical effects of stress and on stress-related disorders. The government conduct a thorough review of VA's policies concerning reproductive health and seek statutory authority to treat veterans and their families for service-connected problems. When indicated, genetic counseling should be provided--either via VA treatment facilities or referral--to assist veterans and their families who have reproductive concerns stemming from military service.

The government continue and intensify efforts to develop stress reduction programs for all troops, with special emphasis on deployed troops.

Action Plan Under Development

VA and other Federal departments and agencies have reviewed the Final Report and will submit an action plan to the President no later than March 8, 1997, to respond to the recommendations.

A copy of the government's responses to the Presidential Advisory Committee recommendations can be obtained by contacting the Persian Gulf Veterans Coordinating Board (131), 810 Vermont Avenue, NW, Washington DC 20420, or by accessing the VA Persian Gulf Web page at <http://www.vagov/health.enviro/pegulf.htm>. Information regarding this response will be included in the next issue of the "Review."

evaluated by a group independent of DoD. This process must be conducted in an open manner and include veterans. The Committee recognizes that in November 1996 DoD announced it was expanding its efforts related to low level CW agent exposure. These initiatives---combined with independent, vigorous oversight could begin to restore public confidence in the government's investigations of possible incidents of CW agent exposure.

Final Report Availability

The *Presidential Advisory Committee on Gulf War Veterans' Illnesses: Final Report* is available for purchase from the Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954. The price is \$20.00 each, including regular shipping and handling and is subject to change. International customers should add 25 percent. The stock number is 040-000-00683-4. The order processing code is 7784. Payment may be made via check (payable to Superintendent of Documents), GPO Deposit Account, VISA, MasterCard, or Discover/NOVUS. Orders can be faxed to (202) 512-2250. The telephone number is (202) 512-1800.

Single copies of the report have been sent to all VA medical center libraries. In addition, the Committee has indicated that the report also will be accessible via the World Wide Web at <http://www.gwvi.gov/>.

Presidential Advisory Committee Extended

On January 30, 1997, President Clinton signed Executive Order 13034, extending the Presidential Advisory Committee on Gulf War Veterans' Illnesses, established as the result of Executive Order 12961, dated May 26, 1995.

The Committee will continue to report to the President through the Secretaries of Defense, Health and Human Services, and Veterans Affairs. Under the extension the Committee has two principal roles: (1) Oversight of the ongoing investigation being conducted by the Department of Defense with the assistance of other departments and agencies into possible chemical or biological warfare agent exposures during the Persian Gulf War; and (2) Evaluation of the Federal Government's plan for and progress towards the implementation of the Committee's recommendations in the *Final Report*.

The Committee will provide advice and recommendations related to its oversight and evaluation responsibilities and may provide additional advice and recommendations prompted by any new developments related to its broad original mandate.

Executive Order 13034 requires the Committee to submit a status report by April 30, 1997, and a final supplemental report by October 31, 1997, unless otherwise

directed by the President. The Committee will terminate 30 days after submitting its final supplemental report.

About the "Review"

The "Persian Gulf Review" is written by VA's Environmental Agents Service (EAS). The "Review" is published to provide information about the concerns of Persian Gulf veterans, their families, and others interested in possible long-term health consequences of military service in the Persian Gulf War. The "Review" describes actions by VA and others to respond to these concerns.

The most recent, prior to this, issue of the newsletter is dated December 1996. Additional issues will be prepared when warranted by significant developments. EAS anticipates publication of the "Review" three or four times annually. Four issues were published in 1995 (January, April, August, and December) and three in 1996 (March, September, and December). This issue was written in late February 1997 and does not include developments that occurred after that time.

Comments or questions concerning the content of the "Review" are encouraged. Suggestions and ideas for future issues of the newsletter should be sent to Donald J. Rosenblum, Deputy Director, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420.

Requests for additional copies of this and/or future issues should also be sent to Mr. Rosenblum. A limited supply of issues released in 1995 and 1996 is also available. Please specify the quantity and issue date requested. VA facilities should order additional copies from the VA Forms Depot.

Questions about the Persian Gulf Registry examination should be directed to the Persian Gulf Registry Coordinator or Persian Gulf Registry Physician at the nearest VA medical facility. The telephone number can be found in the local telephone directory under the "U.S. Government" listings. Assistance is also available from the toll-free VA Persian Gulf Helpline: **1-800-749-8387**.

DOD Releases Khamisiyah Interim Narrative

On February 25, 1997, Bernard Rostker, Special Assistant to the Secretary of Defense for Gulf War Illnesses, released the first in a series of case narratives related to the Department of Defense (DOD) ongoing investigation into Persian Gulf War veterans' illnesses.

This narrative report focuses on the actions of U.S. troops at Khamisiyah. Specifically, it discusses the demolitions of munitions, subsequent United Nations Commission inspections, and later public inquiry into the events surrounding this ammunition storage site in southern Iraq.

These narratives are part of DoD's continuing effort to inform the public of its efforts to better understand the nature

and possible causes of the illnesses experienced by many Persian Gulf War veterans.

"This case narrative and future narratives are not intended as final reports," said Rostker. "This is an interim report about what we currently know about Khamisiyah." Other narratives about key events and issues pertaining to the Persian Gulf War experience are being prepared and will be released when completed. This report, along with documentary evidence and personal interviews, and future narratives will be posted on the GulfLINK Internet site (<http://www.dtic.mil/GulfLink/>). Individuals seeking a copy of the narrative can call (703) 697-3189.

Communication/Responsiveness Improvement Sought

At the February 11, 1997 hearing of the House Committee on Veterans' Affairs regarding the recommendations of the Presidential Advisory Committee, Deputy Under Secretary for Health Thomas L. Garthwaite, M.D., announced the establishment of Service Evaluation and Action Teams (SEATs) in each of the 22 Veterans Integrated Service Networks (VISNs).

These teams are being formed to improve communication with veterans and to improve the responsiveness of VA health care delivery. The initial SEATs will be piloted with Persian Gulf veterans' programs. The teams will provide a mechanism for each VISN to continually assess opportunities to enhance the effectiveness of VA clinical programs and respond to veterans' concerns.

The teams, comprised of at least eight members representing a variety of disciplines and interests, including veterans, quality improvement specialists, patient representatives and clinicians, will listen to and monitor trends in veterans' concerns about health care access, appropriateness, quality, and fulfillment of VA mandates.

Requests and referrals to the SEAT can be made by veterans, veterans service organizations, VA hotline staff, veterans benefits counselors, VA regional offices, and others. The SEATs will also receive input from national and local customer satisfaction and quality improvement programs.

The information gathered on reported concerns and recommendations for resolution will be referred to local medical center staff for action.

The VISN locations and telephone numbers are listed below.

- 1 Boston, MA -- 617-278-4405
- 2 Albany, NY -- 518-472-1055
- 3 Bronx, NY -- 718-579-3590
- 4 Pittsburgh, PA -- 412-365-4350
- 5 Baltimore, MD -- 410-691-1131
- 6 Durham, NC -- 919-956-5541
- 7 Atlanta, GA -- 404-728-4101
- 8 Bay Pines, FL -- 813-319-1125
- 9 Nashville, TN -- 615-340-2397

- 10 Cincinnati, OH -- 513-697-2603
- 11 Ann Arbor, MI -- 313-930-5950
- 12 Chicago, IL -- 708-786-3737
- 13 Minneapolis, MN -- 612-725-1968
- 14 Omaha, NE -- 402-431-5900
- 15 Kansas City, MO -- 816-922-2908
- 16 Jackson, MS -- 601-364-7901
- 17 Dallas, TX -- 817-649-2992
- 18 Phoenix, AZ -- 602-222-2681
- 19 Denver, CO -- 303-756-9279
- 20 Portland, OR -- 360-690-1832
- 21 San Francisco, CA -- 415-744-6231
- 22 Long Beach, CA -- 310-494-5963

Law Modifies/Extends Persian Gulf Veterans' Health Care Eligibility

On October 9, 1996, Public Law 104-262, the Veterans' Health Care Eligibility Reform Act of 1996, was enacted. Effective October 9, 1996, this law contains the following provisions which alter the way the Department of Veterans Affairs (VA) delivers hospital care, medical services, and nursing home care to the Nation's veterans. The new law makes VA eligibility rules the same for both inpatient hospital care and medical services. (The law repeals the former requirement that certain care only be provided in preparation for hospital admission or to obviate the need of hospital admission or to complete treatment incident to hospital, nursing home, domiciliary or medical services.)

The law establishes two categories of veterans who are eligible for care. The first category includes veterans to whom VA "shall" furnish any needed hospital and medical services, but only to the extent and in the amount that Congress appropriates funds to provide the care. The second category includes veterans to whom VA "may" furnish any needed hospital and medical services, but only to the extent resources and facilities are available, and only if the veteran agrees to pay VA a co-payment in exchange for care.

Included in the first category, veterans who may have been exposed to a toxic substance or environmental hazard while serving on active duty in the Southwest Asia theater of operations during the Persian Gulf War have mandatory eligibility for hospital care and outpatient medical services. In addition, they have discretionary eligibility for nursing home care for any disability, notwithstanding that there is insufficient medical evidence to conclude that such disability may be associated with such exposure.

Some Restrictions

There are some restrictions on the care that can be provided under this law. VA cannot provide such care for a

disability which VA determines to have resulted from a cause other than such exposure.

The following types of conditions are not ordinarily thought to be due to such exposure (the first restriction): (a) congenital, that is, existing at or from one's birth, or developmental conditions, for example, scoliosis; (b) conditions which are known to have pre-existed military service in the Persian Gulf; (c) conditions resulting from trauma, for example, deformity or limitation of motion of an extremity; (d) conditions having a specific and well established etiology, for example, tuberculosis; and (e) common conditions having a well recognized clinical course, for example, inguinal hernia and acute appendicitis.

The eligibility for care under Public Law 104-262 is different from the "priority" care system that preceded it. Any veteran already receiving hospital care, medical services, or nursing home care for a condition(s) possibly associated with exposure to herbicides, under the old priority health care law who would not be eligible for care under the new law, remains eligible for such care on the basis of presumed exposure with respect to the disability for which care and services were being furnished.

Although the previous law used the term "priority health care," VA discouraged use of that wording because some veterans interpreted it to mean that they have "head of the line" privileges when receiving medical care at VA health care facilities. That was an incorrect interpretation. Priority health care was a process, established by law, identifying the sequence in which veterans will be accepted for health care by VA.

Public Law 104-262 extended treatment authority for Persian Gulf War veterans from December 31, 1996, to December 31, 1998.

Because of the complexity in determining eligibility for VA medical care benefits, veterans with questions regarding this matter are strongly encouraged to contact the admissions office at the nearest VA health care facility. Veterans will be interviewed individually and their eligibility will be determined accordingly.

Persian Gulf Referral Centers Handle the Most Difficult Problems

Since 1992, Department of Veterans Affairs (VA) Persian Gulf Referral Centers have provided extensive medical assistance to more than 350 Persian Gulf War veterans with difficult to diagnose symptoms.

The referral centers were established to medically assist Persian Gulf veterans whose symptoms are difficult to diagnose or treat. The initial three referral centers were established in August 1992, when it became clear that increasing numbers of Desert Storm veterans appeared to be incapacitated and had symptoms which were difficult to diagnose despite thorough medical work-ups at local VA medical centers.

VA determined that for these veterans it was desirable to provide for inpatient stays to allow for observation, multidisciplinary consultation, documentation of lengthy occupational and exposure histories, and an opportunity for frequent re-examination. For such veterans, local VA medical centers make special arrangements for the transfer, following consultation with referral center clinicians, to the appropriate referral center.

The referral centers were selected based on availability of clinical and academic expertise in such areas as pulmonary and infectious diseases, neurology, immunology, and neuropsychology. The centers place an emphasis on specific symptom complexes, such as fevers of unknown origin, chronic fatigue, memory loss, unexplained weight loss and other adverse health conditions possibly associated with chemical/toxic environmental exposures in the Persian Gulf.

The initial three referral centers are located in VA medical centers in Houston, Texas; Washington, DC; and West Los Angeles, California. The newest center was established in June 1995 at the VA Medical Center in Birmingham, Alabama. That facility is the site of an important pilot project, initiated several years ago, evaluating certain neurological difficulties that might be associated with exposure to chemical warfare agents.

Has Your Address Recently Changed?

If yes, please use this form to update our mailing records. Send completed form to the Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420. Thank you.

Your name _____

Social Security Number _____

Old address _____

New address _____

Where to Get Help

Active duty military personnel with questions or concerns about their service in the Persian Gulf region - contact your commanding officer or call the Department of Defense (DoD) Persian Gulf Veterans' Hotline (**1-800--796--9699**) for an examination.

Persian Gulf veterans with concerns about their health - contact the nearest VA medical center. The telephone number can be found in the local telephone directory under Department of Veterans Affairs in the "U.S. Government" listings. A Persian Gulf Registry examination will be offered. Treatment will be provided to eligible veterans. The VA Persian Gulf Information Helpline can also provide the latest information and assistance. The toll-free telephone number is **1-800-PGW-VETS (1-800)-749-8387**.

Persian Gulf veterans in need of marital/family counseling - contact the nearest VA medical center or VA vet center. For additional information, call the Persian Gulf Information Helpline at **1-800-PGV-VETS (1-800-749-8387)**.

Persian Gulf veterans seeking disability compensation for illnesses incurred in or aggravated by military service - contact a Veterans Benefits Counselor at the nearest VA regional office or health care facility or call the VA Persian Gulf Information Helpline at **1-800-PGW-VETS (1-800-749--8387)**.

Persian Gulf veterans' spouses seeking the VA funded health examination for themselves and/or the veterans' child/children - call the VA Persian Gulf Information Helpline at **1-800-PGW-VETS (1-800-749-8387)**. Spouses interested

in the alternative self-funded examination the spouses and children contact the Persian Gulf Registry Coordinator at the nearest VA medical center for forms and information.

Persian Gulf veterans interested in learning about the wide range of benefit programs administered by VA - contact a Veterans Benefits Counselor at the nearest VA regional office or health care facility, or call the VA Persian Gulf Information Helpline at **1-800-PGW-VETS (1-800-749-8387)**.

Anyone with first-hand information about "incidents" that occurred in the Southwest Asia theater of operations during the Persian Gulf War that may be related to health problems experienced by military personnel who served in the War - call the DoD "Incidents" Hotline at **1-800--472--6719**.

For additional information about VA's program initiatives, see VA's Persian Gulf War veterans' illnesses home page at <http://www.vagov/health/environ/pegulf.htm>.

Note: Representatives of veterans service organizations, including the American Legion, Veterans of Foreign Wars of the United States, Disabled American Veterans, etc., may also be very helpful to Persian Gulf veterans.

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

Persian Gulf Review



Department of Veterans Affairs

Environmental Agents Service (131)
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**Information for Veterans
Who Served in Desert Shield/Storm
March 1997**