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## Gulf War Veterans

The Department of Veterans Affairs (VA) offers Gulf War Veterans physical examinations and special eligibility for follow-on care. VA also is compensating Veterans under unprecedented regulations addressing undiagnosed conditions. Special research centers and other investigations are searching for answers to aid seriously ill patients whose underlying disease is unexplained. Most Gulf War Veterans are diagnosed and treated; but for some, such symptoms as joint pain or fatigue have been chronic. Some respond to treatment of symptoms although their doctors have not yet identified an underlying illness or pathogenic agent.

**UNEXPLAINED ILLNESS:** The prevalence of unexplained illnesses among Gulf War Veterans is uncertain. Answers about illness prevalence are expected through epidemiological research involving representative samples of the Gulf War veteran population. Data reviewed exams in the special Gulf War program showed physicians had determined that the veteran had unexplained illness in about 6 percent of the cases.

**GULF WAR "SYNDROME" UNDEFINED:** Several panels of government physicians and private-sector scientific experts have been unable to discern any new illness or unique symptom complex such as that popularly called "Gulf War Syndrome". No single disease or syndrome is apparent, but rather multiple illnesses with overlapping symptoms and causes," wrote an outside panel led by professors from Harvard and Johns Hopkins University that convened for an April 1994 National Institutes of Health (NIH) workshop. VA has neither confirmed nor ruled out the possibility of a singular Gulf War syndrome. Some studies are developing "case definitions" to classify participants for purposes of research hypotheses, but the ultimate clinical value of these classifications remains uncertain.

**CONCERNS INCLUDE** exposure to the rubble and dust from exploded shells made from depleted uranium (or handling of the shells); the possibility of exposure to sarin or some yet-unconfirmed Iraqi chemical-biological agent; and use of a nerve agent pre-treatment drug, pyridostigmine bromide. Many other risk factors also have been raised. In 1991, VA initially began to develop tracking mechanisms that matured into the Gulf War Registry as a direct consequence of early concerns about the environmental influence of oil well fires, their smoke, and particulate.

**RESEARCH AND RISK FACTORS:** With variation in exposures and Veterans' concerns ranging from depleted uranium in armaments to possible contamination from Iraqi chemical/biological agents, VA has initiated wide-ranging research projects evaluating illnesses as well as risk factors in the Gulf War environment. The activation of three research centers conducting 14 protocols has enabled VA to broaden its activity from largely descriptive evaluations to greater emphasis on hypothesis-driven research.

**STATISTICS:** More than 996,000 service members served in the Gulf War from August 1990 through the end of 1995, nearly 697,000 of them serving in the first year. About 575,000 have become potentially eligible for VA care as Veterans, having separated from the military or having become deactivated reservists or Guard members. More than 60,000 Veterans have responded to VA's outreach encouraging any Gulf War veteran to get a free physical exam under VA's Gulf War Program. Not all are ill: 12 percent of the Veterans who had the registry health exam had no health complaint (among the first 52,000 computerized records). 26 percent of the same group rated their health as poor or very poor, while 73 percent reported their health as all right to very good (the remaining 1 percent did not have an opinion).

**SPECIAL HEALTH EXAMINATION:** A free, complete physical examination with basic lab studies is offered to every Gulf War veteran, whether or not the veteran is ill. A centralized registry of participants, begun in August 1992, is maintained to enable VA to update Veterans on research findings or new compensation policies through periodic newsletters. This clinical database also provides information about possible health trends and may suggest areas to be explored in future scientific research. The 60,000 Gulf War Veterans who have taken advantage of the physical examination program become part of a larger Gulf War Registry. This includes more than 220,000 Gulf War Veterans (generally including those counted in the special examination program) who have been seen for routine VA hospital or clinic care, or who have filed compensation claims -- or whose survivor registers a claim.

**SPECIAL ACCESS TO FOLLOW-UP CARE:** VA has designated a physician at every VA medical center to coordinate the special examination program and to receive updated educational materials and information as experience is gained nationally. Where an illness possibly related to exposure to an environmental hazard or toxic substance is detected during the examination, follow up care is provided on a higher-eligibility basis than most non-service-connected care. As with the health examination registry, VA requested and received special statutory authority to bypass eligibility rules governing access to the VA health system.

**GULF WAR REFERRAL CENTERS:** If the veteran's illness defies diagnosis, the veteran may be referred to one of four Gulf Referral Centers. Created in 1992, the first centers were located at VA medical centers in Washington, D.C.; Houston; and Los Angeles, with an additional center designated at Birmingham, Ala., in June 1995. These centers provide assessment by specialists in such areas as pulmonary and infectious disease, immunology, neuropsychology, and additional expertise as indicated in such areas as toxicology or multiple chemical sensitivity. There have been many Veterans assessed at the centers; most ultimately are being diagnosed with known/definable conditions.

**STANDARDIZED EXAM PROTOCOLS:** VA has expanded its special examination protocol as more experience has been gained about the health of Gulf War Veterans. The protocol elicits information about symptoms and exposures, calls the clinician's attention to diseases endemic to the Gulf War region. In addition to this core laboratory work for every veteran undergoing the Gulf War program exam, physicians order additional tests and specialty consults as they would normally in following a diagnostic trail - as symptoms dictate. If a diagnosis is not apparent, facilities follow the "comprehensive clinical evaluation protocol" originally developed for VA's referral centers and now used in VA and military medical centers nationwide. The protocol suggests 22 additional baseline tests and additional specialty consultations, outlining dozens of further diagnostic procedures to be considered, depending on symptoms. The Gulf War Veterans Coordinating Board composed of the Departments of VA, Defense and Health and Human Services is leading the federal response to the health consequences of Gulf War service. Working groups are collaborating in the areas of research, clinical issues and disability compensation. The Board and its subgroups are a valuable vehicle for communication between top managers and scientists, including a staff office for the Board that follows up on critical issues and promotes continuity in agency activities. President Clinton designated VA as the Coordinating Board's lead agency.

**MEDICAL RESEARCH:** Environmental Hazards Research Centers: Through a vigorous scientific competition, VA developed major focal points for Gulf War veteran health studies at three medical centers: Boston; East Orange, N.J.; and Portland, Ore. With 14 protocols among them, the centers are conducting a variety of interdisciplinary projects, including some aimed at developing a case definition for an unexplained illness and clarification of risk factors. Some protocols involve areas of emerging scientific understanding, such as chronic fatigue syndrome or multiple chemical sensitivity, while others are evaluating or comparing factors in immunity, psychiatry, pulmonary response, neuroendocrinology and other body systems, some at the molecular level.

**EXPOSURE-ORIENTED STUDIES:** Some current VA investigations are examining hypotheses of specific potential risks and comparing study subjects with controls who did not serve in the Gulf War to determine differences in health patterns. A Baltimore project is following the health status of individuals who retained tiny embedded fragments of depleted uranium.

**VA DISABILITY COMPENSATION:** On Feb. 3, 1995, VA published a final regulation on compensation payments to chronically disabled Gulf War Veterans with undiagnosed illnesses. The undiagnosed illnesses, which must have become manifest either during service in or after leaving the Southwest Asia theater, may fall into 13 categories: fatigue; signs or symptoms involving skin; headache; muscle pain; joint pain; neurologic signs or symptoms; neuropsychological signs or symptoms; signs or symptoms involving the respiratory system (upper or lower); sleep disturbances; gastrointestinal signs or symptoms; cardiovascular signs or symptoms; abnormal weight loss; and menstrual disorders. While these categories represent the signs and symptoms frequently noted in VA's experience to date, other signs and symptoms also could qualify for compensation. A disability is considered chronic if it has existed for at least six months. For claims considered under this special regulation, VA has a 30 percent approval rate among claims where the veteran has demonstrated symptoms within a required two-year period after leaving the Gulf. Among the remaining 70 percent, most are diagnosable conditions treated under conventional regulations, while some symptoms fail to meet the 6-month chronicity requirement or are found to be related to another known cause.

**NOTE:** To be eligible for Undiagnosed Illnesses, your disability must consist of some of the above symptoms or other vague similar symptoms. If your disability does have a diagnosis e.g. Chronic Fatigue Syndrome, you will follow the normal claims process (direct service connection). The VA has long based monthly compensation for Veterans on finding evidence a condition arose during or was aggravated by service.