The Persian Gulf Veterans Coordinating Board Fact Sheet

Persian Gulf Veterans' Health Problems

An interagency board - the Persian Gulf Veterans Coordinating Board - was established in January 1994 to work to resolve the health concerns of Persian Gulf veterans, including active duty personnel and reservists with Gulf service. The board, headed by the Secretaries of the Departments of Defense (DOD), Veterans Affairs (VA), and Health and Human Services (HHS), is overseeing and coordinating working groups focusing on research, clinical issues and disability compensation.

Background

Some 697,000 active duty service members and activated National Guard and Reserve unit members served in the Persian Gulf theater of operations. Of this number, 364,700 have separated from the military. Responding to concerns about the health problems of Desert Storm veterans, in April 1994 DOD established a central surveillance system to help identify potential medical problems. A coordinator was designated at each military medical facility to document and record information on service members who served in the Persian Gulf and facilitate appropriate care and treatment. DOD maintains a data base that contains information on all military participants in the Gulf. VA created the Persian Gulf Registry Program in 1992 for concerned veterans who served in the Persian Gulf, inviting them to come to VA for a free examination. The three departments are investigating possible causes of Persian Gulf veterans' health problems, including various chemical exposure combinations, leishmaniasis, health effects of oil well fires, petrochemical exposure, possible exposure to chemical/biological warfare agents, effects of vaccines and medications, and exposure to depleted uranium. DOD, VA and HHS are engaged in more than 30 Persian Gulf-related projects, including general health, environmental effects, chemical agents and depleted uranium.

Persian Gulf Registry

VA's Persian Gulf Registry Program offers a free, complete physical examination with basic laboratory studies to every Persian Gulf veteran who has health concerns, whether or not the veteran is ill. A centralized registry of participants who have had these examinations is maintained to enable VA to update veterans on health issues, research findings or new compensation policies, and to keep them informed through periodic newsletters. This clinical database also provides a mechanism to catalog prominent symptoms, reported exposures and diagnoses. The more than 39,000 Persian Gulf veterans who have taken advantage of the physical examination program become part of a larger Persian Gulf Registry which includes 110,800 Gulf veterans (in addition to the 39,000 counted in the special examination program) who have used a variety of other VA health services, plus more Gulf veterans using VA services ranging from home loans to
education benefits. VA has named an environmental physician at every VA medical center to coordinate the program. VA currently is updating its basic examination protocol which will elicit information about symptoms and exposures, calls the clinician's attention to diseases endemic to the Gulf region, and directs baseline laboratory studies including chest-X-ray, blood count, urinalysis, and a set of blood chemistry and enzyme analyses that detect the "biochemical fingerprints" of certain diseases. In addition to this core laboratory work, for every veteran taking the Persian Gulf program examination, physicians order additional tests and specialty consults following a diagnostic trail, as symptoms dictate. If a veteran's symptoms remain unexplained, new VA policy recommends consideration of an expanded assessment protocol, standardized in collaboration with DOD, for use in evaluation of unexplained illnesses.

**VA Health Care**

Any Persian Gulf veteran who VA determines may have a disability resulting from exposure to a toxic substance or environmental hazard in the Persian Gulf theater of operations is provided care on a priority basis. For Gulf veterans with unexplained symptoms, the local physicians may also invite the veteran to be sent to one of VA's three Persian Gulf Referral Centers for additional specialty consultations. Some 147,700 Persian Gulf veterans have received VA outpatient care for a variety of conditions. More than 12,200 have received care as inpatients (most are also reflected in the outpatient number).

**DOD's Comprehensive Clinical Evaluation Program**

DOD, in consultation with VA, has developed the "Comprehensive Clinical Evaluation Program" for patients whose diagnosis is not readily apparent after routine medical assessment. DOD instituted the program in June 1994 to provide an indepth medical evaluation to all eligible beneficiaries who are experiencing illnesses following service in the Persian Gulf War. All service members eligible for health care at DOD medical facilities, active, ready reserves or retired, who participated in Operation Desert Storm are eligible for the program if they believe that they are experiencing any symptom as a result of their service. Family members of eligible active duty and reserve service members also are eligible to receive evaluations. At the time the program was established, DOD initiated a new hotline (800-796-9699) for Persian Gulf veterans who suspect they are experiencing medical problems as a result of their Gulf service. The hotline answers general questions and refers individuals to one of 13 DOD medical centers which contact the individuals to arrange examinations. In December 1994, DOD issued its report, Clinical Evaluation Program For Gulf War Veterans - Preliminary Status Report on the First 1000 Patients. Preliminary findings based on the evaluation of over 1,000 CCEP patients include the following: the majority of CCEP participants have clear diagnoses which include a variety of common conditions for which they are receiving treatment and responding favorably; and, a small number of patients have conditions which are commonly seen in civilian medical practice such as fatigue, headache and sleep disturbances and will require further evaluation to form clearer diagnoses. The report concluded that based upon the CCEP experience to date, there is no
clinical evidence for a single or unique agent causing a "Gulf War Syndrome." The preliminary results of the CCEP are consistent with the conclusions of a National Institutes of Health Technology Assessment Workshop Panel that illnesses reported by Persian Gulf veterans are not a single disease or apparent syndrome, but rather multiple illnesses with overlapping symptoms and causes.

DOD is establishing Specialized Care Centers (SCCs) at medical treatment facilities in Washington, D.C., and San Antonio, Tex., to provide care for patients who need further diagnostic and therapeutic care following their CCEP examinations. The SCCs will use multidisciplinary teams to review cases, confirm diagnoses, and provide intensive programs directed at improving the functional status of patients experiencing severe symptoms involving pain and fatigue.

**Recent Deployment to the Persian Gulf**

In addition to routine preparations for troop deployment, DOD took a number of health-related steps for the latest deployment of troops to the Persian Gulf. These steps include briefings covering preventive medicine information on potential health hazards. Deploying troops also were provided with a handbook containing health information specific to the Persian Gulf area. In addition to the medical personnel normally assigned to ensure appropriate primary and specialty care in the Persian Gulf theater, expert medical teams were requested with expertise in industrial hygiene, stress, infectious diseases and chemical/biological warfare. These supplemental medical teams will provide improved monitoring of environmental exposures and prompt examination of any untoward medical events that occur during this recent deployment. The presence of the teams also will allow better identification of troop locations and the correlation of possible exposures to environmental hazards.

**Compensation**

While research may take years to find answers about what is causing Persian Gulf veterans' health problems, the Clinton Administration supported legislation, recently passed by Congress, to give VA authority to award compensation benefits to chronically disabled Persian Gulf War veterans with undiagnosed illnesses. Under a final regulation published Feb. 3, VA has begun paying compensation to Persian Gulf veteran suffering from a chronic disability resulting from an undiagnosed illness that became manifest during Persian Gulf service in the Southwest Asia theater during the war or within two years thereafter. VA is reopening benefits claims that were previously denied. Some 16,400 veterans with Persian Gulf service currently are receiving VA compensation or pension benefits for injuries or diagnosed illnesses of all kinds.

**Birth Defects/Infectious Transmission**

The possibility of either inheriting a birth defect or contracting an infectious disease from a Persian Gulf veteran parent are important medical questions and deserve an extremely careful review. Preliminary results of a study conducted by the Mississippi State Health
Department in conjunction with CDC showed no increase in birth defects or childhood illnesses among children born to Persian Gulf veterans in two National Guard units. Among more than 17,000 individuals participating in the VA Persian Gulf Registry, the incidence of reported birth defects was actually less than expected in a normal healthy American population. Despite these preliminary results, a comprehensive, collaborative government response is underway to resolve the lingering concerns of Persian Gulf veterans. VA will study as many as 15,000 veterans who served in southwest Asia and compare them to another group of veterans who served outside the area. HHS will survey 2,000 veterans from Iowa with a similar sized control group. Each study will specifically address birth outcomes and childhood illnesses in the children born to veterans of the Gulf War. VA also will conduct a study to evaluate the health status of spouses and children of Persian Gulf War veterans on VA's Persian Gulf Registry. The study will include diagnostic testing and medical examinations to formulate research hypotheses regarding possible association between illnesses or disorders suffered by Persian Gulf veterans, including birth defects, miscarriages and stillbirths, suffered by their spouses and children.

Research

- A panel of nongovernment experts brought together at a National Institutes of Health-sponsored workshop in April 1994 examined data and heard from both veterans and scientists. The panel concluded that no single or multiple etiology or biological explanation for the reported symptoms could be identified and indicated that it is impossible at this time to establish a single case definition for the health problems of Gulf veterans.
- In July 1994, VA established three environmental hazards research centers with an initial focus on the possible health effects of environmental exposures of Persian Gulf veterans. The centers are to be located at VA hospitals in Boston; East Orange, N.J.; and Portland, Ore. The centers are being funded for five years with a total annual budget of approximately $1.5 million and an additional $300,000 for equipment costs in the first year of operation. A total of 14 individual projects are scheduled on a variety of interdisciplinary projects, including some aimed at identifying the complex of symptoms being experienced by Gulf War veterans and clarification of risk factors.
- The Baltimore VA Medical Center is following the health status of individuals who retained tiny embedded fragments of depleted uranium from injuries sustained during Gulf service.
- The Birmingham VA Medical Center is conducting a pilot program that includes an extensive battery of neurological tests aimed at detecting the kind of dysfunction that would be expected after exposure to certain chemical agents.
- The Naval Medical Research Center in San Diego, in collaboration with VA investigators, has begun general epidemiological studies comparing Gulf veterans and control-group veterans (who served elsewhere) to detect differences in symptoms, hospitalizations, and birth outcomes in large cohorts of active duty service members. Another study will compare causes of death in Gulf and non-Gulf troops.
• VA and DOD have contracted with the National Academy of Sciences to review existing scientific and other information on the health consequences of Gulf operations. An interim report is expected later this year.

• VA is working with other agencies to launch a mail survey of a random sample of 15,000 veterans and active duty members to compare symptoms and health status with an equal-sized group not deployed to the Gulf. Information on the health status of family members also will be included. A health examination will be offered to a representative sample to help evaluate participants' self-reported health status.

• DOD will examine the chemical/environmental effects of Gulf service.

• DOD is continuing its work as a world leader in developing a less invasive test for viscerotropic leishmaniasis that may provide for broader diagnostic screening use in the future.

• Between April and Dec. 1991, DOD, Environmental Protection Agency and HHS scientists were sent to the Persian Gulf to evaluate environmental exposures from Kuwait oil fires and to investigate respiratory hazards associated with oil well fire smoke exposure.

• From Dec. 1991 through Nov. 1993, HHS's Centers for Disease Control and Prevention (CDC), at the request of DOD, was involved in evaluating serum specimens from persons who served in the Persian Gulf region for evidence of leishmania infection.

• Both VA and DOD are continuing to examine the role of stress from deployment and post-traumatic stress disorder, with a goal of developing intervention strategies.

• CDC will be conducting a telephone survey of Iowa residents to compare the health status of some 2,000 veterans who served in the Gulf with that of 2,000 veterans who served during the Gulf War but were deployed elsewhere.

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