



# Gulf War Review

Vol. 6, NO. 2

*Information for Veterans Who Served in Desert Shield/Storm*

June 1998

## Secretary West on Gulf War Veterans

On February 24, 1998, the U.S. Senate Committee on Veterans Affairs held a hearing to consider the nomination of Togo D. West, Jr., to be Secretary of Veterans Affairs. The following is an excerpt of his statement to the Committee.



*Togo D. West, Jr.*

"We've learned, I would hope, from the problems of Desert Storm and Desert Shield.

Nearly 700,000 U.S. troops were deployed to the Gulf during those operations. As we all know many returned with a variety of illnesses and they came to this department for help. More than 221,000 Gulf War veterans have utilized Department of Veterans Affairs medical facilities. Twenty-two thousand Gulf War veterans have been hospitalized in VA's medical facilities. More than 80,000 have been counseled at the Vet Centers of VA. And more than 140,000 have been determined to be service-connected. We must continue to do all in our power to provide dedicated, compassionate care for those veterans.

"We must continue the vigorous search for answers for the causes of these illnesses. We must examine the growing list of risk factors, as we are doing as a government through more than 120 research protocols funded by federal agencies representing an investment of some 100 million dollars. President Clinton has made it clear that no effort will be spared in the search for answers and we will spare no effort. We've learned some important things from our experience. Today, war is different from the way war was fought in Europe and Asia in the forties and the fifties. Today, on the battlefield there are environmental hazards which we may not have previously confronted. In many ways they may be equally as problematical as the traditional wounds inflicted on our service members in terms of the long-term effects they can have. One thing we've learned is that we must maintain accurate and detailed medical records of troops in the field. That is critical...The records must be clear. They must be accurate. They must reflect the inoculations that have been given. They must reflect what they were given and who received them.

"During my tenure as Secretary of the Army...the Army had the lead, eventually, in developing the Gulf War Unit Location Data Base that we believe has expanded the ability to track individual service members who may have been exposed to chemical or environmental threats. This is a technique that we must continue to try to perfect. Moreover, I cannot overstate the importance, as we have all learned it, of communication and coordination between the federal agencies that have overlapping responsibilities for active, guard, reserve, and veterans. The mechanism that we currently use is the Persian Gulf Veterans Coordinating Board. This board primarily serves as a mechanism between the Department of Defense, the Department of Health and Human Services, and the Department of Veterans Affairs. In short, we have learned a great deal. We are putting that knowledge, to work at the Department of Veterans Affairs, even as our counterparts at other federal agencies continue to work with us in solutions where we have identified the problems to make sure that information important to providing good health care to veterans is available to us when we need it."

*Secretary of Veterans Affairs Togo D. West, Jr., served as Secretary of the Army from 1993 to 1997. Secretary West received a Bachelor of Science Degree from Howard University in 1965 and was commissioned a Second Lieutenant in the U.S. Army Field Corps. In 1968, he completed a Juris Doctorate Degree from Howard Law School, graduating cum laude. He was nominated as Secretary of Veterans Affairs by President Clinton on December 2, 1997, and confirmed by the Senate on April 28, 1998.*

## \$115 Million Allotted for Gulf War Research

The federally-funded research commitment for scientific study of Gulf War veterans' illnesses has reached \$115 million in support of 121 research projects. This information was documented by the interagency Persian Gulf Veterans Coordinating Board's Research Working Group in a recently released report, entitled *Annual Report to Congress: Federally Sponsored Research on Persian Gulf Veterans' Illnesses for 1997*.

The Coordinating Board, composed of the Secretaries of Defense, Health and Human Services, and Veterans Affairs, was established by President Clinton in January 1994 to respond to the health problems and concerns of Gulf War veterans and their families. Various working



groups coordinate federal programs that respond to Gulf War veterans' needs in clinical care, compensation, research, and other program areas.

The 54-page annual report for 1997 noted that more than half the projects involve scientists outside the government. Thirty-nine of the 121 projects have been completed, 78 are ongoing, and four have been awarded funds that are pending startup. The annual report has a 293-page appendix.

Because of the complexity of the issues, the report's assessment of newly completed studies - along with preliminary findings reported from ongoing work - does not offer simplistic conclusions. The report noted that these findings are gradually building a body of knowledge about the health of Gulf War veterans and potential risk factors that concern them.

## Findings

Among the findings cited in the report are:

Two studies on reproductive health indicate that the occurrence of birth defects may not be greater in the children of Gulf War veterans compared to their non-deployed counterparts.

The first study of women Gulf War veterans using a survey questionnaire show that they report some specific health problems at a greater rate than women in the military who were not deployed to the Gulf. Based on questionnaire data, both groups of women had higher rates of post-traumatic stress disorder than would be expected based on previous studies of mostly male veterans.

Studies focusing on neuropsychological performance, psychological health and symptoms also have reported that not all health symptoms may be explained by psychological distress.

Preliminary results from ongoing follow-up continue to show results similar to early reports that disease-specific deaths do not occur at any greater frequency in Gulf War veterans than among non-deployed counterparts.

The report noted that about one-third of the federally-supported projects are devoted to epidemiological research, another third to clinical research, and the final third to basic research and vaccine and drug development.

The proportion of projects funded for epidemiological research has declined while the number of studies concerning health effects of exposure to chemical warfare agents has markedly increased. The report indicates that there has been a relatively greater increase over the years of research on chemical interactions, chemical warfare

agents, and pyridostigmine bromide (the medication taken by troops against these agents).

## New Research

This year, according to the report, new research is focusing on treatment of Gulf War veterans, with the Departments of Veterans Affairs and Defense investing as much as \$10 million in what may become the single largest treatment trial of chronic fatigue syndrome and fibromyalgia.

Two new projects funded by the Centers for Disease Control and Prevention will add to studies of the characteristics of ill Gulf War veterans and to developing a case definition of illness.

The annual report for 1997 is available on the Internet at <http://www.va.gov/resdev/PGRpt97.htm>.

## IOM Reviews Adequacy of VA Gulf War Registry, Including UCAP

On March 16, 1998, the National Academy of Sciences' Institute of Medicine (IOM) released the findings of its review of the Department of Veterans Affairs (VA) Gulf War Registry health examination program, including the Uniform Case Assessment Program (UCAP).

VA officials are currently reviewing the IOM observations and recommendations, in the 192-page report, entitled Adequacy of the VA Persian Gulf Registry and Uniform Case Assessment Protocol, to identify areas where improvements can be made in the Registry, specifically in the UCAP.

## Background

In September 1996, VA asked IOM to evaluate the adequacy of the UCAP and its implementation with specific emphasis on (1) the protocol, (2) its implementation and administration, (3) outreach efforts to inform veterans of available services, and (4) education of providers. A committee of experts recruited by IOM met; heard presentations from many groups and individuals including VA, the President's Advisory Committee, the General Accounting Office, the American Legion, and the Disabled American Veterans; conducted site visits of VA health care facilities; and solicited written testimony from VA health care facilities and veterans service organizations.

The IOM committee report noted that while most troops returned home and resumed their normal activities, a number of those who had been deployed to the Gulf began to report health problems that they believed were connected to their deployment. These problems included the symptoms of fatigue, memory loss, severe headaches, muscle and joint pain, and rashes.

In 1992, VA developed a Gulf War Registry to assist in addressing questions about the health concerns of Gulf War veterans. Queries about exposures, particularly those associated with oil well fires, were included as part of the history taking. With continuing concern about the potential health consequences of service in the Gulf War, the Department of Defense (DOD) and VA met in 1994, revised the clinical program, and implemented this revised approach to diagnose veterans' health complaints, called the Comprehensive Clinical Evaluation Program (CCEP) by DoD and the Persian Gulf Registry and UCAP by VA.

The initial Gulf War Registry examination is aimed at diagnosing veterans' health problems. If a veteran's complaint cannot be diagnosed through the Registry examination, he or she is provided with the UCAP for specialty consultation and testing.

The President's Advisory Committee, the General Accounting Office, and the Office of Technology Assessment have evaluated these programs and have made recommendations on the basis of their reviews. In addition, the IOM has conducted assessments of and made recommendations regarding CCEP.

A great deal of time and effort were expended by VA in developing and implementing a diagnostic program for Gulf War veterans that could be conducted in all VA facilities, from small rural primary care facilities to large urban tertiary complexes. This effort was begun immediately upon the cessation of hostilities and attempted to build on lessons learned from past program efforts, for example, those directed toward Vietnam veterans' health concerns.

The information that has emerged from the diagnostic program, from research studies, and from the veterans themselves has helped indicate where changes and improvements in the Registry and UCAP can be made. Change is part of a natural evolutionary process in developing good screening instruments for diagnosis. This is not to imply that the first efforts were inappropriate but, rather, that time leads to new knowledge, which leads to the ability to improve.

Such is the case with the VA Gulf War protocol. Over time, information has been obtained that can be used to help identify areas where change in the protocol and its implementation will be of benefit. The IOM report is intended to assist VA in that effort to improve. As an operational system, the Gulf War Registry and UCAP have provided the opportunity for observation, evaluation, and feedback aimed at improvement. That is what the committee did--observed, evaluated, and reported.

## Recommendations

The committee's first recommendations enhance the process for diagnosing Gulf War veterans' health

complaints. These are followed by recommendations on mechanisms that may be used to improve implementation, administration, and the quality of healthcare services offered to Gulf War veterans. Next come recommendations related to outreach efforts and provider education.

For a detailed description of the recommendations, see the report itself or the executive summary. The report is available for sale from the National Academy Press, 2101 Constitution Avenue, N.W., Box 285, Washington, DC 20055. The telephone numbers are 1-800-624-6242 (toll-free) and 202-334-3313 (in the Washington metropolitan area).

The National Academy Press on-line bookstore can be accessed at <http://www.nap.edu>. The IOM home page is at <http://www2.nas.edu/iom>.

VA is evaluating all the IOM findings and recommendations and anticipates implementation of all feasible and necessary modifications in VA policies and procedures that relate to healthcare services on behalf of Gulf War veterans.

## VA Enhances Outreach Efforts

In 1998, the Department of Veterans Affairs (VA) has embarked on a dramatic expansion of the program to reach out and educate Gulf War veterans about the benefits and services available to them and the research initiatives undertaken on their behalf.

A number of publications and projects have been revised and updated, and new initiatives have been announced. These projects include a six-page questions-and-answers brochure, a two-page research report, a series of fact sheets (not yet completed) described elsewhere in the "Review," posters (11" x 14' and 17" x 22"), and exhibits (large and table-top models for use by VA personnel at large meetings and gatherings). Several of the publications have been translated into Spanish for veterans who are more comfortable reading that language.

The theme of these projects is "VA Cares for Gulf War Veterans." The publications highlight VA's comprehensive program to help Gulf War veterans and their families.

## DoD Announces Accelerated Anthrax Vaccination Program

On March 3, 1998, Secretary of Defense William S. Cohen announced his decision to vaccinate U.S. military personnel deployed to the Arabian Gulf region against the biological warfare agent anthrax.

This action was requested by General Anthony Zinni, commander in chief, U.S. Central Command, and recommended by General Henry H. Shelton, chairman of

the Joint Chiefs of Staff, as one of a number of force protection measures for troops in the Gulf region.

"After a careful review, I have concluded that vaccination against anthrax is a safe, prudent force protection measure," Secretary Cohen said. He and General Shelton have both started the anthrax vaccination program with their first shots.

When the military-wide anthrax immunization plan was first announced in December 1997, Secretary Cohen specified that four conditions be met before vaccinations would begin. Work on each of these items for use by the U.S. Central Command is complete. The conditions are (1) supplemental testing, consistent with Food and Drug Administration (FDA) standards to assure sterility, safety, potency and purity of the vaccine; (2) implementation of a system to fully track personnel who receive the anthrax vaccinations; (3) approval of appropriate operational plans to administer the immunizations and communications plans to inform military personnel of the overall program; and (4) review of health and medical issues of the program by an independent expert.

The immunization program will consist of a series of six inoculations per service member over an eighteen-month period, followed by an annual booster. Although protection levels increase as shots in the series are given, the entire six-shot series is required for full protection, as determined by the FDA.

As an additional force protection measure, anthrax exposure can be treated with antibiotics before symptoms occur. Antibiotics are in place with forces in the region in sufficient quantities.

Force health protection measures include education, health risk assessment, and joint medical surveillance. Nuclear, chemical, and biological (NBC) defense is achieved through the detection equipment, protective apparel, and post-exposure medical treatment procedures already in place in the Gulf. The U.S. has deployed to the Gulf the Biological Integrated Detection System (BIDS); the Air Base/Port Biological Detection ("Portal Shield"); and the Interim Biological Agent Detector (IBAD). Additionally, every service member deploys with a full ensemble of NBC protective equipment.

U.S. forces in the Gulf region operate with forces from a number of other countries. While it is the responsibility of each of these countries to determine how they will protect their forces against chemical and biological threats, U.S. personnel work with their counterparts from allies and coalition nations as they seek to meet their medical needs. The United Kingdom also announced its vaccination programs on March 3, 1998. Canada previously announced its intention to vaccinate its forces in the Gulf region.

According to the Department of Defense, approximately 150,000 U.S. troops received the anthrax vaccination when deployed to Southwest Asia in 1990-91.

## About the Review...

The "Gulf War Review" is written by VA's Environmental Agents Service (EAS). The "Review" is published to provide information about the concerns of Gulf War veterans, their families, and others interested in possible long-term health consequences of military service in the 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 March 1999. 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), three in 1996 (March, September, and December), three in 1997 (March, June, and September), and four in 1998 (March, June, October, and December). This issue is the second for 1999. It was completed in May 1999 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, N.W., 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 1995-99 is available. Please specify the quantity and issue date requested. VA facilities should order additional copies from the VA Service and Distribution Center.

Questions about the Registry examination should be directed to the Registry Coordinator or 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 Gulf War Helpline: 1-800-749-8387.

Last year, the name of this publication changed from "Persian Gulf Review" to "Gulf War Review" to be sensitive to individuals of Persian ethnicity. The September 1997 was the first issue to carry the new name. Veterans who participated in Operation Desert Shield/Storm are now referred to as Gulf War veterans rather than Persian Gulf War veterans. The benefits and services that these veterans are eligible for are unaffected by the name change.

## Concerns Raised about Depleted Uranium

Depleted Uranium (DU) is one of the environmental hazards faced by U.S. troops during the Gulf War. This article explains what DU is and answers some of the questions that have been raised about this matter.

DU is the component of natural uranium ore left after most of the more radioactive U235 is removed for use in nuclear power reactors. DU has about half the radioactivity of naturally occurring mineral deposits of uranium. In recent years, the U.S. Armed Forces have used DU in the manufacture of projectiles and armor for vehicles. It is used in anti-tank munitions because of its highly effective penetrating capabilities and as protective armor plating due to its extremely dense properties.

During the Gulf War, DU-containing munitions were used on a very large scale for the first time. Some U.S. tanks and airplanes fired DU munitions, which produced fragments and an aerosolized dust upon impact with armor. A friendly fire incident injured about three dozen U.S. troops in a Bradley fighting vehicle. Crew members may be left with multiple tiny fragments of uranium scattered through their muscles and soft tissue, inhaled or ingested DU or had wounds contaminated with DU. Other groups with potential exposure to DU include personnel involved in the assessment, reclamation, decontamination and restoration of damaged vehicles as well as workers involved in the maintenance or modification of armored vehicles. It is possible that DU munitions wounded some other allied personnel.

It is expected that U.S. troops will be exposed to DU munitions in future conflicts. DU penetrators are now available in the international arms markets, and may become widely available to armies around the world.

## Health Surveillance Programs

In 1993, VA established a special medical surveillance program at the VA medical center in Baltimore to follow about three dozen Gulf War veterans identified by the U.S. Army to have been involved in friendly fire incidents with DU and at risk for having retained DU. The program provides periodic evaluations to monitor for potential adverse health consequences of retained uranium.

The Department of Defense (DOD) estimates that at least an additional 200 veterans may have been exposed to DU by inhalation in the Gulf War. Some of these veterans may not be aware that they were exposed to DU. DoD officials are calling these veterans to invite them to come to a VA or DoD medical center for evaluation. VA and DoD recently developed a clinical evaluation protocol for DU.

Research on the human health effects of DU exposure in military occupations is limited, especially regarding DU's potential chemical toxicity. There are no published epidemiological studies of soldiers exposed to DU dust or vapor in wartime settings. Most of the knowledge about human effects is derived from studies of uranium miners and associated occupations, which is not precisely, but generally, relevant to DU exposed veterans. Uranium miners have exposure to uranium but also possibly to radon and other toxic substances in the mines, making

their uranium exposure not directly comparable to Gulf War veterans. Concerns about reproductive effects and problems in the children are only beginning to be studied.

## Possible Health Effects

Acute toxic effects of uranium exposure are seen primarily in the respiratory system and kidney. In wartime situations, there is the possibility of acute exposure to DU when DU munitions or shielding explode and burn. It is theorized that soldiers, particularly soldiers inside of tanks hit by DU munitions, may inhale excessive amounts of DU vapor and dust raising the question about local effects in the lungs as well as systemic effects.

Chronic exposure is thought to primarily affect the kidney. Chronic exposure by inhalation presents a potential radiologic hazard to the lungs. There is increased risk of lung cancer among uranium miners, but this is thought to be due to simultaneous exposure to radon.

## Core Values Identified

On December 8, 1997, the Under Secretary for Health Kenneth W. Kizer, M.D., M.P.H., signed an information letter describing the five core values that should apply to all actions taken on behalf of veterans at all VA health care facilities. The core values are (1) **trust**, (2) **respect**, (3) **commitment**, (4) **compassion**, and (5) **excellence**.



Dr. Kizer defines the five terms as follows:

Dr. Kenneth W. Kizer

"**Trust**" means having a high degree of confidence in the honesty, integrity, reliability, and sincere good intent of those with whom we work, the services that we provide, and the system that we are a part of. Trust is the basis for the caregiver-patient relationship and is fundamental to all that we do in healthcare.

"**Respect**" means honoring and holding in high regard the dignity and worth of our patients and their families, our co-workers, and the system we are a part of. It means relating to each other and providing services in a manner that demonstrates an understanding of and a sensitivity and concern for each person's individuality and importance.

"**Commitment**" means dedication and a promise to work hard to do all that we can to provide service to our co-workers and our patients that is in accordance with the highest principles and ethics governing the conduct of the

healthcare professions and public services. It is a pledge to assume personal responsibility for our individual and collective actions.

"**Compassion**" means demonstrating empathy and caring in all that we say and do. It means sharing in the emotions and feelings of our co-workers, our patients and their families, and all others with whom we are involved.

"**Excellence**" means being exceptionally good and of the highest quality. It means being the most competent and the finest in everything we do. It also means continually improving what we do.

Gulf War veterans, their families, and other concerned individuals who observe VA healthcare staff performing their job in a manner that does not reflect these five core values are encouraged to immediately report these incidents to the Medical Center Patient Advocate. A review will be initiated and any necessary corrective action taken as soon as possible. For information about the Patient Advocate Program, see the next article.

## Patient Advocate Program Helps Many Gulf War Veterans

There is a Patient Advocate program at every VA medical center and at many VA outpatient clinics. The Patient Advocate is the link between Gulf War (and other) veterans and the medical center/clinic administration.

If a veteran is experiencing a problem, concern, or question about medical care or policy, he or she is encouraged to seek assistance in the following manner:

- Make the concern known to the individual or employee of the service involved.
- If the veteran is not satisfied with the response, he or she may request to speak with the supervisor or Service Chief.
- If the veteran does not have the problem resolved following the first two steps, he or she may contact the Patient Advocate.
- The veteran **may go directly to the patient advocate at any time**, especially if the veteran feels uncomfortable approaching the individual, the supervisor or Service Chief.

If at all possible, a problem is immediately resolved. Some cases necessitate information collection that may require more time, but a response will be made to the veteran within 48 hours (sooner if possible).

It is the practice of the Veterans Health Administration (VHA) to listen and promptly respond to veterans' concerns. Any veteran voicing complaints or identifying problems will not be denied appropriate healthcare, denied benefits, or made an object of reprisal.

(Information about the Patient Advocate Program was provided by the VHA National Patient Advocacy Center, 1900 East Main Street, Danville, IL 61832.)

## Former Secretary Brown to Serve as Vice Chairman of DoD Oversight Board

President Clinton recently announced that he will appoint Jesse Brown, former Secretary of Veterans Affairs, as vice chairman of a special group that is overseeing the Department of Defense's investigation of Gulf War chemical and biological incidents. Jesse Brown served as the head of the Department of Veterans Affairs from 1993 to 1997.

The oversight board, officially known as the Special Oversight Board for Department of Defense Investigations of Gulf War Chemical and Biological Incidents," is chaired by former U.S. Senator Warren Rudman. The Board was established on February 19, 1998, when the President signed Executive Order 13075.

The other members of the board are environmental consultant Vinh Cam, Greenwich CT; retired Army Lt. Gen. Marc Anthony Cisneros, Premont, TX; retired Navy Rear Arm. Alan M. Steinman of Arlington, VA; retired Adm. Elmo R. Zumwalt, Jr., a former chief of naval operations, Arlington, VA; and David Moore, Aurora, IL, a deputy sheriff for Kane County, IL.

## All VA Physicians to Complete Course on Gulf War Veterans' Health

Under Veterans Health Administration Directive 98-018, signed on March 20, 1998, by Under Secretary for Health Kenneth W. Kizer, M.D., M.P.H., all VA physicians are required to complete the independent study program, entitled "A Guide to Gulf War Veterans' Health."

The Office of Public Health and Environmental Hazards, in collaboration with the Office of Employee Education, developed this program to ensure that VA physicians are well informed about the Gulf War veterans' health concerns. The continuing medical education course is presently available to every VA physician. Sufficient copies of the program were mailed to each VA medical center in late March 1998.

The course is designed to provide an introduction to clinical issues regarding Gulf War veterans. The program includes an overview of the Gulf War experience, VA and Department of Defense health programs available for Gulf War participants, and common symptoms and diagnoses of these veterans.

Emphasis is placed on the most recently available information from peer-reviewed clinical and scientific studies of Gulf War veterans' illnesses. This program is

designed to enhance the ability of all VA physicians, and other health care practitioners to provide quality medical service to Gulf War veterans.

## Desert Storm Documentary in Production

Herringbone Productions is seeking letters from Desert Storm veterans for use in a documentary about the Gulf War. This Summer and Autumn, the documentary production company plans to digitally record hundreds of veterans' stories. Herringbone also is seeking amateur video footage shot by veterans during the ground war. Herringbone Productions is asking veterans to send information about their experiences (and description of footage) to the following address: Herringbone Productions, P.O. Box 2832, Washington, DC 20013.

Herringbone requests that interested veterans clearly print their name, rank, and specific unit designation during Desert Storm. The producers ask veterans to include memories of the war and mention the type of video footage they have but not send any footage until contacted by Herringbone. They ask all who respond to this request to include contact information. According to Herringbone, the documentary will premiere on The Learning Channel in 1999.

VA is not involved in this project and does not endorse it. Individuals are encouraged to use their own judgment and make their own decisions regarding participation.

### Has Your Address Recently Changed?

If yes, please use this form to update our mailing list. Send completed form to the Gulf War Review, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420.

Your Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Old Address \_\_\_\_\_

New Address \_\_\_\_\_  
\_\_\_\_\_

## VA to Issue Gulf War Fact Sheet Series

The Environmental Agents Service (EAS) in VA headquarters in Washington, DC, has drafted and will soon issue a series of fact sheets, called Gulf War Briefs, that describe a wide range of Gulf War-related matters.

EAS officials anticipate that the "Briefs," modeled on the "Agent Orange Brief" fact sheet series will be finalized later this year. The fact sheet series is undergoing extensive review within and outside VA. The following "Gulf War Briefs" are planned and will be available, without charge, from the EAS and from the Gulf War Registry Coordinators at VA medical centers:

- A. **General Information**
- B 1. **Research Activities**
- B2. **Registry Health Examination Program**
- B3. **Medical Care Eligibility for Gulf War Veterans**
- B4. **Referral Center Program**
- B5. **Examinations for the Spouses/Children of Gulf War Veterans**
- B6. **Disability Compensation, Including for Undiagnosed Chronic Illnesses**
- B7. **Information Resources**
- C. **Gulf War Veterans in Coalition Countries**
- D. **Are Gulf War Veterans' Illnesses Contagious?**
- E1. **Chemical/Biological Warfare Agents**
- E2. **Stress - Psychological and Physiological**
- E3. **Vaccinations**
- E4. **Pyridostigmine Bromide**
- E5. **Depleted Uranium**
- E6. **Infectious Diseases**
- E7. **Oil Well Fire Smoke and Petroleum Products**
- E8. **Pesticides**
- F1. **Adverse Reproductive Health Outcomes and Birth Defects**
- F2. **Chronic Fatigue Syndrome**
- F3. **Multiple Chemical Sensitivity**
- F4. **Gulf War Veterans' Mortality**

For additional information or a copy of some or all of these fact sheets, write to Gulf War Briefs, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420.

## 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) Gulf War Veterans' Hotline (1-800-796-9699) for an examination.

Gulf War 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 Gulf War Registry examination will be offered. Treatment will be provided to eligible veterans. The VA Gulf War Information Helpline can also provide the latest information and assistance. The toll-free telephone number is **1-800-PGW-VETS (1-800-749-8387)**.

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

Gulf War 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 at **1-800-827-1000**, or call the VA Gulf War Information Helpline at **1-800-PGW-VETS (1-800-749-8387)**.

Gulf War veterans seeking participation for their spouses or children in the VA-funded health examination program for spouses and children - call

the VA Gulf War Information Helpline at **1-800-PGW-VETS (1-800-749-8387)**.

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

Gulf War 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 at **1-800-827-1000** or call the VA Gulf War 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 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 Gulf War veterans' illnesses home page at <http://www.va.gov/gulf.htm>.

Gulf War veterans who encounter difficulties at a VA medical facility can contact the "**patient advocate**" at that facility for assistance in resolving the problem.

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 Gulf War veterans, especially veterans who are seeking disability compensation.

# Gulf War Review



## Department of Veterans Affairs

Environmental Agents Service (131)  
810 Vermont Avenue, N.W.,  
Washington, DC 20420 . .

OFFICIAL BUSINESS  
Penalty for private use \$300

PRESORTED STANDARD  
U.S. POSTAGE  
PAID  
TEMPLE HILLS, MD  
PERMIT NO. 4820

**Information for Veterans  
Who Served in Desert Shield/Storm**  
June 1998