

# ★★★ ENDURING FREEDOM VETERANS ★★★

*Information for Veterans Who Served in Afghanistan  
and For Their Families*

December 2004

## **HEALTH CARE AND ASSISTANCE FOR U.S. VETERANS OF THE CONFLICT IN AFGHANISTAN**

Following the September 11, 2001, terrorist attacks on the World Trade Center and the Pentagon, the United States responded by deploying military personnel in Southwest Asia. By January 2002, more than 30,000 active duty were involved. Additional reserve personnel were also called to duty. Currently, as part of Operation Enduring Freedom (OEF) U.S. troops are on the ground in Afghanistan, Pakistan, and neighboring countries of the former Soviet Union.

As in all hazardous deployments abroad, some service members may come back with deployment-related health problems. In Afghanistan, troops are especially at risk for local infectious diseases, traumatic injuries, and injuries due to cold exposure. As in all wars, some returning troops can come back with mental health problems that can result from surviving any dangerous, life-threatening experience, and some return with symptoms that are difficult to explain.

This brochure describes some of the main health concerns for military service in this region of the world. It answers questions that veterans, their families, and health care providers may have. It also describes medical care programs that the Department of Veterans Affairs (VA) has developed for veterans returning from combat or peace-keeping missions.

### **Background on Afghanistan**

Afghanistan is an extremely poor, landlocked country about the size of Texas. Traditionally, Afghanistan is highly dependent on farming and raising livestock. Its capital is Kabul. The geography of its 34 provinces mostly consist of rugged mountains (up to 24,560 feet), as well as lower plains in the North and Southwest parts of the country. The climate is arid to semiarid, with cold winters and hot summers; the rainy season lasts from October to April.

After gaining independence from the United Kingdom in 1919, Afghanistan experienced ongoing political and military disruption, including almost 10 years of Soviet military occupation, and more recently terrorism-related activities. Several years of continuous drought has led to widespread and water shortages. As a consequence of

this unrest, about one-third of its estimated population of about 28 million fled the country; many of them are thought to be in Pakistan and Iran. Those events have badly damaged Afghanistan's health and economy, resulting in a short average life expectancy at birth of about 42 years and purchasing power equal to about \$700 per person per year.

As a result of U.S. military intervention after the September 11, terrorist attack, many of al Qaeda leadership were killed or captured (although other leaders have emerged), and al Qaeda and the Taliban lost control of the government. Furthermore, a long delayed election was held (October 2004). Many Afghan refugees are now returning home.

### **Health Risks to U.S. Service Members**

According to the Department of Defense (DoD), troops deployed to Afghanistan are faced with and continue to encounter a wide variety of potential health hazards, including numerous infectious disease, cold injury, and high altitude illnesses. Environmental hazards may also pose a health risk to deployed forces, including exposure to sewage, agricultural and industrial contamination of water and food, air pollution, and severe sand and dust storms.

DoD is trying to minimize these risks by providing vaccinations, obtaining drinking water and food from outside of Afghanistan, and using standard pest control procedures. The remarkably low rates of serious infection disease among U.S. military personnel during the 1990-1991 Gulf War deployment were the results of rapid medical care, extensive preventive medicine efforts, use of insecticides and repellents, sanitation measures, and inspection of food and water. DoD is using similar health programs in Iraq.

### **High-Altitude Health Hazards, Including Cold Injury.**

Temperature and the high altitudes in this region could adversely affect the health of deployed service members. High mountainous areas increase the risks of cold injury due to the lower temperatures found at higher altitudes. Cold injury can be life-threatening. It was a serious problem for soldiers at the battle at the Chosen Reservoir in Korea during the Korean War. Working at high altitudes without proper acclimatization also can result in serious illness due to reduced oxygen and lower air pressure. Common immediate symptoms of mountain sickness include headache, nausea, vomiting, dizziness, fatigue, irritability, and coughing.

**Environmental Health Hazards.** Some deployed service members have experienced short-term health problems from exposure to sand, wind, and dust, particular to skin, eyes, throat, and lungs. Dry air, dust, and wind can cause nosebleeds, coughing, wheezing, and other short-term respiratory difficulties. Troops also face health risks from exposure to industrial chemicals and hazardous waste. DoD warned service members to be cautious of local plants and animals, including poisonous snakes, scorpions, spiders, and plants with thorns, stinging hairs, or toxic coatings that could lead to skin irritations, rashes, infections, and poisoning, if eaten.

**Infectious Diseases.** Food shortages, inadequate public health programs, refugee movements, cold weather, and crowds of malnourished and diseased people have increased the likelihood of spreading illnesses, including diphtheria, tuberculosis, measles, and influenza. In fact, tuberculosis rates in Afghanistan are among the highest in the world. Refugee camps are commonly vulnerable to typhoid fever outbreaks.

Based in part upon U.S. experience with infectious diseases among Allied troops sent to the Persian Gulf region during World War I, troops in Afghanistan expected to be at increased risks of sandfly fever, malaria, diarrheal diseases (like cholera, typhoid fever, amoebic dysentery, and giardiasis), viral hepatitis, and cutaneous leishmaniasis. Common traveler's diarrhea may be a frequent health problem as it was during the first Gulf War (1990-1991).

U.S. troops are well protected against most infectious diseases through vaccination and other preventive measures. However, potential infectious diseases of concern include the following:

- Hepatitis A and E, typhoid fever and diarrheal diseases such as cholera, amoebic dysentery, and giardiasis from contaminated food/water (Water contamination with human/animal waste is considered to be widespread).
- Malaria, West Nile fever, and dengue fever from mosquito bites, Crimean-Congo hemorrhagic fever from tick bites, leishmaniasis and sandfly fever from sandflies, West Nile virus from mosquito bites, and louse-borne typhus.
- Tuberculosis from close person-to-person respiratory transmission.
- Leptospirosis from swimming, wading, or other skin contact with contaminated water.

- Rabies from animal contact.
- Sexually transmitted diseases.

**Leishmaniasis.** Sandfly-transmitted leishmaniasis infection of the skin (cutaneous infection) is common in this region and causes a characteristic rash. Internal (visceral) leishmaniasis, is much less common. Visceral leishmanial infection might show up later on as a chronic infection, and leishmaniasis should therefore be considered when suggested by a physician. Diagnosis may require repeated and painful tissue sampling of bone marrow or lymph nodes to identify the parasite because currently there is no accurate skin or blood test. Treatment for visceral leishmaniasis can be hazardous and is not recommended unless infection is confirmed.

**Sexually Transmitted Disease Risks.** Sexually transmitted diseases are common in Afghanistan and surrounding regions, including gonorrhea, chlamydia, and hepatitis B. According to the World Health Organization (WHO), Human Immunodeficiency Virus (HIV) cases are rapidly increasing in the central Asian republics, including Afghanistan and Pakistan, particularly among injection drug users who share needles. Among central Asian republics, the highest HIV and Acquired Immune Deficiency Syndrome (AIDS) rate is recorded in Kazakhstan.

**Preventive Measures.** Deployed service members are directed not to consume any locally produced raw or unprocessed food products. Troops are instructed that local water and food items including dairy products, fish, fruits, and vegetables, may contain unsafe levels of pesticides, chemical fertilizers, bacteria, and viruses. U.S. troops receive potable water and clean food supplies on deployment.

**Pesticides and Health.** To protect against insect-, tick- and other pest-borne illnesses, individual U.S. service members are provided standard countermeasures. These include anti-malaria pills, the insect repellents DEET (applied to exposed skin), and permethrin (applied to clothing and bed nets).

Although many pesticides, including permethrin and DEET, have been widely used for many years in the U.S. and elsewhere without apparent health problems, some scientists and non-scientists have expressed concerns about the possible long-term health consequences of pesticide exposure. DoD's pesticide policy specifies the controlled use of only those pesticides that have been approved by the Environmental Protection Agency (EPA) or the Food and Drug Administration (FDA) for general use in the United States. Permethrin and DEET are commonly used pesticides that are widely available at grocery, garden supply, and other stores. Both are approved for unrestricted use in the U.S.

Permethrin has very low human toxicity, and is widely used in the U.S. for protection against insect pests. However, following very large exposure by swallowing or inhaling, clinical signs of permethrin poisoning can become evident within a few hours. Even in rare cases of human permethrin poisoning there is little evidence of long-term health problems following recovery from the initial poisoning.

The common insect repellent DEET is estimated to be used by at least 50 million Americans each year to keep away insect pests such as mosquitoes and ticks. There have been a few reports of tingling, mild irritation, and skin peeling following repeated skin application. In adults, ingestion of enormous doses of DEET has been associated with immediate toxic effects, but no long-term health effects have been documented.

Some researchers have suggested that exposures to a combination of pesticides and other compounds might cause health problems not seen with exposure to the same compounds individually. Such effects may not be important to humans except under extraordinary exposure conditions. Ongoing federally funded research efforts will help to clarify this matter.

Although there have been media reports that the anti-malaria drug Lariam could cause mental health problems for soldiers who take it, such effects are not common and should only occur while the drug is being taken or shortly after discontinuing of the drug.

**Deployment Stress and Health.** DoD advised service members deploying to Afghanistan that stress, fatigue, and depression during deployment could lead to injury and illness. Deployment-related stresses include jet lag, change of diet, longer work hours carrying heavy gear, rapid and continuous pace of deployed military activities, and psychological stress. According to DoD, service members particularly at risk include those who are exposed to human suffering, death, or combat, or who are distracted by worries about home and family.

Service members are warned that though return from deployment can be festive and cheerful, a homecoming can turn into a stressful event for personnel and their families who are not alert to the impact of changes that occurred during separation. Further, individuals returning from from deployment may still be experiencing the effects of deployment. DoD advises service members to recognize symptoms of depression, including changes in or withdrawn behavior, excessive tiredness or insomnia, changes in appetite, or feelings of despair.

Preventive measures include seeking help from health care professionals, a chaplain, or other medical personnel,

maintaining physical fitness, increasing sleep when possible, proper use of over-the-counter medications, avoiding alcohol and tobacco products, and establishing a reliable support network of family and friends.

**Deployment-Related Health Effects.** The vast majority of veterans seeking health care at VA medical facilities come in with common diagnoses and receive effective treatments. However, based on experience with veterans returning from previous U.S. conflicts abroad, it is now understood that some veterans will return from hazardous military deployments with difficult-to-diagnose but nevertheless serious symptoms. In fact, concerns about chronic physical symptoms have arisen after every major conflict, and the same types of health problems are frequently seen among civilian Americans.

Veterans, their families and their health care providers must anticipate these deployment-related health problems in veterans returning from the current deployment to Southwest Asia and Afghanistan. In response, VA has established new War Related Illness and Injury Study Centers, and developed new clinical practice guidelines that give health care providers the critical tools they need to help veterans with difficult-to-diagnose illnesses.

### **Health Care Resources for Returning Veterans**

VA has extended health care benefits for those veterans who have served in combat. Based on what was learned from veterans from previous conflicts, VA has developed new programs for providing treatment and other assistance to those veterans.

In 1998, VA was authorized to provide a broad range of health care services to U.S. veterans who served on active duty in a designated theater of combat operations. Such veterans are eligible for 2 years after leaving the military for VA hospital care, medical services, and nursing home care for any illness, possibly related to their combat service.

This law means that combat veterans will have access to high-quality health care at VA medical facilities for 2 years, following separation from the military, without having to prove that their health problems are related to their combat service or to toxic exposures during their active service. For locations of VA medical facilities, check the telephone book, or [www.va.gov](http://www.va.gov), or call **1-877-222-VETS (8387)**.

**VA Health Care Use by Enduring Freedom Veterans.** In a report issued in 2004, VA analysts found that among 43,600 OEF veterans who have separated from active duty nearly 10 percent (about 4,300) have sought health care from VA. OEF veterans have a wide range of both medical and psychological conditions. Operations Enduring Freedom

and Iraqi Freedom veterans have experienced about the same kinds of health problems since returning to the U.S. even though they served in separate theaters of operations. Those OEF veterans examined by VA are not necessarily typical of all OEF veterans.

**VA's War Related Illness and Injury Study Centers.** These two centers in Washington, DC, and East Orange, NJ, are focusing on the difficult-to-diagnose illnesses seen in veterans following all wars. Information regarding these and future centers can be obtained by contacting the nearest VA medical center or at [www.va.gov/EnvironAgents](http://www.va.gov/EnvironAgents).

**VA's Vet Centers.** There are more than 200 community-based Vet Centers located around the country. This program was originally developed in response to the readjustment needs of returning Vietnam veterans. Based upon their successes, today Vet Centers are open to other veterans who served in combat and who suffer from psychological war trauma. They also offer accessible readjustment counseling, extensive case management and referral activities, and other supportive social services. For many veterans who might not otherwise seek VA assistance, the Vet Centers serve as a local resource for VA health care. Phone numbers for local VA Vet Centers can be found in the telephone book, or go to [www.va.gov](http://www.va.gov), or call 1-877-222-VETS (8387).

**VA's Website on Afghanistan Health Issues.** VA's Website on Afghanistan health issues is available at [www.va.gov/About\\_VA/Orgs/VHA/VHAProg.htm](http://www.va.gov/About_VA/Orgs/VHA/VHAProg.htm) and [www.va.gov/EnvironAgents](http://www.va.gov/EnvironAgents).

**VA Health Care and Assistance for Veterans.** VA is here to help all U.S. veterans. VA's mission is to serve America's veterans and their families with dignity and compassion and be their principal advocate in ensuring they receive medical care, benefits, social support, and lasting memorials in recognition of their service to this Nation.

**Additional Information.** Through the Veterans Health Administration, VA offers primary care, specialized care, and related medical and social support services for veterans. This care is provided by about 157 hospitals, over 860 outpatient clinics, 134 nursing homes, 42 residential rehabilitation treatment centers, 206 readjustment counseling (Vet) centers and various other facilities. VA also conducts research on veteran health issues, and fosters education of health care providers. More information about the range of services available at the local VA facilities can be obtained through the telephone book, or by checking online at [www.va.gov](http://www.va.gov). Also see the following:

**"The World Factbook 2004 -- Afghanistan"** available on line at <http://www.odci.gov/cia/publications/factbook/index.html>.

**U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM)** at <http://chppm-www.apgea.army.mil/>;

**World Health Organization (WHO) Updates** available at <http://www.who.int/disasters/>; and

**U.S. Army Center for Health Promotion and Preventive Medicine, "A Soldier's Guide to Staying Healthy in South West Asia (SHG 003-1203)** at <http://chppm-www.apgea.army.mil/deployment/shg/SWA.pdf>.

TOLL-FREE TELEPHONE CONTACT NUMBERS:

General information about VA benefits   **1-800-827-1000**

Health benefits provided by VA           **1-800-222-8387**

VA ON THE INTERNET (in addition to the site mentioned earlier):

Compensation and Pension           **[www.vba.va.gov/bln/21/](http://www.vba.va.gov/bln/21/)**

VA benefits application   **[vabenefits.vba.va.gov/vonapp](http://vabenefits.vba.va.gov/vonapp)**

Health benefits and services       **[www.va.gov/vbs/health](http://www.va.gov/vbs/health)**

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