



## Changes in Compensation Law Will Help Gulf War Veterans

*(The following article was prepared for the “Review” by officials in VA’s Veterans Benefits Administration to provide more information to our readers about expanded coverage for Gulf War veterans).*

On December 27, 2001, President Bush signed Public Law 107-103. Section 202, Gulf War Veterans’ Chronic Disabilities, expanded the definition of “qualifying chronic disability” (for service connection) to include not only a disability resulting from an undiagnosed illness as stated in prior law, but also:

- 1) a medically unexplained chronic multi-symptom illness (such as **chronic fatigue syndrome, fibromyalgia, and irritable bowel syndrome**) that is defined by a cluster of signs or symptoms; and
- 2) any *diagnosed* illness that the Secretary determines in regulations warrants a presumption of service-connection.

This change in law affects Gulf War veterans who served on active military, naval, or air service in the Southwest Asia theater of operations during the Gulf War (August 2, 1990, to the present and beyond). The Southwest Asia theater of operations includes Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations.

The legislation now classifies fibromyalgia, chronic fatigue syndrome, and irritable bowel syndrome as disabilities for which compensation may be paid on a presumptive basis and extends the presumptive period through September 30, 2011.

The Department of Veterans Affairs (VA) encourages Gulf War veterans with fibromyalgia, chronic fatigue syndrome, or irritable bowel syndrome – **including those previously denied service connection before the change in law** – to apply for compensation benefits.

Veterans who have never filed a claim for service-connected compensation benefits may apply by submitting a VA Form 21-526 (Veteran’s Application for  
*(Continued on page 3)*

## IOM Issues Report on Pesticides and Solvents, Begins Work on More Risk Factors

On February 18, 2003, the National Academy of Sciences Institute of Medicine (IOM) released the second in a series of scientific literature reviews on Gulf War veterans’ health risk factors, prepared under contract with the Department of Veterans Affairs. The latest report focused on pesticides and solvents used during the Gulf War.

The literature review included all relevant peer-reviewed published scientific and medical studies, and  
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(Continued from page 1) reviews of the toxicologic literature on this subject. The IOM reviewed studies of humans – including veterans – that had been exposed to the agent of concern at any dose. These studies came primarily from work place situations. More than 30,000 abstracts of scientific and medical articles related to these topics were reviewed and the full text of more than 3,000 peer-reviewed journal articles were reviewed.

### **“Categories of Association”**

An IOM committee evaluated the strength of the evidence for associations between pesticides and solvent exposures and human health effects. The pesticide/solvent review began September 1, 2000. The IOM assigned each of the 68 conditions considered to be most likely to be associated with pesticides or solvents used in the Gulf into one of the five following “categories of association”: 1) sufficient evidence of a causal relationship, 2) sufficient evidence of an association, 3) limited/suggestive evidence of an association, 4) inadequate/insufficient evidence to determine whether an association exists, and 5) limited/suggestive evidence of no association.

The IOM assigned 2 associations to the first category: benzene and acute leukemia and benzene and aplastic anemia. The report explained that this category was used when the evidence from available studies is sufficient to conclude that a causal relationship exists between exposure to a specific agent and a specific health outcome in humans, and the evidence is supported by experimental data. This evidence fulfills the guidelines for sufficient evidence of an association (below) and satisfied several of the guidelines used to assess causality: strength of association, dose-response relationship, consistency of association, and a temporal (time) relationship.

The IOM placed 3 associations in the second category: benzene and adult leukemia, solvents and acute leukemia, and propylene glycol and allergic contact dermatitis. The IOM uses this category when evidence from available studies is sufficient to conclude that there is a positive association. A consistent positive association has been observed between exposure to a specific agent and a specific health outcome in human studies in which chance and bias count be ruled out with reasonable confidence.

The IOM concluded that 16 associations belong in the third category: tetrachloroethylene and dry cleaning solvents and bladder cancer, solvents and bladder cancer, tetrachloroethylene and dry cleaning solvents

and kidney cancer, organophosphorous insecticides (OPs) and non-Hodgkin’s lymphoma (NHL), carbamates and NHL, benzene and NHL, solvents and multiple myeloma, OPs and adult leukemia, solvents and adult leukemia, solvents and myelodysplastic syndromes, OP exposure with OP poisoning and long-term neurobehavioral effects, solvents and neurobehavioral effects, solvents and reactive airway dysfunction syndrome, solvents and hepatic steatosis, solvents and chronic glomerulonephritis, and insecticide and allergic contact dermatitis. This third category is used when evidence from available studies suggests an association between exposure to a specific agent and a specific health outcome in human studies, but the evidence is limited by the inability to rule out chance and bias with confidence.

The majority of findings fell into the fourth category because there is not enough evidence in human epidemiologic studies to determine whether an association exists between exposure and certain health outcomes. There were no findings in the fifth category in the pesticide and solvent report.

If the IOM committee did not unanimously agree on a conclusion, the IOM did not assign the association to a category. In addition to the 68 conditions where there was consensus, there were 9 conditions where there was no consensus. In the following 9 instances, the committee could not reach consensus on whether the association was limited/suggestive or inadequate/insufficient: tetrachloroethylene and dry cleaning solvents and esophageal cancer, trichloroethylene and colon cancer, mixtures of benzene, toluene, and xylene and colon cancer, tetrachloroethylene and dry cleaning solvents and lung cancer, trichloroethylene and cervical cancer, solvents and kidney cancer, benzene and solvents and brain and other central nervous system cancers, parental preconception exposure to solvents and childhood leukemia, and organophosphorus insecticide exposure without OP poisoning and long-term neurobehavioral effects (that is, abnormal results on neurobehavioral test batteries and symptom findings).

The independent scientific/medical review is required by two laws, Public Laws 105-368 and 105-277, both enacted in late 1998. The IOM is a highly prestigious and independent scientific organization. It is not part of the Federal Government.

The IOM review was conducted by an expert committee selected by the IOM and chaired by Jack M. Colwill, M.D., Professor Emeritus, School of Medicine, University of Maryland. Samuel J. Potolicchio, Professor, Department of Neurology, George Washington

University Medical Center was vice-chair. VA is now considering what, if any, conditions should be presumptively recognized for service connection. After the Secretary of Veterans Affairs makes that determination, it will be published in the *Federal Register* and reported in this newsletter. Under the laws, the Secretary within 60 days of the IOM report must determine if any of the report findings warrant establishing presumptive service connected conditions. The law requires publication in the *Federal Register* of those determinations within another 60 days.

The first IOM report was released on September 7, 2000. That report, entitled *Gulf War and Health, Volume 1: Depleted Uranium, Pyridostigmine Bromide, Sarin, Vaccines*, is available on-line at [www.nap.edu](http://www.nap.edu). No conditions were presumptively recognized for service connection as a result of the initial IOM report. The latest report, entitled *Gulf War and Health, Volume 2: Insecticides and Solvents*, is also available at that Web site.

For additional information about the initial report and VA's reaction, see the January 2001 issue of the "Gulf War Review." The newsletter can be seen at [www.va.gov/gulfwar](http://www.va.gov/gulfwar).

With the completion of the pesticide/solvent review the IOM began considering other health risk factors encountered by Gulf War veterans. IOM for the next phase of the Gulf War and Health project will examine the literature on the possible health effects of environmental pollutants and particulates, such as oil-well fires, jet fuels, and tent heater fumes. The IOM anticipates release of that report in early autumn of 2004. In addition, the IOM will update its previous findings on exposure to sarin. (See article regarding the sarin update on page 4.)

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*(Changes in Compensation Law. Continued from page 1)*  
Compensation Veterans and/or Pension) to their local regional office.

Veterans previously denied service connection before the change in law may reapply by sending a letter to their local regional office.

A claimant can expedite action on his or her claim by submitting current medical evidence showing a diagnosis for the condition(s).

Anyone with questions about this matter can call the VA national toll-free telephone number for benefits information: 1-800-827-1000.

## **Guideline Established for Health Care for Veterans with Medically Unexplained Symptoms**

Last year the Veterans Health Administration, the medical agency of the Department of Veterans Affairs (VA), and the Department of Defense produced a guideline for clinicians to help patients with medically unexplained symptoms, specifically chronic unexplained pain or fatigue. The guideline is targeted to health care providers. Patients may be interested in reading it and sharing it with their physicians.

Key points made in the guideline include the following:

- Establish that the patient has medically unexplained symptoms.
- Obtain a thorough medical history, physical examination, and medical record review.
- Minimize low yield diagnostic testing.
- Identify treatable causes (conditions) for the patient's symptoms.
- Determine if the patient can be classified as chronic multi-symptom illness (CMI) (that is, has two or more symptoms clusters: pain, fatigue, cognitive dysfunction, or sleep disturbances).
- Negotiate treatment options and establish collaboration with the patient.
- Provide appropriate patient and family education.
- Maximize the use of non-drug therapies:
  - Graded aerobic exercise with close monitoring.
  - Cognitive behavioral therapy.
- Empower patients to take an active role in their recovery.

For more information about medically unexplained symptoms, see the next article, which describes chronic fatigue and fibromyalgia as defined in the guideline. The full guideline can be accessed at [www.oqp.med.va.gov/cpg/cpgn/mus/mus\\_base.htm](http://www.oqp.med.va.gov/cpg/cpgn/mus/mus_base.htm).

## **Information about Chronic Fatigue Syndrome and Fibromyalgia**

**Chronic fatigue syndrome (CFS)** is a term that refers to a syndrome of prolonged, unexplained fatigue and a combination of associated symptoms, including cognitive impairments (memory and concentration), sleep disturbances, and musculoskeletal pain.

In 1994 an international study group coordinated by the Centers for Disease Control and Prevention (CDC) established the most widely accepted criteria for CFS. The CDC Guidelines for the Evaluation and Study of CFS are as follows: A thorough medical history, physical examination, mental status examination, and laboratory tests (diagram) must be conducted to identify underlying or contributing conditions that require treatment. Diagnosis or classification cannot be made without such an evaluation. Clinically evaluated, unexplained chronic fatigue cases can be classified as chronic fatigue syndrome if the patient meets both the following criteria:

1. Clinically (i.e., by a doctor) evaluated, unexplained persistent or relapsing chronic fatigue that is of new or definite onset (i.e., not lifelong), is not the result of ongoing exertion, is not substantially alleviated by rest, and results in substantial reduction in previous levels of occupational, educational, social, or personal activities.
2. The concurrent occurrence of four or more of the following symptoms: substantial impairment in short-term memory or concentration; sore throat; tender lymph nodes; muscle pain; multi-joint pain without swelling or redness; headaches of a new type, pattern, or severity; unrefreshing sleep; and post-exertional malaise (general discomfort or unease) lasting more than 24 hours. These symptoms must have persisted or recurred during 6 or more consecutive months of illness and must not have predated the fatigue.

CFS has been around for centuries under a variety of names, including febricula, nervous exhaustion, neurasthenia, epidemic neuromyasthenia, benign myalgia encephalomyelitis, Royal Free disease, and chronic mononucleosis. So far, no clear cause has been established. Current evidence suggests there may be multiple causes.

**Fibromyalgia (FM)** is a term for a chronic disorder characterized by widespread musculoskeletal pain, fatigue, and multiple tender points. “Tender points” refers to tenderness that occurs in precise, localized areas, particularly in the neck, spine, shoulders, and hips. People with this syndrome may also experience sleep disturbances, morning stiffness, irritable bowel syndrome, anxiety, and other symptoms.

In 1990, a committee of the American College of Rheumatology (ACR) established the most widely accepted criteria for FM. The two criteria are a history of widespread pain and pain in 11 of 18 defined tender point sites when the doctor presses hard with a finger.

1. History of widespread pain.

Definition. Pain is considered widespread when all of the following are present: pain in the left side of the body, pain in the right side of the body, pain above the waist, and pain below the waist. In addition, axial skeletal pain (cervical spine or anterior chest or thoracic spine or low back) must be present. In this definition, shoulder and buttock pain is considered as pain for each involved side. “Low back” pain is considered lower segment pain.

2. Pain in 11 of 18 tender point sites on digital palpation (that is, pressing hard with the finger)

Digital palpation should be performed with an approximate force of 4 kg.

For a tender point to be considered “positive” the subject must state that the palpation was painful. “Tender” is not to be considered “painful.”

Like CFS, fibromyalgia has been described for hundreds of years under a variety of names. Names used include muscular rheumatism, fibrositis, fibromyositis, and psychogenic rheumatism. No clear cause has been established for this condition.

Some common problems for individuals with FM include fatigue, headaches, hearing and vision problems, memory and concentration difficulties, “allergic” and chemical/photo sensitivity symptoms, non-cardiac chest pain, irritable bowel syndrome, chronic sinusitis, heartburn, and irritable bladder.

### VA Asks IOM to Update Review of Long-Term Health Effects of Nerve Gas Sarin

New evidence on the health effects of sarin has prompted Secretary Principi to ask the National Academy of Sciences Institute of Medicine to reconsider the long-term health effects of this gas.

“Recently, a number of new studies have been published on the effects of sarin on laboratory animals,” wrote Secretary Principi in a January 24, 2003, letter to Harvey Fineberg, M.D., Ph.D, President, Institute of Medicine. “These studies have raised concerns with Gulf War veterans and other Americans regarding the relationship of these studies to possible health consequences of human exposure.”

With this in mind, Secretary Principi requested the IOM to examine the medical and scientific literature on the health effects of sarin published since its 2000 report. Secretary Principi asked that the IOM report back to VA “as soon as possible” on whether this new research affects earlier IOM conclusions regarding the “possible long-term health consequences of exposure to low levels of sarin.”

## 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. For past and current issues of the “Review” and additional information, see our Web site at [www.va.gov/gulfwar](http://www.va.gov/gulfwar).

The most recent issues of the newsletter are dated June 2002 and October 2002. Additional issues will be prepared when warranted by significant developments. EAS anticipates publication of the “Review” about three times annually. Four were issued in Calendar Year 2001, and 3 were released in 2002. This issue was completed in mid-February 2003 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 the Gulf War Review, c/o Donald J. Rosenblum, Deputy Director, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420. Please do **not** send comments or questions to the Austin Automation Center. Officials there routinely send the questions/comments to the Environmental Agents Service in Washington, DC. Writing to Austin will unnecessarily delay a response.

Requests for additional copies of this and/or future issues should also be sent to Mr. Rosenblum. A limited supply of the prior issues is available. Please specify the quantity and issue date requested.

Questions about the Gulf War Registry examination should be directed to the Environmental Health Coordinator or Clinician 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**.

## VA Increases Gulf War Research Funding

On October 30, 2002, Deputy Secretary Leo S. Mackay, Jr., Ph.D., announced plans to significantly increase funding for Gulf War-related research. The plans are that VA will budget up to \$20 million in Fiscal Year 2004 for research related to Gulf War veterans’ health problems. In 2001, VA spent about \$8.4 million to do such research. In 2002, VA expended about \$3.7 million. Estimates for expenditures for 2003 are not yet available.

Most of the money spent for Gulf War-related research has been for projects sponsored and funded by the Department of Defense (DoD). The most recent report to Congress on Federally sponsored research on Gulf War veterans illnesses noted that 224 projects have been sponsored by VA, DoD, and the Department of Health and Human Services at a cost of over \$212.6 million for research on this subject from Fiscal Year 1994 through Fiscal Year 2002. A complete list of Federally funded research related to Gulf War veterans’ health is available at [www.va.gov/resdev/prt/gulf\\_war\\_2001](http://www.va.gov/resdev/prt/gulf_war_2001). Most of these projects have already been completed.

In October 2002, VA also announced plans to establish a center dedicated to medical imaging technologies to better understand medical problems that Gulf War and other veterans are experiencing.

## Combined Analysis of VA/DoD Gulf War Clinical Evaluation Programs Released

In late 2002, the Department of Veterans Affairs (VA) and the Department of Defense (DoD) jointly released a 106-page report, entitled *Combined Analysis of the VA and DoD Gulf War Clinical Evaluation Programs: A Study of the Clinical Findings from Systematic Medical Examinations of 100,339 U.S. Gulf War Veterans*.

The report summarizes findings from more than 100,000 examinations conducted over 10 years in VA’s and DoD’s Gulf War clinical evaluation programs. The full report can be seen on the VA’s Gulf War Website [www.va.gov/gulfwar/](http://www.va.gov/gulfwar/). It was prepared by clinicians and scientists in VA and DoD.

The VA Gulf War Registry is a nationwide effort begun in late 1992 to provide Gulf War veterans with access to high quality health care. In 1994, DoD initiated the Comprehensive Clinical Evaluation Program (CCEP). These two clinical evaluation programs are

designed to collect comparable information about the health of Gulf War veterans. DoD's program is important because of its focus on Gulf War veterans still on active duty. Together, the two programs have provided exams to over 14% of this population of war veterans. No previous military population has been as extensively evaluated as have Gulf War veterans.

### **Major Limitations**

Caution has to be exercised in the interpretation of the information collected. Participants of these programs are a "self-selected" group of veterans who were concerned about the possible long-term health effects of service in the Gulf War. Because these veterans were not a random sample of Gulf War veterans, they may not be entirely representative of the overall population of Gulf War veterans. As a result, it is difficult to compare specific rates of various illnesses in these two programs with other military and civilians populations.

While the programs cannot provide specific rates of disease, massive outreach efforts brought large numbers of veterans into VA and DoD health care systems for standardized clinical evaluations, which increases the chances of finding anything unusual.

### **Results**

In the more than 100,000 direct clinical examinations, no single type of illness stood out. Gulf War veterans were found to have a wide variety of health problems that are present in other outpatient populations. Systematic evaluation of such a large population is unlikely to miss examples of a serious disease. With over 100,000 veterans having been examined, it is improbable that large numbers of Gulf War veterans could have developed a particular problem that has remained undetected over a 10-year period. Furthermore, the VA and DoD programs are unlikely to have missed examples of serious disease because Gulf War veterans with more severe health problems have tended to enroll for a registry examination.

The authors noted that a unique war syndrome has not been identified among the military veterans deployed by the other 40 countries of the Coalition or among the nearly one million local inhabitants of northern Saudi Arabia or Kuwait.

### **Further Research Necessary**

While a unique syndrome health problem has not been found, some research studies have reported various abnormal conditions among small groups of veterans. VA/DoD supported research is underway to determine whether these findings apply to a larger population of veterans and whether they may be related to an exposure during the Gulf War. Research is also ongoing to evaluate the possibility of delayed health effects of exposure to various potentially hazardous substances in the Gulf War. Numerous scientific studies are in progress that will reveal substantial information about the problems that Gulf War veterans have experienced.

The findings from over 100,000 clinical examinations have substantially aided health care efforts. However, because Gulf War veterans do not have a single type of health problem, assumptions cannot be made about the health of a Gulf War veteran who requests a clinical evaluation. Veterans have to be evaluated and treated as individuals. Each veteran requires a medical history and screening examination, with treatment tailored to the specific needs of the patient. For Gulf War veterans with well-known health problems effective therapy often is available.

### **Lessons Learned**

Several important lessons have been learned from the implementation and analysis of the VA's and DoD's Gulf War clinical evaluation programs. Those programs have clearly shown that they can: 1) enable high quality health care for concerned war veterans; 2) serve an important educational and risk communication function for veterans and their families; 3) generate research hypotheses; and 4) provide objective clinical data needed to design appropriate clinical and epidemiological research studies.

Another important lesson from the Gulf War registry experience has been that structural differences in registries (even minor differences) must be eliminated in the design stage when more than one clinical registry is established for a population of veterans. Close coordination will be required between VA and DoD in any future assessment of post-deployment health problems.

### **Action**

To improve their special clinical evaluation programs, VA and DoD have taken steps to better understand and routinely manage post-deployment health problems, and to improve veterans' satisfaction with

## Address Change and Duplicates

If this newsletter has your old address, please use this form to update our mailing list. Send the completed form to the Gulf War Review, Austin Automation Center (200/397A), 1615 Woodward Street, Austin, TX 78772-0001. If you have access to the Gulf War Review via the VA Web site [www.va.gov/gulfwar](http://www.va.gov/gulfwar) and wish to discontinue receiving a copy by mail, please complete the below form and return it to the Austin Automation Center. If you are receiving more than one copy of the newsletter, please let us know. Write to the address above. Please provide your name, address, and social security number.

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(Continued from page 6) their health care. Both VA and DoD have established deployment health research centers to determine the causes and most effective treatments for veterans' health problems. In addition, VA and DoD are using an evidence-based approach to develop clinical practice guidelines for the evaluation of military personnel and veterans. The regular use of clinical practice guidelines will decrease the need for ad hoc clinical evaluation programs in the future.

In addition to the deployment research centers and clinical practice guidelines, DoD and VA have developed comprehensive educational and outreach programs. Web sites and other sources of deployment information also have been developed to assist military and VA health care personnel caring for service members and veterans following deployment.

## Gulf War Health Registry Examination Statistics

Here are some figures, as of January 27, 2003, regarding the VA's Gulf War Registry Health Examination Program that started in 1992.

### Cumulative (1992-January 2003)

Total number of Gulf War veterans who have completed examinations since the program began – **85,048**

Total number of veterans tested for exposure to depleted uranium – **264**

Total number of dependents examination – **1,414**  
(Spouses **576**, Children **838**)

### Most Recent Month

Gulf War registry examinations — **214**

## Gulf War Health Advisory Committee Holds Third and Fourth Meetings

On October 28-30, 2002, the Research Advisory Committee on Gulf War Veterans' Illnesses, activated by Secretary of Veterans Affairs Anthony J. Principi in January 2003 held its third meeting. Like the 2 earlier sessions (April and June 2002), the meeting was held in Washington, DC.

The October meeting included discussion of a wide array of research issues. The meeting, initially planned for two days, was extended to a third day to include a session with Deputy Secretary Leo S. Mackay, Jr., Ph.D. The Deputy Secretary used the occasion to announce that VA was responding to the Advisory Committee

recommendation to increase Gulf War-research funding. (See separate article on page 5 regarding the substantial funding in increase planned for Fiscal Year 2004 for Gulf War-related research.)

The mission of the Advisory Committee, authorized by Congress in 1998, is to make recommendations to the Secretary on research relating to the health consequences of military service in the Southwest Asia theater of operations during the Gulf War. According to its charter, the guiding principle for the work of the Committee is the premise that the fundamental goal of Gulf War-related government research is to improve the health of ill Gulf War veterans. Research priorities are judged against this standard.

Committee meetings are open to the public and include time reserved for public comments. The Committee welcomes and solicits information from physicians, scientists, military veterans, and members of the general public related to medical research regarding Gulf War veterans' illnesses. Helpful material includes information about treatments, causes, relevant scientific studies, and promising avenues of medical research.

The fourth meeting of the Advisory Committee was held February 3-4, 2003. The Committee heard the new head of VA research, Dr. Nelda Wray, describe that status of VA research on Gulf War veterans' illnesses. The Committee also listened to the Directors of the War-Related Illness and Injury Study Centers (WRIISCs). For additional information about the WRIISC program, see the following article. Dates for future meetings have not yet been announced.

The Committee Web site is located at [www.va.gov/rac-gwvi](http://www.va.gov/rac-gwvi). The email address is [RAC\\_GWVI@vapop.ucsd.edu](mailto:RAC_GWVI@vapop.ucsd.edu). The mailing address is RAC-GWVI, 3366 N. Torrey Pines Court, Suite 250, La Jolla, CA 92037. The telephone number is 858-453-1058. The fax number is 858-453-1076.

## **VA War-Related Illness and Injury Study Centers Offer Help and Hope**

VA health care providers occasionally see combat veterans with multiple unexplained symptoms or difficult-to-diagnose illnesses. Two new VA centers offer specialized evaluations for combat veterans with disabilities related to these difficult-to-diagnose illnesses.

In May 2001, Secretary of Veterans Affairs Anthony Principi approved two new War Related Illness and Injury Study Centers - WRIISC (pronounced "risk"). The WRIISCs opened recently at the VA Medical Centers in Washington, DC, and East Orange, NJ. Veterans who were deployed to combat zones, served in areas where hostilities occurred, or were exposed to environmental hazards may be eligible for services.

A referral for services at a WRIISC can be made after a veteran has had a comprehensive medical evaluation at their local VA Medical Center. The veteran's primary care provider must make all referrals to the WRIISC. Information on the referral process can be found at [www.va.gov/environagents](http://www.va.gov/environagents).

The WRIISCs also have programs engaged in scientific research on deployment health questions, such as war related illnesses and injuries, risk communication regarding deployment related hazards, and outreach education for VA patients and their families and health care providers.

## **Lesson Learned, VA Provides 2 Years of Health Care for Combat Veterans Without Proof of Service Connection**

Military personnel who recently served in a combat zone are now eligible for 2 years of free medical care from the Department of Veterans Affairs (VA) for most conditions.

"We are able to help the newest generation of combat veterans serving in Afghanistan and engaged in the war against terrorism in ways not available to previous generations of veterans," said Secretary of Veterans Affairs Anthony J. Principi.

Most veterans must prove that a medical problem is connected to their military service to receive free VA care for that condition, or they must have relatively low incomes. Since November 11, 1998, VA has been authorized to provide free medical care for some veterans within 2 years after leaving active duty. Those veterans must have served in a combat zone or in comparable hostilities. They do not have to prove either a service-connection for their health care problems or that they have low incomes.

"The wounds of military conflicts are not always obvious," said Principi. "We must be ready to assist combat veterans who have medical problems that are unexplained or difficult to diagnose."



The benefit does not cover treatment for medical problems clearly unrelated to military service, such as care for common colds, injuries from accidents that happened after discharge from active duty, and disorders that existed before joining the military.

To receive free medical care, veterans must be able to show that they served since November 11, 1998, in a theater of combat operations or in combat against a hostile force. The coverage lasts for 2 years after discharge from active duty. It applies to VA hospital care, outpatient services, and nursing home care.

“National Guard and reserve personnel, who serve alongside their active-duty comrades in combat will, in most cases, be eligible,” said Dr. Robert Roswell, VA’s Under Secretary for Health.

After 2 years, these veterans will be subject to the same eligibility and enrollment rules as other veterans.

“This benefit builds upon the lessons learned from the undiagnosed illnesses of Gulf War veterans and Vietnam veterans exposed to Agent Orange,” said Principi. “Combat veterans should not wait for medical care while we weigh the evidence linking their problems to military service.”

For additional information, see the following questions-and-answers and [www.va.gov/environagents/docs/SpecialHCforCombatVetsd2.pdf](http://www.va.gov/environagents/docs/SpecialHCforCombatVetsd2.pdf).

## **VA Eligibility for Veterans of a Combat Theater**

### **Who is eligible for this care?**

The care is available to veterans who served on active duty in a theater of combat operations in a period of war, after the Gulf War or in combat against a hostile force during “a period of hostilities” after November 11, 1998, in accordance with the guidelines issued by the Under Secretary for Health.

### **How does this help veterans?**

It provides needed medical care for 2 years to veterans who served in a combat theater without requiring them to make a co-payment for the care they receive, even without proof that their injury or illness was caused or aggravated by their military service.

### **What type of injuries and illnesses does this cover?**

VA appreciates that many wounds are not always obvious and that unexplained or difficult to diagnose illnesses are often associated with military conflict.

This benefit covers all illnesses and injuries except those clearly unrelated to military service, such as a common cold, injuries from accidents after discharge, or disorders that existed before joining the military.

### **How is this different from previous policy?**

The key distinction is that these veterans will be provided free medical care immediately upon discharge and for a period of 2 years. They need not prove their injury or illness was connected to their service or show that they have a relatively low income or other grounds for eligibility. Previously, many of these veterans would be liable for a co-payment until their illness or injury had been evaluated by VA and ruled to be a service-connected disability.

### **Under what authority can VA offer this care?**

VA’s policy is in accordance with the authority granted in section 102 of Public Law 105-368 as codified in Section 1710(e)(1)(D) of Title 38 of the United States Code.

### **Is this limited to hospital care?**

No. The policy includes other appropriate medical care and nursing home care as well.

### **What is the effective date for establishing the 2-year time period?**

The 2-year time period begins when the military member is discharged or retired from active duty.

### **Does receipt of care establish proof of a service-connected disability rating?**

No. The care is designed to meet the medical needs of combat veterans for 2 years after they leave active duty. It is expected that during this time veterans’ claims for disability compensation for these injuries, illnesses, or medical conditions will have been adjudicated. If veterans’ claims are approved as service connected, they will be placed in the appropriate priority group and continue to receive their care without a co-payment. If their claim is disapproved, they may still be able to receive care, but will be required to make a co-payment for the services.

### **Does this include members of the National Guard and Reserve forces?**

Yes. The policy also applies to National Guard and Reserve personnel who were activated and served in a theater of combat or in combat against a hostile force. Members of the Guard and Reserve forces must be

ordered to active duty by a federal declaration, serve the full period for which they were called or ordered to active duty, and be released, discharged or retired under conditions other than dishonorable.

### **How is VA defining “hostilities?”**

“Hostilities” is defined as conflict in which the members of the Armed Forces are subjected to danger comparable to the danger they would face in a period of war. To determine whether a period of hostilities is within the scope of this special authority, VA relies upon the same citation and criterion used to determine eligibility for VA Readjustment Counseling Service.

### **Why has it taken almost 4 years for VA to implement this?**

An initial directive was issued on March 23, 1999, 4 months after enactment of the law authorizing VA to provide this care, VA issued a directive that was disseminated to its medical centers, detailing the policy. As troops began to deploy to Afghanistan and other places around the world in the war against terrorism, VA officials believed it would be helpful to provide further information about post-discharge benefits for veterans who served in a combat theater. For this reason, the Secretary has directed the publication of a follow-on directive.

### **What happens to these veterans after the 2 years are up?**

After 2 years, their co-payment status will depend on whether their illness, injury, or medical condition was officially found by VA to be service-connected or whether they are otherwise qualified for care. They will be enrolled in the appropriate priority group for VA health care.

### **Readers Survey Results**

A non-scientific survey of “Gulf War Review” newsletter recipients found that while most readers expressed positive views about the newsletter, nearly half of the respondents indicated that it did not meet all of their needs.

The four-item survey, printed on page 11 of the “Gulf War Review,” dated June 2002, asked readers what they thought of the newsletter, whether it met their needs, and what changes they would like to see. It also asked for additional comments and suggestions.

A similar survey was conducted about 2 years ago. The October 2000 and January 2001 issues of the “Review” provided similar results. In addition to the formal surveys, each issue of the newsletter invites

readers to send comments or questions concerning the content of the newsletter, and solicits suggestions and ideas for future issues of the newsletter.

Approximately three-fourths of the respondents offered positive comments about the newsletter. Many used the word “informative” (or a similar word) to describe the newsletter. The most common complaint concerns the money used for studies and for the “Review” itself. Some readers commented that these funds would be better used for compensation to veterans or spent on direct patient care.

In fact, outreach to veterans is a critical part of VA’s mission. For Gulf War veterans outreach is required by law! Other readers felt that newsletter was vague or inconclusive. Many readers expressed their appreciation for the information provided in the newsletter.

While the survey was intended to assess the newsletter, many respondents used the survey as a vehicle to vent their frustrations regarding their perceptions of VA health care services or disability compensation program. A substantial number of survey participants indicated that they were satisfied with the newsletter, offered no suggestions for change, or left blank the question about what changes they would like to see.

There were a number of worthwhile suggestions, including that the “Review”:

- publish more detailed information regarding scientific studies;
- periodically provide information about the criteria for unexplained illnesses;
- republish information describing how one becomes part of the Registry; and
- explain the problems associated with blood donations.

We plan to implement these suggestions in future issues of the newsletter.

### **Q’s and A’s**

The “Review” occasionally includes a questions-and-answers section in which VA officials respond to inquiries from readers regarding the Gulf War experience, problems encountered by Gulf War veterans and their families, and programs initiated by VA and other Federal departments and agencies to help these veterans and their families.

Questions should be sent to Mr. Donald J. Rosenblum, Deputy Director, Environmental Agents Service (131), ATTN: GWR – Q’s & A’s, 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 Services Representative 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 Environmental Health 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).

DoD has changed its "**Incidents Hotline**" to the "**Direct Veterans Hotline**" to more accurately reflect the work done by the Hotline's contact managers. The new toll-free number is 1-800-497-6261.

For additional information about VA's program initiatives, see VA's Gulf War **veterans' illnesses** home page at [www.va.gov/gulfwar](http://www.va.gov/gulfwar).

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. The medical center telephone operator should have the telephone number.

Representatives of **veterans service organizations**, including the American Legion (1-800-433-3318), Veterans of Foreign Wars of the United States (1-800-VFW-1899), Disabled American Veterans (1-877-426-2838), etc., have been very helpful to Gulf War veterans, especially veterans who are seeking disability compensation. (These organizations are cited as examples. There are many other excellent organizations. VA does not endorse or recommend any one group over another.)

**County Veterans Service Officers** also have been of great help to many military veterans, including those who served in the Gulf War, who are seeking benefits they earned through their service to the Nation.

For additional **Federal benefit** information, see VA's *Federal Benefits for Veterans and Dependents* booklet. It is updated annually to reflect changes in law and policies. It is available for purchase from the U.S. Government Printing Office, Superintendent of Documents, Washington, DC 20402, Web site: [bookstore.gpo.gov](http://bookstore.gpo.gov). VA's World Wide Web pages are updated throughout the year to present the most current information. The VA home page ([www.va.gov](http://www.va.gov)) contains links to selections on compensation and pension benefits, health care benefits and services, burial and memorial benefits, etc.



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