



New Laws Benefit Gulf War Veterans

Just before adjourning, the 105th Congress passed and President Clinton signed two similar but different laws that include major provisions on behalf of Gulf War veterans.

The "Veterans Programs Enhancement Act of 1998," Public Law 105-368, signed November 11, 1998, includes provisions relating to Gulf War veterans and future conflicts. This law provides for --

- The National Academy of Sciences (NAS) to review and evaluate the available scientific evidence and determine whether there is an association between illnesses experienced by Gulf War veterans and service in -- or exposure to one or more agents, hazards, or medicines in -- the Gulf War. The NAS would report its findings and recommendations to the Secretary of Veterans Affairs, who would be required to evaluate the report and provide recommendations to Congress as to whether such scientific evidence would warrant a presumption of service connection. NAS would provide periodic reports as well as recommendations for additional scientific studies.
- Establishment of VA authority to provide priority health care to treat illnesses that may be attributable to a veteran's service in combat during any period of war after the Gulf War or during any other future period of hostilities (notwithstanding that there is insufficient medical evidence to conclude that such illnesses are attributable to such service). Treatment would be available under this special authority for a period of two years after such veteran's discharge from service. VA would be required to track the health status and health care utilization patterns of veterans who receive care under this priority,
- Extension of VA special authority to provide care to Gulf War veterans through December 31, 2001.
- VA to enter into an agreement with the NAS or another appropriate independent organization to assist in developing a plan for the establishment of a national center for the study of war-related illnesses and post-deployment health issues. *(Continued on Page 3)*

Statement of President Clinton on Signing Veterans Programs Enhancement Act of 1998

The following is an excerpt from President Clinton ~ statement of November 11, 1998, on signing H.R. 4110, the "Veterans Programs Enhancement Act of 1998," now known as Public Law 105-368.



President Clinton

Today, I am pleased to sign into law H.R. 4110, the "Veterans Programs Enhancement Act of 1998." On this day particularly - Veterans Day 1998 - it is appropriate to express the Nation's continued gratitude to our veterans by improving a wide range of veterans' benefits and programs. I am particularly pleased that H.R. 4110 includes so many Administration proposals

H.R. 4110 ... furthers the Nation's commitments to veterans who served in the Persian Gulf War. In particular, the bill will extend existing authority for providing priority health care to Gulf War veterans through December 31, 2001. In addition, H.R. 4110 will bolster efforts by the Departments of Veterans Affairs, Defense, and Health and Human Services, with the help of independent scientific organizations to study and treat veterans' illnesses in a scientifically sound and effective manner. Furthermore, this legislation will enhance outreach efforts to Gulf War veterans and broaden the public's access to the findings of federally sponsored research on the health consequences of service in the Persian Gulf

The Nation owes no greater debt of gratitude than to our veterans, particularly those who have suffered disability or who made the supreme sacrifice while defending our freedoms. Each Veterans Day, the Nation makes a special effort to give thanks for and to honor the sacrifices of veterans and their families. This comprehensive legislation further expresses our gratitude to these brave men and women, not just on Veterans Day, but every day. For that reason, I am privileged to sign H.R. 4110 into law.



President Clinton Releases NSTC Report; Establishes Military and Veterans Health Coordinating Board

On Veterans Day, November 11, 1998, President Clinton released a National Science and Technology Council (NSTC) report that describes an interagency plan for improving the Federal response to the health needs of military personnel, veterans, and their families. The plan for the first time takes a comprehensive, multi-agency approach to achieving improvements in deployment health, record-keeping, research, and health risk communication.

In addition to releasing the report, the President took the first step in acting on the plan by directing the Secretaries of Defense, Health and Human Services, and Veterans Affairs to establish the Military and Veterans Health Coordinating Board (MVHCB) to oversee plan implementation. The three department secretaries will co-chair the MVHCB. The text of the President's November 11, 1998 memorandum to the three secretaries regarding the creation of the new board is printed in full following this article.

The plan, along with the President's directives, sets a course for improved cooperation and coordination among Federal agencies in addressing the health needs and concerns of military, veterans, and their families. Through the release of the report and the establishment of the MVHCB, the President is challenging the agencies to work together to achieve program synergy.

Under the plan, the Department of Veterans Affairs (VA) and the Department of Defense (DOD) are working cooperatively to --

- Streamline and better coordinate medical service delivery to military service members and veterans;
- Create compatible, computer-based information management/information technology systems to ensure a smooth transfer of records between DoD and VA;
- Develop and publish joint clinical practice guidelines for disease treatment;
- Collaborate on the development of improved baseline health information databases and environmental monitoring during deployments. (These activities will improve future medical surveillance, research and compensation efforts, and enhance the quality of healthcare military service members and veterans receive.); and

- Sponsor research to identify risk factors for development of post-war illnesses, develop health promotion and disease prevention programs for members of future military deployments and sponsor treatment trials for Gulf War and other era veterans.

Modeled on Gulf Coordinating Board

The Persian Gulf Veterans Coordinating Board (PGVCB) was established in January 1994, to address the health concerns of Gulf War active duty service members and veterans. The PGVCB, which is also co-chaired by the three cabinet secretaries, coordinates government Gulf War-related efforts pertaining to clinical, research, benefit, and compensation issues. This ongoing collaboration ensures a Federal focus on the highest priority Gulf War illnesses-related issues, ensures quality programs, and avoids gaps and unnecessary duplication of efforts and resources.

The MVHCB is modeled on the PGVCB, which has enhanced interagency coordination especially on research and clinical care-related health issues of Gulf War veterans. The MVHCB implements the plan's goals and objectives and continues the interagency dialogue that made the development of the plan possible. The new board will carry out its activities through Deployment Health, Research, and Risk Communication Working Groups. This new activity is a logical outgrowth of the successful collaborations established for Gulf War veterans' programs.

The MVHCB builds on the accomplishments of the PGVCB and will improve future long-term medical surveillance, healthcare, risk communication and research activities. The MVHCB will lead the government's continuous efforts to minimize or prevent post-conflict illnesses and promote readjustment after future conflicts.

President Clinton on the Military and Veterans Health Coordinating Board

The following is the full text of President Clinton memorandum of November 11, 1998 addressed to the Secretaries of Defense, Veterans Affairs, and Health and Human Services on the creation of the Military and Veterans Health Coordinating Board.

Our Nation is truly indebted to our active duty military, reservist, National Guard, and veterans for protecting America's interests around the globe. From small peacekeeping missions to large combat operations,

these men and women put their lives on the line to ensure our peace and prosperity at home and abroad. We owe them and their families a great debt. We have an obligation to protect their health while they serve and to care for their service-connected illnesses for as long as they live.

Our experience with the Gulf War demonstrates that we were not adequately prepared to deal with the health consequences resulting from a large-scale combat deployment in the unique environment our soldiers faced. The aftermath of this conflict underscored the need to improve significantly our ability to address post-deployment health problems. Your extensive efforts to understand the causes and treat the illnesses experienced by Gulf War veterans have identified numerous deficiencies in the way we prepare for and deal with the health of our military, veterans, and their families. I am pleased that we are applying these lessons learned from the Gulf War and other recent military missions to current and future military deployments.

In its December 31, 1996, report, my Presidential Advisory Committee on Gulf War Veterans' Illnesses recommended that the National Science and Technology Council (NSTC) review existing Federal policies and programs and develop an interagency plan "to address health preparedness for and readjustment of veterans and families after future conflicts and peacekeeping missions." The NSTC's plan, developed by your departments, identifies numerous actions, including improved health protection for military forces, which must be taken to avoid the mistakes of the past. One of the key recommendations contained in the plan is to establish a Military and Veterans Health Coordinating Board to continue improving the coordination among your departments and to oversee the implementation of the NSTC's plan.

Therefore, I direct you to establish the Military and Veterans Health Coordinating Board and report annually to the Assistants to the President for National Security Affairs and for Science and Technology on its progress. Specifically, the Board should focus on issues associated with deployment health, research, and communications regarding health risks. In addition, the Board must ensure that record-keeping requirements linked to military and health preparedness, health protection for military forces, disease prevention, and medical care are incorporated into your departments' relevant information technology and information management systems.

VA Enters Final Phase of Key Gulf Veterans' Study

The government's largest study of the health of Gulf War veterans and their families has entered its final phase, moving from surveys and records reviews to physical examinations and clinical testing.

Participating veterans will be examined at 16 Department of Veterans Affairs (VA) medical centers. The spouse and children of the selected veterans will be invited to see VA physicians or physicians at affiliated medical schools. The exam phase of the study is expected to be completed in about 18 months, to be followed by data analysis and publication of the results from all phases of the study.

The VA National Health Survey of Gulf Veterans and their Families previously gathered questionnaire data from 15,000 veterans who served in the Gulf during the period of hostilities and, for comparison, another 15,000 veterans who did not serve in the Gulf. A subgroup of 1,000 from each of these two groups was randomly selected for the physical examinations.

The National Health Survey is an important part of VA's commitment to working toward answers for Gulf War veterans, said Dr. Thomas L. Garthwaite, VA Deputy Under Secretary for Health. "Gulf War veterans rightfully are demanding to know if they are at a higher risk than other veterans for a variety of symptoms and illnesses, and they want the best information possible about what this means for the health of their families."

Through the National Health Survey, veterans and their families will be examined under a uniform, comprehensive clinical examination protocol. Pediatricians examining the children will gather data enabling a comparison of child health not only among Gulf War theater veterans and the children of veterans who were not deployed to the theater of operations, but also between children in the same family born before the Gulf deployment compared to those born afterwards.

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- Establishment of a VA public advisory committee (to include veterans of the Gulf War) to provide advice to the Secretaries of VA, Health and Human Services (HHS), and Defense (DOD) on proposed research studies, research plans, or research strategies relating to the health of Gulf War veterans.

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.

- An annual report to Congress (due March 1) from VA, HHS, and DoD on the status and results of such research activities, along with the list of research priorities for the upcoming year.
- Public availability through the World Wide Web and elsewhere of the findings of all Gulf War research conducted by or for the Government.
- Requirement that VA seek to enter into an agreement with the NAS to determine whether there is a methodology by which VA could determine the efficacy of treatments provided to Gulf War veterans for illnesses which may be associated with their Gulf War service. VA is to develop a mechanism, if scientifically feasible and reasonable, to monitor and study the effectiveness of such treatments and health outcomes.
- VA and DoD to enter into an agreement with the NAS to develop a curriculum (to take account of new research findings relating to care of veterans with illnesses that may be associated with Gulf War services) for use in continuing education of VA and DoD physicians.
- Extension of VA's authority to evaluate the health status of spouses and children of Gulf War veterans through December 31, 1999, and to provide such examinations through VA facilities, or under its fee-basis or other contract arrangements.

Public Law 105-277, omnibus consolidated appropriations legislation, signed on October 21, 1998, includes a Title XVI -- "Persian Gulf War Veterans Act of 1998." Like Public Law 105-368, this earlier law provides for a literature review by the NAS, but contains provisions which conflict with similar provisions in Public Law 105-368. VA attorneys are working to resolve these legal conflicts.

VA Launches Large Studies of Treatments for Gulf War Veterans

The Department of Veterans Affairs (VA) is leading a \$20 million effort with the Department of Defense (DOD) to conduct large-scale randomized, controlled treatment trials for the symptoms of undiagnosed illnesses experienced by Gulf War veterans. The two trials focus on (1) exercise/behavioral therapy, and (2) antibiotic treatment.

Since the Gulf War, thousands of Gulf War veterans have suffered from a wide variety of medical complaints, including fatigue, muscle and joint pain, and difficulty with memory and thinking. Because neither the cause nor a single underlying disease process has been identified, physicians have treated veterans for their individual symptoms.

"Despite the lack of a comprehensive case definition for the symptom complex experienced by some Gulf War veterans, VA has identified subgroups of patients for whom potential treatments are now appropriate," said Dr. John R. Feussner, VA Chief Research and Development Officer. Dr. Feussner also is chairperson of the Research Working Group of the Persian Gulf Veterans Coordinating Board.

VA Cooperative Studies Evaluation Committee, an advisory panel of independent scientific experts, approved both trials described below. An international panel of experts, including scientists from the National Institutes of Health, universities, DoD, and VA, was consulted in the design of the protocols.

Exercise/Behavioral Therapy (EBT) Trial

The EBT trial, focusing on exercise and behavioral therapy, will enroll more than 1,000 veterans who experience at least two of the three otherwise unexplained symptoms of fatigue, muscle and joint pain, and memory and thinking problems.

The trial will be conducted at multiple VA medical centers to test whether two different therapeutic interventions, alone or in combination, improve physical function. Researchers will randomly assign study volunteers to different groups receiving aerobic exercise training, cognitive behavioral therapy, both together, or usual and customary medical care as a control group.

Aerobic exercise has been shown to be effective in managing symptoms of some chronic illnesses. Cognitive behavioral therapy (CBT) has also been shown to be effective in small clinical studies. CBT is a highly structured treatment strategy that teaches patients techniques for diminishing the severity of their symptoms. Investigators in this trial hypothesize that the same techniques, used individually or in combination, may help veterans suffering from such symptoms as fatigue. The CBT trial is not aimed at curing Gulf War veterans' illnesses, but will evaluate non-pharmacological strategies for reducing the severity of veterans' symptoms so that they can achieve a higher level of function in life. The present trial, through the treatment of large numbers of veterans and the use of multiple study sites, is designed to demonstrate definitively whether exercise alone or in combination with CBT improves health.

Antibiotic Treatment (ABT) Trial

The second trial focuses on *Mycoplasma fermentans*, a hypothesized infectious cause of the variety of symptoms being experienced by Gulf War veterans. Although there is no established, definitive link between infection with this organism and Gulf War veterans' illnesses, some

ill veterans are taking the antibiotic doxycycline for up to one year in hopes of improving their health.

Anecdotes that this treatment may be useful to Gulf War veterans are not sufficient to establish doxycycline as an effective treatment for Gulf War veterans' illnesses. A randomized, controlled clinical study, such as the ABT trial is necessary to determine the effectiveness of antibiotics for these illnesses.

In this trial, hundreds of qualified ill veterans at several VA locations will be randomly assigned to either a placebo control group or a treatment group, whose members will receive doxycycline orally for twelve months; a qualified volunteer will be required to have evidence of infection with *Mycoplasma* demonstrated by detection of the organism's DNA. This study will assess improvement of physical functioning and elimination of *Mycoplasma*.

The EBT and ABT trials are research studies and are not part of standard clinical care for Gulf War veterans. Recruitment for these studies will begin after January 1, 1999. Additional information about participation will be disseminated then.

Gulf War - Still No End in Sight

So far the Gulf War is a war with no end. On April 6, 1991, President Bush signed Public Law 102-25, which, among other things, established August 2, 1990 as the starting date of the Gulf War. The law indicates that the War would end "on the date thereafter prescribed by Presidential proclamation or by law."

August 2, 1990 was the day that Iraqi forces invaded Kuwait. U.S. troops began deployment in Operation Desert Shield five days later. Operation Desert Shield became Operation Desert Storm as Coalition air forces began the attack of Iraq on January 16, 1991. On February 24, 1991, the ground war began for U.S. military personnel. One hundred hours later, on February 28, 1991, the fighting ended.

Approximately, 697,000 individuals served in the Armed Forces of the United States in the Southwest Asia theater of operations during that time period. More than a million service members have served in this area since August 1990.

To date, no Presidential proclamation has been issued nor has any law been enacted to establish an ending date for the War. Thus, individuals who were deployed to the theater of operations long after the fighting ceased are considered Gulf War veterans and, like Desert Shield and Desert Storm veterans, are eligible for Gulf War Registry health examination and other benefits and services administered by VA.

Has Your Address Recently Changed? Are You Receiving More than One Copy of the Review?

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

Your Name _____

Social Security Number _____

Old Address _____

New Address _____

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. Thank you.

The following questions are included in the brochure: Is there a "Persian Gulf Syndrome" or "Gulf War Syndrome"? What symptoms are Gulf War veterans reporting? What is VA doing to help veterans of Desert Shield and Desert Storm? What is the Gulf War Registry health examination program? How can a veteran participate? What happens to the information gathered in the registry examination program? Can an ill Gulf War veteran get medical treatment at VA for his or her medical problems? Is there an examination for spouses and children of Gulf War veterans? What happens if a veteran has symptoms that cannot be diagnosed by doctors at the local VA medical center? and How can a veteran get referred to one of these special centers?

Additional questions include: What VA research is going on regarding Gulf War veterans' illnesses? What is VA's position on Gulf War veterans' exposure to chemical warfare agents? Is an infectious agent making Gulf War veterans ill? Do the children of Gulf War veterans have an increase in birth defects? Can a veteran be compensated for illnesses related to Gulf War service? and How can a Gulf War veteran, family member, or other interest person keep up-to-date on scientific developments, legislation, and related matters?

The research report describes major research initiatives, the role of the Persian Gulf Veterans Coordinating Board, VA environmental hazards research centers, two large-scale Gulf War-related studies undertaken by VA Environmental Epidemiology Service, and important research findings to date.

DoD Special Oversight Board Holds First Public Hearing

The Special Oversight Board for Department of Defense (DOD) Investigations of Gulf War Chemical and Biological Incidents held its first public hearing for November 19-20, 1998. The hearing was conducted in the Hart Senate Office Building in Washington, DC.

The two sessions provided veterans service organizations, individual veterans, and other interested groups and citizens an opportunity to voice their views regarding DoD Gulf War investigations and to recommend specific areas of concern to the Board.

"The Board has no fixed agenda other than to help our veterans by ensuring that DoD conducts the most thorough, accurate, and expeditious investigation of Gulf War chemical and biological incidents, and we look forward to these hearings to help us shape our oversight activities," stated former U.S. Senator Warren B. Rudman, the Board's chairman prior to the initial meeting.

Gulf War Statistics

More than 73,000 Gulf War veterans have completed the VA Gulf War Registry Health examination. More than 2.5 million ambulatory care visits have been provided at VA healthcare facilities to 230,580 Gulf War veterans. More than 23,600 Gulf War veterans have been hospitalized at VA medical facilities. More than 470 veterans have received specialized evaluations at VA Gulf War Referral Centers. More than 83,000 Gulf War veterans have been counseled at VA Vet Centers.

VA Issues Gulf War Brochure and Research Report in English and Spanish

In May 1998, VA published a six-page questions-and-answers brochure and a two-page research report on Gulf War veterans' illnesses. These publications were written by officials in the Environmental Agents Service in VA Central Office, with input from experts from several other departments and agencies.

The publications have been widely distributed to VA sites throughout the Nation as well as non-VA locations. Individuals who wish to obtain both or either of these items can contact the nearest VA facility, the Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420. Both publications are also available in Spanish from the Environmental Agents Service and most VA medical centers.

Other Board members are former Secretary of Veterans Affairs Jesse Brown, the vice-chairman; Dr. Vihn Cam, an immuno-toxicologist; Lieutenant General (Ret.) Marc A. Cisneros; Command Sergeant Major (Ret.) David W. Moore, a Gulf War veteran; Rear Admiral (ret.) Allen M. Steinman, former Surgeon General of the U.S. Coast Guard; and Admiral (Ret.) Elmo R. Zumwalt, Jr., former Chief of Naval Operations.

President Clinton created the Board by Executive Order to "provide advice and recommendations based on (the Board's) review of DoD investigations into possible detections of, and exposures to, chemical or biological weapons agents and environmental and other factors that may have contributed to Gulf War Illnesses."

Although the Special Oversight Board will not conduct any scientific research, the Board will make use of all available investigations, including non-Federal as well as Federal, throughout the review process,

For additional information about the meeting or the Board, contact: Mr. Roger Kaplan, Deputy Executive Director, Special Oversight Board, 1401 Wilson Blvd., Suite 401, Arlington, VA 22209. His telephone number is 703-696-9470. The fax number is 703-696-4062. The E-mail address is Gulfsyn@osd.Pentagon.mil.

Q's and A's

The "Review" occasionally includes a questions-and-answers section in which VA officials respond to inquiries from readers and others regarding the Gulf War experience, problems experienced by Gulf War veterans and their families, and programs initiated by the Department of Veterans Affairs and other federal departments and agencies to help these veterans and their families.

Questions should be directed to Mr. Donald J. Rosenblum, Deputy Director, Environmental Agents Service (131), Gulf War Review, VA Central Office, 810 Vermont, Avenue, N.W., Washington, DC 20420.

Q. Why were there so many dead animals and dead flies present in the theater of operations ?

A. It is a practice in the region to compensate Bedouin herders for animals that have died of natural causes. The Bedouins are instructed to leave the dead animals by the side of major roads for disposal by the Iraqi government. In the months prior to and during the war, it is likely that this service was curtailed, allowing the number of carcasses to increase. Also some animals were accidental

victims of the fighting. The Department of Defense (DOD) has stated that U.S. medical teams sprayed the carcasses with pesticides to prevent the transmission of diseases to Coalition troops. The pesticides would have killed any flies attempting to feed off these carcasses.

Q. Some Gulf War veterans have decided against having children because of their service in the Gulf War. Are there legitimate concerns regarding birth defects in the children of Gulf War veterans ?

A. Two large-scale studies of birth outcomes have been completed, and five research projects are underway. To date, study results indicate that the total number of all types of birth defects was not greater than expected. The frequency of premature births, low birth weights, and other health problems appear similar to that of the general population. A study, published in July 1997 in the *New England Journal of Medicine*, provides strong evidence that the children of Gulf War veterans are not more likely to suffer birth defects. Research continues on this matter.

However, we have not drawn any definite long-term conclusions. Family planning decisions are deeply personal matters. These are decisions that only the couple can make. Where there are health concerns, we encourage consultation with a physician or genetic counselor.

Q. Why were there so many false positives on the chemical alarms ?

A. The various chemical detectors and alarms employed in the theater of operations were intentionally set to be extremely sensitive and thus prone to false alarms. Consequently, the equipment often responded to many environmental factors present, such as oil fire smoke, insecticides, diesel fumes, etc., in the same manner it would to chemical warfare agents. U.S. Central Command concluded that it was preferable to have troops responding to false alarms--which would entail putting on varying levels of protective clothing--than to risk a false negative, which would result in troop casualties.

The DoD Office of the Special Assistant for Gulf War Illnesses has investigated the various detectors and alarms and is compiling a series of information papers that will highlight strengths and weaknesses and recommend improvements in responsiveness at low levels to more specific chemicals. Additional information is available at their web site at: <http://www.gulflink.osd.mil>.

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



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