



# Gulf War Review

*Information for Veterans Who Served in Desert Shield/Storm and Their Families*

Vol. 13, No. 2

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## IOM Issues New “Gulf War and Veterans” Report on Fuels, Combustion Products and Propellants

On Monday, December 20, 2004, the National Academy of Sciences’ Institute of Medicine issued the third volume in a series of reports, entitled “Gulf War and Health.” The 500+ page report described, analyzed, and evaluated all available scientific evidence in the peer-reviewed literature (that is, scientific studies that have undergone review by other scientists prior to publication in a scientific journal) to reach conclusions about possible connections between environmental exposures and health problems.

In 1998, Congress passed legislation (in fact, two separate laws: Public Law 105-277, the Persian Gulf War Veterans Act, and Public Law 105-368, the Veterans Programs Enhancement Act), which directed VA to contract with the independent non-governmental National Academy of Sciences for an evaluation of the scientific/medical literature regarding associations between illness and exposure to toxic agents to environmental or wartime hazards, or to medicines or vaccinations associated with service in the Gulf War. (This was based on earlier legislation, Public Law 102-4, which provided for similar evaluations of the health effects of herbicides used in Vietnam.)

The NAS assigned the Gulf War project to its Institute of Medicine (IOM). The legislation provided for consideration of a wide array of biologic, chemical, and physical agents exposures. Because of the large number of agents to study, IOM divided the projects into several reviews. IOM completed two earlier comprehensive reviews: in 2000, *Gulf War and Health, Volume 1: Depleted Uranium, Pyridostigmine Bromide, Sarin, Vaccines* and in 2002, *Gulf War and Health, Volume 2: Insecticides and Solvents*. Recently, IOM also conducted an update of the sarin review in *Gulf War and Health: Updated Literature Review of Sarin*.

(For additional information about the Sarin update, see pages 1-3 of the most recent issue of this newsletter, dated October 2004.) All of these reports are available online at [www.nap.edu](http://www.nap.edu) and summaries are at [www.VA.gov/EnvironAgents](http://www.VA.gov/EnvironAgents).

*(Continued on page 2)*

## VA’s Under Secretary for Health Perlin on Challenges Facing VA in 2005

*Foremost among the challenges we face in 2005 is our continuing effort to improve the service we provide to our Nation’s newest veterans, especially those who return ill or injured from Iraq and Afghanistan.* An excerpt from a letter, dated January 4, 2005, to all Veterans Health Administration employees from Jonathan B. Perlin, Acting Under Secretary for Health (the top ranking medical official in VA). Dr. Perlin was subsequently nominated as Under Secretary for Health and has been confirmed by the Senate.



*Dr. Jonathan B. Perlin*

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## **IOM Issues New “Gulf War and Veterans” Report (Continued from page 1)**

The latest release examines the possible health effects of rocket fuel, including hydrazines and red fuming nitric acid, hydrogen sulfide, oil-fire byproducts, diesel-heater fumes, and fuels (for example, jet fuels and gasoline).

To handle this task, IOM appointed a seventeen member committee, officially called the “Committee on Gulf War and Health: Literature Review of Selected Environmental Particulates, Pollutants, and Synthetic Chemical Compounds.” Dr. Lynn R. Goldman, Professor, Bloomberg School of Public Health, Johns Hopkins University, chaired the Committee. The Committee was assisted by a staff of eleven, five consultants, and a senior editor.

The committee placed its conclusions in categories that reflect the strength of evidence of an association. The committee adapted categories of association used by the International Agency for Research on Cancer (IARC) in evaluating evidence of carcinogenicity (cancer-causing properties) of various agents and categories used by other IOM committees. Specifically, the committee classified the evidence of an association between exposure to a specific agent and specific health outcomes into five categories. The categories, described below, have been used to evaluate vaccine safety, herbicides used in Vietnam, and indoor

### **Categories of Association Used by the IOM**

**CATEGORY 1. Sufficient Evidence of a Causal Association.** Evidence is sufficient to conclude that there is a causal association between exposure to a specific agent and a specific health outcome in humans. The evidence is supported by experimental data and fulfills the guidelines for sufficient evidence of an association. The evidence must be biologically plausible and satisfy several of the guidelines used to assess causality such as strength of association, dose-response relationship, consistency of association, and temporal (time) relationship.

**CATEGORY 2. Sufficient Evidence of an Association.** Evidence is sufficient to conclude that there is an association. That is, a consistent association has been observed between a specific agent and a specific health outcome in humans in which chance and bias, including confounding, could not be ruled out with reasonable confidence. For example, several high-quality studies report consistent associations, and studies are sufficiently free of bias, including adequate control for confounding.

**CATEGORY 3. Limited/Suggestive Evidence of an Association.** Evidence is suggestive of an association between exposure to a specific agent and a specific health outcome, but the body of evidence is limited by the inability to rule out chance and bias, including confounding, with confidence. For example, at least one high-quality study

reports an association that is sufficiently free of bias, including adequate control for confounding, and other corroborating studies provide support for the association but not sufficiently free of bias, including confounding.

**CATEGORY 4. Inadequate/Insufficient Evidence to Determine Whether an Association Exists.** Evidence of insufficient quality, quantity, or consistency to permit a conclusion regarding an association between exposure to a specific agent and a specific health outcome in humans.

**CATEGORY 5. Limited/Suggestive of No Association.** Evidence is consistent in not showing an association between a specific agent and a specific health outcome after exposure of any magnitude. A conclusion of no association is inevitably limited to the conclusions, magnitudes of exposure, and the length of observation in the available studies. The possibility of a very small increase in risk after exposure studied cannot be excluded.

### **Committee Conclusions**

The IOM Committee established to consider these exposures concluded that most of the associations belonged in Category 4, “Inadequate/insufficient evidence to determine whether an association exists.” They found that there is some evidence linking combustion products (“smog”) and lung cancer. The Committee found limited evidence linking combustion product exposure and cancers at several other sites (oral, nasal, laryngeal, and bladder), asthma, and two reproductive outcomes after exposure during pregnancy: preterm birth and low birthweight or intrauterine growth retardation.

For the rocket fuel they looked at only hydrazines, which were found to have a suggestive association with lung cancer. However, according to DoD hydrazines were not used as rocket fuel in Scuds and other missiles during the 1991 Gulf War. For additional information regarding these conclusions, see the National Academy Press website: [www.nap.edu](http://www.nap.edu).

### **VA Response**

VA is currently examining the 500+ page “prepublication copy-uncorrected proofs” to determine what action, if any, is warranted by the report, that is whether the regulations governing disability compensation or other aspects of VA policy need to be modified in light of these conclusions.

### **Further Reports**

In accordance with the laws mentioned above, IOM has recently begun three new studies in their ongoing reviews: one summarizing all Gulf War related research (to look for improved treatment); a second study on deployment related stress (including health effects among veterans of the current conflict in Iraq, Operation Iraqi Freedom); and the third effort on infectious diseases from the Gulf Region.

## Research Advisory Committee Issues Report, VA Announces Additional Funding for Research of Gulf War Veterans Illnesses

On the day following Veterans Day 1994, Secretary of Veterans Affairs Anthony J. Principi announced approval for up to \$15 million in additional research funding for Gulf War illnesses. “We still don’t have a definite cause for Gulf War illnesses.” Principi said. There has to be a reason why some of our veterans came home healthy, while others serving along side them did not.”

Principi’s announcement coincided with the release of a 143-page report, entitled *Scientific Progress in Understanding Gulf War Veterans’ Illnesses: Report and Recommendations*, of the Department of Veterans Affairs Research Advisory Committee on Gulf War Veterans’ Illnesses.

The Committee, authorized by Section 4, Public Law 105-368, and appointed by Secretary Principi in 2002, offered 10 findings and more than 4 dozen recommendations, including a recommendation that \$15 million be specifically added to VA’s current research and development budget in support of an expanded Gulf War illnesses research program.

The funding commitment represents the VA’s single largest set-aside of research funding for a specific area of investigation and could make up about 20 percent of VA’s new research grants awards for FY 2005. During the past decade, VA has spent more than \$50 million for research into Gulf War veterans’ illnesses. Much of that research is still on-going. While VA is still examining the report, Principi added, he is convinced that there is sufficient justification for further scientific research.

“I appreciate the hard work done during the last two and a half years, led by Jim Binns,” Principi said. “I know they share my commitment to solve this mystery.”

### Clarification

*The most recent issue of this publication included a front-page article on the 2-year rule for recent combat veterans. Under this rule, military veterans who served in a combat zone or area of hostilities comparable to that seen during combat are eligible for 2 years of free medical care from VA for many conditions. That is to say, veterans do not have to prove that a medical problem is connected to their military service to receive free VA care for that condition, nor must they have relatively low incomes.*

*(A fact sheet describing this benefit called “Special VA Health Eligibility for Veterans Who Served in a Combat Theater,” is available at [www.VA.gov/EnvironAgents](http://www.VA.gov/EnvironAgents).)*

*The article correctly reported the above information; however, it neglected to explain that dental care eligibility was totally different from medical care, and that dental services are not covered by the 2-year rule. We regret any problems that our omission may have caused.*

## Conclusions from the First Gulf War: After More than 10 Years of Gulf War Veterans Medical Evaluations, What Have We Learned?

Veterans have suffered a wide range of health problems since returning from the first Gulf War. However, health care registry data and epidemiologic (population) studies of health care use have revealed no unique Gulf War syndrome nor identified specific exposures that explain all of these health problems.

That was a major conclusion of a team of scientists from the U.S., Great Britain, and Canada in a recent issue of the *American Journal of Preventive Medicine* (*Am J Prev Med 2004;26(5):443-452*). They observed that Gulf War veterans have had an increase in injury, mental health, and multi symptom condition diagnoses similar to those that have affected other military populations from previous combat deployment. Despite the expenditure in excess of \$1 billion in understanding and treating Gulf War veterans during the past decade, scientists have been unable to fully understand and explain all of these diagnoses.

This paper focused on the health care experience of veterans included in VA’s Gulf War Veterans Health Registry, Department of Defense’s Comprehensive Clinical Evaluation Program; United Kingdom Ministry of Defence’s Gulf War Medical Assessment Programme; and Canada Department of National Defence’s Canadian Gulf War Registry. Using multiple search techniques, the authors reviewed health case usage data from these four national Gulf War Registries.

The authors suggested that in addition to evaluating possible treatment for multi-symptom unexplained conditions, researchers should work to identify risk factors for the development of such conditions. They commented that if military personnel likely to develop multi symptom conditions can be identified early in their service, special training and interventions might be used to reduce the impact of these conditions later on.

They added that DoD seems to be moving in that direction by studying military personnel who served in the recent deployment in Afghanistan and Iraq. Predeployment, in theater, and postdeployment health data are being evaluated to identify predictors of postdeployment symptom-based illnesses. Personnel at high risk of developing multi symptom conditions may benefit from cognitive behavior therapy, coping skill training, or other interventions to help them prepare for intensive stresses of war.



The authors also praised DoD for improved disease and injury surveillance and freely reporting occurrences that may be associated with military service. “Such close surveillance with rapid public reporting is commendable.”

The authors are Gregory C. Gray, formerly director, Center for Deployment Health Research, Naval Health Research Center, San Diego, now with the Department of Epidemiology, University of Iowa; Gary D. Gaskstetter of the Uniformed Services University of the Health Sciences; Han K. Kang, Director, Environmental Epidemiology Service, Department of Veterans Affairs; John T. Graham, British Liaison Officer, Defence Staff, British Embassy; and Ken C. Scott, Deputy Chief of Staff, Medical Policy, Canadian Forces.

Individuals with questions or comments for the authors or who wish to respond to something in the article should address their correspondence to: Gregory C. Gray, M.D., University of Iowa College of Public Health, 200 Hawkins Dr. C21K GH, Iowa City, IA 52242. Dr. Gray email address is [gregory-gray@uiowa.edu](mailto:gregory-gray@uiowa.edu).

## Q's & A's

*The “Review” occasionally includes a questions-and-answers feature in which VA officials respond to inquiries from readers and others regarding possible health problems and concerns of Operations Iraqi Freedom and Enduring Freedom veterans and their families and about programs to help these veterans.*

*A question that has been received from several sources is:*

**Q.** “Are Iraqi Freedom and Enduring Freedom veterans eligible for Gulf War Registry health examinations offered at VA health care nationwide? And what is involved in the Registry exam program?”

For the answer, we turned to Helen Malaskiewicz, Senior Program/Management Analyst in the Environmental Agents Service, and National Registry Coordinator. She has been in that position for more than a decade.

**A.** According to Ms. Malaskiewicz: For Operation Iraqi Freedom veterans, the answer is definitely “yes.” We encourage all Gulf War veterans, which includes everyone who has served in the current war in Iraq, to contact the nearest VA medical center for an appointment.

Under the Registry program, VA Environmental Clinicians conduct a comprehensive physical examination. Participating veterans are given the following baseline studies: a complete blood count, blood chemistries, enzyme studies, and urinalysis. A chest x-ray is taken if medically necessary. Additional appropriate diagnostic studies are performed and consultants are obtained as indicated by the patient’s symptoms and physical and laboratory test results. Laboratory and other findings are filed in the veteran’s permanent record, maintained by the VA medical system.

In gathering each veteran’s medical history data, the examiner records the time of onset of symptoms or conditions, the intensity of symptoms or conditions, the degree of physical incapacitation, and details of any treatment received. The examiner pays special attention to conditions and diagnoses that may be associated with service in the Operation Iraqi Freedom. Following the examination, the VA Environmental Health Clinician is responsible for personally discussing with each individual veteran the findings of the examination and completed diagnostic studies. In addition, each veteran will receive a followup letter explaining these finding and advising him or her of future actions or recommendations.

Because they are not technically Gulf War veterans, Operation Enduring Freedom veterans are not eligible for the Gulf War Registry health exam and may not be included in the Registry. VA health care providers are equally concerned about the medical difficulties that those for the Gulf War Registry health exam and may not be included in the Registry. VA health care providers are equally concerned about the medical difficulties that those who served in Afghanistan have experienced, and have welcomed concerned Afghanistan veterans to come to VA for a medical examination similar to that offered to Iraqi Freedom veterans.

Since 1998, VA has been authorized to provide a broad range of health care services to U.S. veterans who served on active duty in a designated combat theater of operations, which includes Afghanistan. Such combat veterans are eligible for 2 years after leaving the military for VA hospital care, medical services, and nursing home care for any illness, even if there is insufficient medical evidence to conclude that their illness was a result of their combat service. Dental services are not included in the 2-year program.

What this means is that combat veterans have access to high quality health care at VA medical facilities for 2 years after their separation from military service, based on their service in combat, without having to prove that their health problems may be related to their combat service or to toxic exposures during their active service. The 2-year rule does not include dental services.

A fact sheet on this benefit called “Special VA Health Care Eligibility for Veterans Who Served in Combat Theaters” is available online at [www.VA.gov/EnvironAgents](http://www.VA.gov/EnvironAgents).

After the 2 years have ended, the veteran’s copayment status will depend on whether the medical condition was officially found by VA to be service-connected or whether the veteran is otherwise qualified for care. He or she will be enrolled in the appropriate priority group level. For information regarding enrollment, see [www.VA.gov/elig/](http://www.VA.gov/elig/) or contact the nearest VA medical center.

For locations of VA facilities, consult the local telephone directory under "U.S. Government" listings, see [www.va.gov](http://www.va.gov) or call 877-222-VETS (or 8387).

Additional questions should be sent as follows:

**Mr. Donald J. Rosenblum**

Deputy Director, Environmental Agents Service (131)  
Attn: GULF WAR REVIEW –Q's & A's  
Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

We will answer as many questions as possible and will not identify the questioner. Questions about personal, medical problems are not generally considered appropriate for inclusion in the newsletter.

**Ionizing Radiation Fact Sheets Available, Includes Depleted Uranium**

A series of fact sheets known as "Ionizing Radiation Brief(s)" has recently been prepared and released by VA's Environmental Agents Service. Each stand-alone fact sheet covers an aspect or concern of veterans who were exposed to ionizing radiation during their military service.

Included among the Briefs is a 4-page fact sheet on depleted uranium (DU), suspected by some individuals as the cause of some health problems experienced by some of the veterans who served in the Gulf War or in Afghanistan. Other available briefs provide general information on ionizing radiation, describe the ionizing radiation registry, explain the special health care eligibility of atomic veterans, discuss the VA's disability compensation program, identify information resources on radiation health effects, list illnesses linked to ionizing radiation, and offer further information on related topics.

Readers can get the DU brief or any other or all available ionizing radiation fact sheets from the Environmental Health Coordinator at the nearest VA medical center or from the Environmental Agents Service (131), ATTN: IR BRIEFS, VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420. Also the Briefs are available online at [www.VA.gov/Irad](http://www.VA.gov/Irad).

**Readers' Survey**

The editor of this newsletter is seeking feedback on the three issues published to date. Please take a few minutes to provide your comments, suggestions, recommendations, and advice for future issues of the newsletter.

In completing the brief questionnaire we ask that you not critique the VA health care system, explain the difficulties you may have encountered in getting financial benefits from VA, or discuss your health problems.

Rather, we want your ideas with regard to the newsletter. You are welcome and even encouraged to bring those other problems to our attention in another letter. Please send your survey response to **Mr. Donald J. Rosenblum, Environmental Agents Service (131), ATTN: GULF WAR REVIEW Survey, Department of Veterans Affairs, 810 Vermont Avenue, N.W., Washington, DC 20420**. You can use this paper or write on your own.

Thank you in advance for your cooperation.

Are you a veteran? Yes No

Are you the spouse of a veteran? Yes No

Are you a first time reader of this newsletter? Yes No

What do you think of the Review? \_\_\_\_\_

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Does it meet your needs? Why or why not? \_\_\_\_\_

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What changes would you like to see in this publication? Additions? Deletions? \_\_\_\_\_

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Additional comments or suggestions? \_\_\_\_\_

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For the greatest impact, please respond as soon as possible.

## Depleted Uranium and Health

- Possible health problems from being exposed to depleted uranium (DU) have been a controversy and a concern ever since DU was used in the 1991 Gulf War.
- “Friendly fire” casualties who have DU shrapnel still in their bodies are being carefully followed at the Baltimore VA Medical Center DU Screening Program. Other than the wounds caused by the shrapnel itself, and continued high levels of DU in their urine, so far, no other health problems related to DU have been found in these veterans.
- In 2000, the independent National Academy of Sciences Institute of Medicine concluded that there was not enough scientific evidence to show that DU exposure caused any health problems for veterans of the 1991 Gulf War. Their report can be seen at [www.nap.edu](http://www.nap.edu).
- Published scientific research on veterans from the 1991 Gulf War has not shown any health effects to be clearly related to DU exposure, even among veterans with retained DU fragments in war wounds (other than the sometimes very serious shrapnel wound itself).
- For veterans who are concerned about DU exposure, VA offers a DU urine screening test through the Baltimore VA Medical Center. Every veteran of the 1991 Gulf War and the more recent conflicts in Southwest Asia is eligible for the DU screening program.
- As of December 31, 2004, VA has tested 327 veterans of the Gulf War. Only a few of these had slightly elevated urine uranium levels which appear to have no health significance.
- Trace amounts of natural uranium are part of our environment, and everyone is exposed through food and water. This background exposure can be detected as uranium coming out in urine. But this is not considered to be a significant health concern, except perhaps in a few areas that have unusually high levels of background uranium in drinking water.
- The United Nations Environment Programme is reported to be studying a number of sites in Iraq. This group has published three studies examining DU use in the former Yugoslavia and concluded that “The levels of DU contamination were not a cause for alarm.”
- The World Health Organization 2003 DU fact sheet stated that there is “inadequate/insufficient” evidence of DU health effects in humans in previous conflict zones.
- Not all DU health questions have been conclusively resolved, although the bulk of past clinical evaluations and research has not clearly been a major health risk. Therefore, the DU testing program in Baltimore will continue indefinitely.
- The latest report to Congress on Federal Sponsored Research on Gulf War Veterans’ Illnesses for 2002 listed ten studies on DU.

## About the “Review”

The “Gulf War Review” is produced by VA’s Environmental Agents Service (EAS) to provide information on long-term health and other concerns of Operations Desert Shield, Desert Storm, Iraqi Freedom, and Operation Enduring Freedom veterans, their families, and others. The “Review” describes actions by VA and other Federal departments and agencies to respond to these concerns and gives updates on a wide range of VA programs for veterans. For other issues of this newsletter, and related information regarding the current conflict in Iraq and Afghanistan, please see our Web site at [www.VA.gov/GulfWar](http://www.VA.gov/GulfWar).

EAS anticipates publication once or twice a year, depending on the amount of news on this subject and on budgetary considerations. This issue was initially completed in middle January 2005, but was not printed then due to budgetary problems. In late April, it was decided that it should be updated and posted on the web page. It is available at the web page cited at the end of the first paragraph. Mass reproduction and mailing will not be attempted. This issue does not include developments that occurred after April 2005.

Comments, questions, and suggestions for future issues are encouraged and can be sent to the GULF WAR Review, 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. Supplies are limited. Please specify the quantity and issue date requested.

## Gulf War Registry Statistics

Operation Iraqi Freedom Veterans

Initial Examinations through 2003 – 82

Initial Examinations through 2004 – 1,204

Total Examinations through 2004 – 1,290

Total Examinations January-March 2005 – 183

Total Examinations Most Recent Month (March 2005)  
-- 46

Total Agent Orange Registry Examinations – 420,055

Operation Enduring Freedom Veterans are not eligible for a Registry examination because, technically, they are not Gulf War veterans. However, they may be eligible for a similar exam.

## Information on VA Disability Compensation

Like all other veterans, Operation Iraqi Freedom and Operation Enduring Freedom veterans may be eligible for monthly payments, called disability compensation, from VA if they are suffering from service-connected illnesses or injuries. The disability must have happened or made worse during active military service. Furthermore, the veteran must have left military service through separation or discharge under conditions that were other than dishonorable.

Disability compensation varies according to the degree of disability and the number of dependents. Benefits are not subject to Federal or state income tax. The receipt of military retirement pay, disability severance pay, and separation incentive payments known as SSB and VSI (Special Separation Benefits and Voluntary Separation Incentives) also affects the amount of VA compensation paid.

The disability ratings range from 0 to 100 percent (in increments of 10 percent). For example, in 2005, an OIF or OEF veteran with a disability rating of 10 percent receives \$108; a veteran with a disability rating of 50 percent gets \$663; and a veteran who is totally disabled and evaluated at 100 percent receives \$2,299 monthly.

Veterans with disability ratings between 30 and 100 percent are also eligible for monthly allowances for a spouse ranging from \$39 to \$130, and for each child, \$19 to \$66. (The amount depends on the disability rating.)

A veteran who is in need of regular aid and attendance of another person, or who is permanently housebound may be entitled to additional benefits. VA must make that determination before the veteran can get these benefits. Additional information including online applications can be seen at [www.VA.gov](http://www.VA.gov).

### Must Apply to Be Considered

Compensation is not automatically provided to the OIF, OEF, or other veterans. VA veterans service representatives (VSR) can provide the necessary application and assist veterans who need help in completing it. VSR's are located at all VA Regional Offices, in VA medical centers, and at most VA clinics. For help in locating a VSR near you, call the following toll-free telephone number: **1-800-827-1000** or go online at [www.VA.gov](http://www.VA.gov).

### Other Benefits

In addition to the compensation program described above, individual OIF and OEF veterans may be eligible for the full range of other benefits offered by VA, including education and training, vocational rehabilitation, home loan guarantees, life insurance, pension, burial benefits, and more.

To learn more about VA's programs, OIF veterans and other interested parties can visit the VA home page [www.VA.gov](http://www.VA.gov) or call **1-800-827-1000**.

*This information was provided by benefit experts in the Veterans Benefits Administration in VA Central Office.*

## Address Changes 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 above 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. Thank you.

Check or circle the language that describes your situation.

My address has changed, and I would like to continue to receive the newsletter.

I am receiving more than one copy, but I only want to get a single copy.

I don't need to get the newsletter by mail as I can read it at [www.VA.gov/GulfWar](http://www.VA.gov/GulfWar).

Other (explain) \_\_\_\_\_

Please print your:

First Name \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

SSN: \_\_\_\_\_

New Street/RFD/Military Unit: \_\_\_\_\_

APO/FPO: \_\_\_\_ (Indicate which if applicable)

City: \_\_\_\_\_

Alpha State/or APO/FPO Code: \_\_\_\_

ZIP Code: \_\_\_\_\_

## Appealing to the Court (Updated)

In October 2000, we ran an article about the benefit appeals process. We included a telephone number which was later revised. The new number is **(202) 501-5970, ext. 1010**.



## Where to Get Additional Information and Assistance

Active duty military personnel with questions or concerns about service in Southwest Asia (including Operations Desert Storm, Desert Shield, Iraqi Freedom, and Enduring Freedom) - contact your commanding officer or call the Department of Defense (DoD) Gulf War Veterans' Hotline (**1-800-796-9699**) for information. DoD also offers the "Direct Veterans Hotline," with the toll-free number: **1-800-497-6261**.

ODS, OIF and OEF veterans with concerns about their health should contact their nearest VA medical center. The telephone number can be found in your local telephone directory under Department of Veterans Affairs in the "U.S. Government" listings. Medical care is available, and a Gulf War Registry examination for ODS and OIF veterans is also available on request.

The VA Gulf War Information Helpline can also provide information and assistance. The toll-free telephone number is **1-800-PGW-VETS (1-800-749-8387)**. Check our Web sites for more Gulf War information on health care and other benefits at [www.VA.gov/GulfWar](http://www.VA.gov/GulfWar), and [www.VA.gov/EnvironAgents](http://www.VA.gov/EnvironAgents).

Gulf War veterans in need of marital/family counseling should contact the nearest VA medical center or VA Vet Center, also listed in your phonebook under Department of Veterans Affairs in the "U.S. Government" listings. For additional information about these programs 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 can 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)**. You can also start a claim online at [www.VA.gov](http://www.VA.gov).

Gulf War veterans interested in learning about the wide range of benefit programs administered by VA should 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)**.

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: [www.bookstore.gpo.gov](http://www.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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and Their Families  
[www.VA.gov/GulfWar](http://www.VA.gov/GulfWar)  
May 2005

**Department of  
Veterans Affairs (131)  
Central Office**  
810 Vermont Avenue, N.W.  
Washington, DC 20420  
OFFICIAL BUSINESS  
Penalty for private use \$300

