

**Annual Report**  
**Research Advisory Committee on Gulf War Veterans' Illnesses**  
**December 1, 2007**

1. Origin and Membership

The Research Advisory Committee on Gulf War Veterans' Illnesses was first appointed by former Secretary of Veterans Affairs Anthony J. Principi on January 23, 2002, pursuant to Public Law 105-368. Further appointments were made by Secretary R. James Nicholson in October, 2005, March, 2006, and April, 2007. Committee members who served during 2007 are listed in Appendix A.

2. Committee Activities

The Committee held two meetings during 2007: April 24-25 in Washington, D.C., and July 18-19 in Dallas, Texas. The meetings were open to the public. The first meeting featured presentations on mitochondrial injury as a potential mechanism underlying Gulf War Illnesses (GWI), the relationship between neuroendocrine functioning and GWI symptoms, and neuropsychological and neuroanatomical findings in veterans that DOD models indicate were potentially exposed to low levels of nerve agents in connection with demolition operations at Khamisiyah, Iraq, in March of 1991. The second meeting focused on the VA-funded GWI research program at the University of Texas Southwestern Medical Center (UTSW), and featured presentations by UTSW researchers on planned research. The meeting also included a presentation on the comprehensive chronic fatigue syndrome (CFS) research program at Imperial College, London, which is focused on identifying diagnostic tests and effective treatments for CFS, the same goals that the UTSW program has for GWI.

Representatives from VA, the Department of Defense (DoD), and other federal agencies were invited to attend the meetings and participate in discussions with presenting scientists along with Committee members. This structure has allowed Committee

meetings to serve not only as forums for presenting the latest GWI research, but also as a vehicle for advancing that research and disseminating current information to government officials and government-funded scientists. Meetings also featured regular updates on VA GWI administrative and scientific research activities and on additional published scientific research related to GWI. Time was also reserved each day to allow members of the public to provide comments on the Committee's work and on matters related to GWI.

Committee members have been active participants in all aspects of the Committee's work. Meetings have been well-attended. In addition, members have devoted substantial time to Committee business outside of meetings.

The Committee has kept VA leadership and ORD informed of its work and its findings on an ongoing basis. This task has been accomplished through attendance and participation of ORD officials at Committee meetings, and regular communications between the Committee chairman and scientific director, and the Secretary, Acting Secretary, and ORD.

### 3. Support Activities

The Committee staff has typically included three members including the scientific director, Lea Steele, Ph.D., an additional research health scientist, and a program specialist. Committee offices have been located at VA Eastern Kansas Medical Center in Topeka, Kansas. In addition to ongoing activities related to monitoring research relevant to GWI, preparation of Committee reports, and development of Committee meetings, the staff has primary responsibility for all Committee administrative activities and management of the Committee's website.

After four years of dedicated service, Dr. Steele has indicated her desire to return to her own research and complete her service as scientific director. Another distinguished member of the Committee, Roberta White, Ph.D., chair of the Department of Environmental Health of the Boston University School of Public Health, has graciously

agreed to assume the position of scientific director. She will take over the staff functions for the Committee, assisted by colleagues in her department, under a contract with the Bedford, MA VA Medical Center. With the support of the VA Office of Research and Development, this staffing transition is in process. Dr. White and her colleagues have conducted extensive GWI research since ill veterans first returned from the war, and she previously served as director of VA's Boston Environmental Hazards Center, so she is closely familiar with both GWI research and VA. The Committee is fortunate to have a scientist of her experience and ability in this critical role.

Dr. Steele remains an active member of the Committee and will be generously completing the preparation of the Committee's pending major report in that capacity. The commitment, excellence, and rigor that she brings to this task exemplifies the service that she has given throughout the past four years to the Committee and the goal of improving the health of ill Gulf War veterans.

4. Designated Federal Officer

The Designated Federal Officer for the Committee is William Goldberg, Ph.D., who also serves as manager for the GWI portfolio within the VA Office of Research and Development.

5. Accomplishments

VA's establishment of a GWI research center at the University of Texas Southwestern Medical Center (UTSW) in 2006, with anticipated funding of \$15 million annually for five years, represented an historic commitment by VA leadership to GWI research. The Committee is committed to advising and monitoring the work of the center in its ongoing role as advisor to the Secretary. The July Committee meeting in Dallas provided the first opportunity to meet with UTSW researchers since the signing of the VA/UTSW contract and to learn their plans for studies to be undertaken in each of the major components of the Gulf War illness research program. Detailed presentations were provided on

neuroimaging and neuropsychological projects. The Committee will be continuing its review of the UTSW program at its next meeting.

In a letter to Secretary Nicholson dated February 1, 2007, the Committee recommended that outdated treatment guidelines and training for VA clinicians be revised to reflect current research findings. The letter also recommended that VA create a separate advisory body to review and advise on clinical care and benefits issues affecting Gulf War veterans, issues that are outside the charter of this Committee.

The Subcommittee on Health of the U.S. House of Representatives Committee on Veterans Affairs held a hearing on Gulf War exposures on July 26, 2007. At the request of Chairman Michaud, three members of the Research Advisory Committee, Chairman Binns, Dr. Steele, and Mr. Anthony Hardie, testified at the hearing. The U.S. Senate Committee on Veterans Affairs held a hearing on research and treatment for Gulf War illness on September 25, 2007. At the request of Chairman Akaka, Chairman Binns, Dr. Steele, and Dr. White testified at the hearing.

In its September 2004 Report, the Committee noted that other federal departments, notably the Department of Defense, had a historic role and responsibility regarding GWI research. The Committee recommended that Congress allocate \$30 million in annual funding for GWI research at these agencies, in accordance with historic federal funding levels, so that the responsibility for GWI research does not fall exclusively upon VA. In response to this recommendation, Congress with bipartisan support added \$10 million for GWI research to the FY 2008 Department of Defense Appropriations Act. The program will be managed by DOD's Congressionally Directed Medical Research Program, which ably managed a similar \$5 million appropriation in FY 2006. It gives priority to small studies of treatments that are approved for other diseases and may hold promise for treating GWI. The review process includes scientists with strong GWI research backgrounds as well as veterans affected by GWI. This competitive peer-reviewed program is open to all researchers. One of the treatment trials funded under the 2006 appropriation will be led by a physician at the Bronx VAMC.

Thus, at both VA and DoD, substantial new programs are underway that address priority issues related to Gulf War illnesses, under the direction of managers who recognize the seriousness of this problem. Congress has demonstrated its strong interest and support. As the nation recommitted itself in 2007 to care for troops returning from the current war, there has been a renewed awareness of the health needs of veterans of the last war, one in four of whom still suffer from chronic multisymptom illness related to their service. The task remains to ensure that these programs receive adequate funding and that the money is well spent, so that progress can finally be made against the only goal that matters according to the Committee charter: “to improve the health of ill Gulf War veterans.”

## **Appendix A**

### **Research Advisory Committee on Gulf War Veterans' Illnesses 2007 Committee Members**

#### **Chairman**

James H. Binns, former Chairman, Parallel Design, Inc.; former Principal Deputy Assistant Secretary of Defense; Phoenix, Arizona.

#### **Committee Members**

Adrian Atizado, Assistant National Legislative Director, Disabled American Veterans; 1990-1991 Gulf War veteran, Washington, D.C.

Carrolee Barlow, MD, PhD, Chief Scientific Officer, Brain Cells, Inc., San Diego, California.

Floyd E. Bloom, MD, Professor Emeritus, Molecular and Integrative Neuroscience Department, The Scripps Research Institute, La Jolla, California.

Daniel J. Clauw, MD, Assistant Dean for Clinical and Translation Research and Professor of Medicine, University of Michigan, Ann Arbor, Michigan.

Beatrice A. Golomb, MD, PhD, Associate Professor of Medicine and of Family Preventative Medicine, University of California at San Diego, La Jolla, California.

Joel C. Graves, DMin, chaplain and Captain, U.S. Army (Retired); 1990-1991 Gulf War veteran, Lacey, Washington.

Anthony Hardie, Executive Assistant, Wisconsin Department of Veterans Affairs; 1990-1991 Gulf War veteran, Madison, Wisconsin.

Marguerite L. Knox, MN, NP, Senior Sales Representative, Teva Neuroscience; 1990-1991 Gulf War veteran, Hopkins, South Carolina.

William J. Meggs, MD, PhD, Professor and Chief, Division of Toxicology, The Brody School of Medicine at East Carolina University, Greenville, North Carolina.

Mary D. Nettleman, MD, MS, Chair, Department of Medicine, Michigan State University, East Lansing, Michigan.

James P. O'Callaghan, PhD, Distinguished Consultant and Head of Molecular Neurotoxicology, Toxicology and Molecular Biology Branch, Health Effects Laboratory

Division, Centers for Disease Control and Prevention-NIOSH, Morgantown, West Virginia.

Steve Smithson, Deputy Director for Claims Services, The American Legion; 1990-1991 Gulf War veteran, Washington, D.C.

Lea Steele, PhD, Associate Professor, College of Human Ecology, Kansas State University; Scientific Director, Research Advisory Committee on Gulf War Veterans' Illnesses, Topeka, Kansas.

Roberta White, PhD, Chair and Professor, Department of Environmental Health, Boston University School of Public Health, Boston, Massachusetts.

**Consultant to the Committee**

Jack Melling, PhD, Consultant to the United States Government Accountability Office, Salisbury, Great Britain.