

Research Advisory Committee on Gulf War Veterans' Illnesses (RAC-GWVI)

Report of the Veteran Engagement Subcommittee, Session #5

Date: May 19, 2021

Location: Virtual (Webex)

RAC Subcommittee: Larry Steinman, Karen Block, Richard Gaard, Drew Helmer, Barbara Ward, Jane Wasvick, Bill Watts

Additional Attendees: Brent Casey, Committee Member; Chad Maxey, MDiv, BCC, National VA Chaplain Service; John Rukkila, RAC-GWVI technical writer-editor (retired)

Talking Points:

- ❖ Health concerns
- ❖ Research issues
- ❖ Quality of Life
- ❖ What do you want the Secretary of VA to know?

Session Overview:

- Number of attendees: 76 plus 9 RAC members and staff. Several participants stated they had received notification of this session through the VA and had not been aware of the RAC-GWVI and/or its public meetings beforehand.
- Format: Virtual meeting using Webex, 1 day for 3 hours, 3:00-6:00pm ET. This was the second meeting held virtually due to the COVID-19 pandemic and associated VA travel restrictions.
- Goal: To hear directly from Gulf War Veterans, their advocates and caregivers about their greatest concerns for health and health care, improvements needed in treatments and quality of life, and to learn how we can help as a Research Advisory Committee.
- Desired outcome: Summary of Veteran messages to translate into recommendations for the VA Secretary.
- Rules of engagement: This is a public meeting so comments are posted, use first name only, be respectful, 3 minutes to speak to allow enough time for all. Comments are taken by chat and Webex audio.
- Available resources: The VA Chaplain was available by chat and phone during the session, and contact information for the Veteran Crisis Line was provided. Chaplains are available at every VA and Veterans and family members can always reach out for assistance.
- Abbreviations: GW = Gulf War, GWV = Gulf War Veteran, GWI = Gulf War illness, PDH = Post Deployment Health, CFS = Chronic fatigue syndrome, IBS = Irritable bowel syndrome, WRIISC = War Related Illness and Injury Study Center
- Noteworthy Comments from the Audience:
 - ❖ “We’ve been told several times during this chat that GWI is not a service connected diagnosis in the VA ‘construct’, so how are you researching something that according to the VA doesn't exist?”

Gulf War Illness is not a presumed service-connected condition. It is recognized by VA as a clinical condition, as addressed by the formal VA/DoD Clinical Practice Guidelines for the Management of Chronic Multisymptom Illness, and it is a priority area for research projects. (Dr. Drew Helmer, RAC Committee Member)
 - ❖ *We want you to know it’s not in your head. We know it’s real. Don’t walk out with the feeling it’s all in your head. (Dr. Karen Block, RACGWVI Federal Designated Officer and VA Director of Gulf War)*
 - ❖ *To all the Veterans: We as Veterans have to get the word out. There are so many great comments, but so few participate in the call sessions and research...One voice is hardly heard, but with a massive voice we can be heard.” (Gulf War Veteran)*

Talking Point Summaries:

❖ **What health issues are of greatest concern to Gulf War Veterans?**

Led by Dr. Drew Helmer, Committee Member. Noted after 30 years there are still a number of health issues, some known to medical science, some still unexplained. RAC wants to hear in your own words the health issues of greatest concern today.

- Memory loss has such a bad impact (on job)... it stresses me out so much.
- Unexplained rashes, chronic pain and mental health side effects.
- Random blackouts and fainting. Also GI issues, migraines, and sleep apnea, but these pale in comparison.
- Sleep apnea. Using a CPAP.
- Medications don't work for me.
- Symptoms from Mefloquine.
- Mysterious skin rashes and hives.
- Rash and glaucoma. Lower legs entirely scar tissue.
- Gastroparesis, IBS, reflux, gastritis, migraines, sleep apnea, asthma w/ chronic bronchitis, lung nodules, rhinitis
- Women's issues, reproductive issues.
- Reflux, gastritis, sleep apnea, asthma, tinnitus.
- GWV within the same units have died from testicular cancer, brain cancer, experienced GI issues after vaccinations.
- Deployed age 24. By age 25, not physically able to re-enlist due to a variety of medical issues. By age 26, had the body of a 50 year old. Joint pain, skin rashes resulting in severe scarring, glaucoma, dental problems, neuro issues, blood pressure, digestive issues. All started about a year after getting home from the Gulf.
- Have had symptoms for over 20 years. As getting older, symptoms are worse. Most treatments do not work.
- Chronic fatigue and short term memory loss
- Multitasking and memory are severely impacted, leading to loss of jobs and relationships
- White matter disease
- Migraines
- Fibromyalgia. Treatment doesn't work because it's more complex than that, but MDs don't know what else to do
- Schwannomatosis and fibromyalgia.
- Exposed to fine sand and dust. Lungs show scarring with a CT scan w/contrast.
- Pain, stomach issues, skin issues and memory loss.
- Chemical sensitivity: Can't walk down the grocery aisle with laundry detergent smells, sends me through the roof. Chemical cleaners, diesel, jp4, oil well fires. Become very nauseated.
- Extreme allergies
- Neurological twitches in muscles and fingers, joint pain, muscle pain
- Reflux, idiopathic gastroparesis, not diabetic, all kinds of stomach problems, horrible headaches, diagnosed with high blood pressure at age 25/26 although went in military in excellent shape.
- Chronic gastritis, nodules in throat and stomach, migraines. There is no one in my family with these problems.
- Severe rhinitis since returning from GW, nasal passage tissue scarring for no known reason (rhinoplasty), Motrin allergy, glaucoma, reoccurring unexplained hypersensitive rash, health issues related to nervous system at age 50.
- Cough. No known cause, nothing associated with it. Given throat discs to suck on.
- Circadian rhythm is blown out.
- Headaches, migraines...In an aircrew with 32 missions in a year, each 7-10 days, 40 different bases, all 13 locations listed in the burn pit registry. Didn't qualify for the registry. Raters say I wasn't in theater long enough for benefits.
- I came back with 700 others with genetically altered macrophage infection, verified at the Huntington Beach CA Institute for Molecular Medicine. Also have rheumatoid arthritis and depression due to not knowing what was wrong.

Committee comments

Autonomic nervous system (ANS) conditions: *Dr. Steinman, RAC Chairman: RAC is pushing for more attention to disorders of the ANS, the parts of the nervous system we don't voluntarily control. This includes symptoms like both upper and lower GI, blood pressure, etc. Dr. Wes Ashford, a leading authority from the Palo Alto VA, is on this call and will be speaking more about this at the next RAC meeting.*

Brain cancers: *GWV: VA recognized at one time that GWV had a higher probability than the general public, but this changed in 2016. Any more research on this?*

*Dr. Steinman/Dr. Block: Brain cancers are still under the microscope. The VA PDH epidemiology team found an early spike but no longer find this increase. **Veterans should contact Drs. Block and/or Steinman to report observational data on this from the field.***

Benefits and claims (beyond RAC scope): *Dr Helmer: Presumed service connection is from chronic fatigue syndrome (CFS), fibromyalgia, IBS and unexplained symptoms, but not GWI itself. GWI is considered a collection of unexplained symptoms. Everything else requires documentation of the connection between the condition and service.*

Although GWI is not a recognized service-connected condition, GWI is recognized by VA as a clinical entity as demonstrated by the VA/DoD Clinical Practice Guidelines for the Management of Chronic Multisymptom Illness.

How you file the claim is important. It's useful to get guidance from someone with expertise, have the health condition documented in your medical record, and have access to your active duty medical records. Cough (previously reported) is a good example of an unexplained symptom noted in the medical record, the cause is unknown, and it's even getting treated. It reflects the impact and severity on your life.

Dr. Block: The VA Secretary is encouraging vets who have been denied before to put claims in now.

Jim Bunker, GW Research Resource: Good research is key to getting service connection. For example, chronic migraines shown in a longitudinal study, research on brain cancers, exposures to chemicals in GW, a Nexus letter from the MD. Going to your provider, having tests and finding nothing wrong, and/or being diagnosed with a chronic multisymptom illness is most important. VA recognizes symptomologies according to body system. Fibromyalgia maxes at 40%, IBS 30%, CFS 100%.

Educating providers: *GWV: "The extra burden should not be on the ill GWV to gather the research/advocate while being a patient." "Vets need guidance on the best method, the most dignified manner, to respectfully translate research findings to their providers." "The GWV trying to educate the provider on GWI is an elementary stage that shouldn't be taking place during a 15 minute appointment." "This is past the suggestion stage. Provider education needs to be a mandatory policy."*

Dr. Steinman: It would be a virtue if the individual coming in with the complaint also comes equipped with research and extensive knowledge. As physicians we're in the same position. We happen to know a little bit but it doesn't go over very well, and it's asking too much for the patient. Individuals are seeking the physician's expertise. They are not expected to know. Like going to the auto mechanic, you don't go under the hood and help them fix the car. They're supposed to know. It's a recurring complaint that some VA physicians are largely unaware, so we have to do our best to make people understand.

Regarding a GW resource center at every VA: *Dr. Helmer: The environmental health program is supposed to be at every VA and has been made more robust creating specialty knowledge. RAC has made suggestions in the past along these lines to enhance awareness, knowledge base and competency among clinicians.*

Meeting presentations need to be understandable: *Dr. Steinman stated RAC had discussed having an interpreter to put speakers' information into layman's terms and/or will ask invited speakers to speak in a way that is understandable to all.*

Need to get the word out about the RAC meetings. *GWV: "This meeting would have been filled with thousands. Found out about it through VA a few weeks ago. Have been looking up stuff through VA since 2000."*

❖ How can research improve the treatments available to Gulf War Veterans?

Led by Dr. Karen Block, RACGWVI Designated Federal Officer and VA Director of Gulf War. Noting the importance of research in understanding cause and effect of military exposures and integrating science into strength of evidence for

presumptives and healthcare. VA research is the only program in the US focused entirely on improving Veterans health needs, and VA researchers are also clinicians directly involved in patient care. Examples of VA research were given such as the first liver transplant, the relationship between smoking and lung cancer, the implantable cardiac pacemaker, among others. VA partners with DoD's CDMRP GWI research program, contributing what is known about the gut-brain interaction, importance of gut microbiota on inflammation, returning disrupted brain-gut pathways to homeostasis, and abnormalities with lipid metabolites. Research has led to whole health treatment approaches such as yoga, low glutamate diet, nutraceuticals, mindfulness and cognitive behavioral therapy that help improve quality of life. Additional research results can help bring treatments to the VA formulary and clinical care. RAC would like to know if you have been contacted for research or participated in research, what exposures have contributed to your symptoms, and other issues.

- I've never been contacted for a research study and I've been in the VA since I got out (multiple reports).
- I've been contacted for research projects, but never to continue as a subject. Research has never called me back.
- GWV need to hear study results. Establish a central location so everyone, including providers, can have access to it.
- All the studies I see ask for you to be in a few major cities.
Most studies of GWI now budget to travel participants from around the country to the research sites.
- We've been researching for 25 years, it's time for treatments.
- VA infrastructure can bring in 100,000+ vets for research. Coordinate with facilities equipped with like study materials.
- What are your thoughts about the vaccines we were given during that time being responsible for "Gulf War Syndrome"? Have there been studies and results from all the shots we received prior to going into theater? I received multiple vaccines, but nothing shows in my medical records. Today I still don't know what I got.
- Continued, focused research to improve the health and lives of GWVs (GWI and all other health conditions) is critical.
- Mental health issues from GWI have had effects on my children.
- I never wanted to do any research studies because of it effecting my benefits.
- We need follow-up studies with larger populations that can influence real treatments.
- Transparency and accountability
- I was recently at Walter Reed where numerous studies take place. In over 2 years I never saw a study of GWV.
- Genetic studies: Compare DNA to DNA taken prior to entry in theater? Entire unit had to give DNA prior to deployment.
- We've been told several times during this chat that GWI is not a thing in the VA construct, so how are you researching something that according to the VA doesn't exist? *Clarification from Dr. Helmer: GWI is not recognized as a presumed service connected condition. GWI IS recognized as a clinical condition, is addressed by formal clinical practice guidelines and is a priority area for research projects.*
- Sharing research with providers: "I have tried and the treatment I got was absolutely crushing. I have been as humble and respectful as possible, and never had a doctor willing to accept any research I provided." "I took research findings related to my symptoms and a few external diagnoses to my VA primary care provider who stated, "I don't have time to read these!" "I've tried to educate the young doctors, but it results in more tests coming back negative. It rarely results in getting a referral to a specialist."
- You need foundations here and a platform for healthcare and benefits...Not just research without a place to practice it.
- "I retired from federal government service and the RAC administrative office in Oct 2020. I still receive and review National Library of Medicine PubMed abstracts on Gulf War health issues, which show continuing results of GW health issues research and development of therapies. Although I am a non-deployed Vietnam Era veteran, I have a personal physiological inclination for many of the same symptoms displayed by GW veterans. The therapies advanced for GW veterans have also helped to resolve my health issues. Thanks for reviewing the Covid pandemic issues that have many similarities with GW health issues and should likewise be thoroughly researched."

Intergenerational effects. GWV reported following a \$70 million research study on intergenerational effects. \$3 million was supposed to be set aside for outreach to participants. It appears to be on hold...? The Univ of Boston was hyped up on sperm of fathers and effects of exposures. If fathers would have waited and cleaned themselves out this would have reduced birth defects by 50%. Would have been helpful to GWV.

Dr. Block: ORD has funded studies to look at the effects of exposures and intergenerational research. Atomic veterans, for example, or Goldenhar Syndrome. However, the literature doesn't find an association with birth defects and GW

exposures. Birth defects are rare, 3%, and we know that genetics, lifestyle, medicine and other factors can play a role in generational health effects so it's hard to tease out what is associated or not.

❖ **What health issue could the VA address to improve Gulf War Veterans' quality of life?**

Led by Jane Wasvick, Committee Member. Quality of life (QOL) is a very personal subject. It means something different to each individual and includes how each of you live your life, your expectations and ability to obtain the goals you've set for yourself. QOL can be improved by optimizing physical, emotional and social functioning in the home, community and workplace. We've heard a lot of this in previous comments. Tell us how GWI affects the QOL you wish you could attain.

- GWI symptoms affect the job (police officer). If things continue, I won't make it to retirement. Having to defecate multiple times a day during the shift, I can't chase and catch someone with asthma, sleep apnea, poor quality of sleep, coughing. A friend said I should just take medical retirement.
- As a marine you learn to suck it up, but the mental health needs, being told nothing is wrong with you...I don't have arthritis, but my med record says I do. Joint/ankle problems, pain in feet cause difficulty driving so my wife usually drives.
- My father was a Korea and Vietnam Veteran. He died ten years after retirement. Ten years later, the VA recognized that his disease was related to Agent Orange. I constantly wonder, "What will my kids learn ten years after I die?"
- Difficulties having regular employment with all these symptoms. I would be fully disabled in the civilian world.
- It's so difficult to work and maintain social interaction with chronic pain. The stress of it all causes mental health issues. It's a horrible quality of life.
- Life impact? What is this "life" you speak of? There is no life except for a struggle not to lose my job while pretending I'm not battling incredible pain, debilitating fatigue every day. Creating an array of props for memory issues when you teach and sometimes forget your own name. My kids worry about my passing out. I've prepared a book that tells them what to do. I just worry I won't make it to my youngest finishing high school in 2.5 years. I'm only 53.
- The unknown of if you have a future, or hope.
- I used to hide from DOD to keep my job and now I hide from my employer while suffering/wrestling with the swamp.
- Moving and having to start all over and over again with doctors and so many tests. Each symptom is looked at as a silo. I've been told by doctors I have too many things to discuss, just pick one. I would love to have just one thing.
- The doctors, raters, examiners have no idea what we're going through. I was told to see a doctor with GWI concerns, but VA doctors don't know about it, or say that everything I'm experiencing is psychosomatic or related to PTSD.
- Primary care doctors are not equipped to treat such complex issues.
- Having all the symptoms, but not diagnosed with GWI.
- QOL would be not walking away from the VA being told that it's all in my head.
Dr. Block, "We want you to know it's not in your head. We know it's real. Don't walk out feeling it's all in your head."
- When the tests come back negative then the doctors don't believe you.
- I tell the doctor my issues, they test, it comes back negative. That gets put in my medical record, nothing about GW.
- I have called WRIISC directly and sent the link with instructions to my primary care provider. After a while, you just give up and walk away from the VA. If you're a single parent with an insane work schedule, you don't have time to be sick, and you don't have time to wrangle the VA bureaucracy. I'm here in hopes it is better for others who follow me.
- What is it about the VA system that makes it hard for primary care doctors to treat the whole person and integrate symptoms? How much time are they allowed in appointments with us? Are they rewarded for learning about Gulf War-related symptoms and new solutions?
- I've gotten to the point of just living with the pain, stomach issues, skin issues and memory loss. I've gotten burnt out of being told nothing is wrong with me after tests come back negative.
- Multiple doctors have said they've never heard of specific tests. It stops there, or I have to pay for testing myself. I can't get a VA doctor to write a Nexus letter because they say it's a "conflict of interest". I can't afford to go outside the VA, and no VA doctor wants to look at my military medical records, which I can provide. It's frustrating.
- GWI effects my employment, my relationships, but most importantly is having to teach my 5 year old granddaughter to be sure I see and hear her, to make sure I know she's there.

- Can't live off of the no income situation. Going to the gym, eating vegetables, etc. is hard to do on a VA budget.
- The Portland VA is one of the best in the country. Civilian doctors years ago were afraid to touch me, but at the VA, the provider will say, "Yeah, I saw this with someone yesterday. I know what to do." The VA is the best system anywhere.
- My CEFALY device improved my life. The Botox shot improved it even more (regarding headache disorder).
- We're better off getting out of the VA system.
- We are talking about the same issues year after year. Where is the moral leadership at RAC and the VA?

Dr. Block inquired about GWV experiences with insects: Scorpions, a lot of bugs in DS. Tiny little flies that bite. We would wear flea collars sold at the base. Put chemical on the outside of our boots to keep them off. Dipped uniforms in bug repellent. Mosquitos, also connected for West Nile Virus now. Camel spiders, gnats that got in your food. You got tired of trying to pick them out and just ate them. Scabies were prevalent in POWs. Using pesticides. DEET.

Dr. Block: How has COVID impacted your life now?

- Had it the beginning of this year. Can't get over the fatigue for 5 months now.
- I live in a basement cave. I've been fully 'vaxxed' for more than a month, but I still don't want to be in public.
- Told I was COVID positive last Sep, but no antibodies were found when my blood was tested.
- I will not take the Covid vaccine because i don't want to chance that it will exasperate my health issues.
- Have been around people that tested positive for COVID-19, have never worn a mask and never gotten COVID.
- Mefloquine and anthrax were given and screwed me, now you want me to take a COVID vaccine? Hmm...
- Side effects: Sick for 5 days after the 1st vaccine, fine after the second; Sick for three days after the first vaccine, fine after the second; Tired for about a week after each COVID shot, but still very worth it.

Regarding claims (out of scope for the Research Advisory Committee, but an important GWV priority)

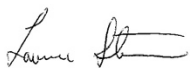
- Remove the presumptive end date deadline. Dec 31, 2021 is the last date to have the symptoms in your medical records, not the last date to file.
I have spoken to my Congressman and Senator about completely removing the deadline. Others should do the same. There is also currently introduced legislation that would permanently extend the period of eligibility for benefits, the "Improving Benefits for Gulf War Veterans Act" (S.1039).
- GWVs need a good VSO for benefits and how to list GW issues on a claim.
- GWV has made several attempts at C&P because it was a presumptive but have been denied for all pertaining to GWI.
- In order to get a presumptive, you have to prove nothing else causes it.
- VA has denied sleep apnea and breathing issues for GWV and other GW colleagues.
- After being life flighted from home to a local hospital, a sleep study determined I had severe sleep apnea. Since it's a presumptive I filed a claim. It required a VA sleep study (lasted 4 hrs). Was told I didn't have sleep apnea. It was denied.
- I tell the doctor my issues, they test, then the negative result is put in my med record. Nothing about GW.
- I have it listed in my military records, in recent treatment records with civilian doctors, in VA records, it's a GW presumptive and it STILL gets denied. I've about given up on claims. Is there anything that can be done to help us?

❖ What would you like the VA Secretary to know about the health of Gulf War Veterans?

Led by Barbara Ward and Col Richard Gaard, Committee Members. With each new administration, all groups of Veterans want to get their concerns heard by the new VA Secretary, want to be sure to keep the progress going that has been made, and want to be sure to keep a spirit of renewed hope for different Veteran groups. Our focus is on research here but there are a lot of other concerns in other areas. The new VA Secretary has orders from a President that wants to get things done. He wants access to care that improves outcome, ensure Veterans and families have access to benefits they've earned, have a final resting place, and receive the respect and dignity they deserve. What would you say/share if you could talk to him directly today?

- Many GWV want to get recognition and understanding. Less research and more treatments.
- The VA Secretary wants world class health care but providers need to be trained. There needs to be accountability from the top. All physicians need to receive appropriate mandatory training on Gulf War Illness, to include etiology, complexity of symptoms and recommended treatment.
- VA establish a clear and concise definition and diagnostic code for Gulf War Illness.
- Create a pamphlet or pocket sized card for GWVs to carry and provide when they encounter an untrained doctor.
- Have VA offer and pay for alternative therapies (e.g. hot tub, massage therapies). Was told these are not long terms solutions but they help and improve quality of life, even for a short time.
- Extend the deadline for presumptive conditions past Dec 31, 2021.
- Have a GW resource center in every VA. 30 years of valuable research information could be available to physicians.
- Have a GW clinic or provider at every VA. Someone with knowledge of what GWVs have been through.
- Invite the VHA and VBA to work together.
- Require benefits adjudication education. VBA review and establish guidelines for approval of disability claims to reduce the high denial rate of claims filed by GW Veterans
- Set standard diagnostics via a RAC/WRIISC round table with mandatory training for providers on research findings.
- Inform VA providers about WRIISCs and how to make a referral.
- Improve implementation of WRIISC recommendations by local VA providers.
- Request VA leadership expand WRIISC resources and add additional WRIISC sites across the U.S.
- Have the VA Secretary listen to Veterans and their spouses directly, instead of hearing from RACGWVI or VSO leaders.
- Arrange a meeting with the Under Secretary of Health and raise all issues. GWV previously set up this mtg in DC.
- There is only one law for GWV: 90% get passed on 3.317, undiagnosed conditions. No one is getting into VA healthcare as a "Gulf War Vet" but as a service connected veteran. This is all we have, nowhere and no one to talk to about it. After 7 VA Secretaries, it doesn't work, it's not fixed, there's no open door policy to meet with VA HQ staff about it.
- Clarify the VA provider's role: read the med record, test for GWI, provide the Nexus letter, speak up for the patient.
- Create a standardized assessment survey or checklist for providers to evaluate and document GWV medical issues, similar to what mental health providers use to gauge PTSD.
- Establish a GWI clinician's committee to set up standing orders for lab work, brain studies, consults, nutrition, infectious disease, immunology, neuropsychological testing, cardiac, skin, gastroenterology, cancer, etc.
- Require a neuropsych eval. Multitasking and memory are severely impacted, leading to loss of jobs and relationships.
- Require the screenings above be completed at regular intervals. Issues that were slight 20yrs ago are now more severe.
- Have VA benefits, environmental health, Veteran experience officers, and other patient advocates join this call.
- Have a GWI expert, doctor, nurse, social worker, VA claims person specific to GW located at every VA Medical Center.
- Record this meeting and give it to the VA Secretary.
- The bottom line is we want and need answers, treatment, and most importantly, assistance.

I certify this report is an accurate summary of the May 19, 2021, Veteran Engagement Session of the Research Advisory Subcommittee on Gulf War Veterans' Illnesses.



Lawrence Steinman, M.D.
Chair, Research Advisory Committee on Gulf War Veterans' Illnesses

GULF WAR RESEARCH RESOURCES

(provided by participants and Committee members during this session)

- **WRIISC research opportunities:**
<https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/research/volunteer/index.asp>
- **ClinicalTrials.gov:** <https://clinicaltrials.gov>. Search by keyword 'Gulf War illness' or 'Gulf War.'
- **CSP 2006 'Genomics of Gulf War Illness.'** For more information:
<https://www.vacsp.research.va.gov/CSPEC/Studies/INVESTD-R/CSP-2006-Genomics-Gulf-War-Illness.asp>
- **Vet Centers:** There are over 300 Vet Centers nationwide that can guide you to points of contact where you live. Ingrid Rincon, Veteran Outreach Program Specialist, Vet Center, FL. Work cell 1(352)443-0509.
- **Headache study at VA Palo Alto.** Email srija.seenivasan@va.gov or text/call me at 650-272-8404 for a 5 min phone screening. <https://www.paloalto.va.gov/apps/research/?fa=view&studyid=61>
- **Research at the University of Alabama, Birmingham.** Dr Jarred Younger. Contact Study Coordinator Crystal 205-975-5821. Male ODS needed.
- **Research in Miami, FL.** Dr. Nancy Klimas. Treatment trials, and memory and communication issues. Contact Study Coordinators, Fanny 305-575-7000 x6706 or Precious 305-275-5450.
- **Research at the Univ of CA, San Diego.** Dr. Beatrice Golomb. Contact Janis Richie 858-558-4950 x203.
- **Research at the Roskamp Institute, Sarasota, FL.** Contact David Patterson 1-941-256-8018 x3008.
- **'Gulf War Illnesses' Facebook group:** <https://www.facebook.com/groups/125208941896/>
- **Info@vetinfo.org or <https://vetinfo.org>.** Research and other relevant information.
- **Denise Nichols, retired RN and GWV resource,** at DSNurse1@yahoo.com. Help locating research.
- **Individual Longitudinal Exposure Record (ILER):** ILER records go back to 2005.
<https://www.publichealth.va.gov/exposures/publications/military-exposures/meyh-1/ILER.asp>.
- **DoD-funded GWI Clinical Trials Consortium (GWICTIC):** <https://www.nova.edu/nim/GWICTIC/gwictic-studies.html>
- **Information on MS and GWI,** provided by Dr. Lawrence Steinman:
https://www.va.gov/MS/Veterans/about_MS/Combat_Related_Chemical_Exposure_and_the_Link_to_Multiple_Sclerosis_and_Other_Neurological_Diseases.asp

RAC-GWVI email: VARACGWVI@va.gov; **RAC-GWVI website:** <https://www.va.gov/RAC-GWVI>