

**Statement of
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Before the Subcommittee on Labor, HHS, Education and Related Agencies
Senate Committee on Appropriations
Regarding the Findings of the IOM Study on "Gulf War and Health,
Volume 1. Depleted Uranium, Sarin, Pyridostigmine Bromide, Vaccines"**

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Mr. Chairman and members of the Subcommittee, thank you for this opportunity to speak with you today about the recent Institute of Medicine's (IOM) report on Gulf War Health, which examines possible associations between some of the agents to which Gulf War veterans may have been exposed and their potential for adverse health effects. Before I do that that I would like to take a moment and familiarize you with the workings of the Persian Gulf Veterans Coordinating Board (PGVCB), which was established in 1994, and its role in coordinating Gulf War programs including research on Gulf War veterans' illnesses. I would also like to explain that I serve as the Executive Director of this Board as well as the Military and Veterans Health Coordinating Board (MVHCB), both of which are Co-Chaired by the Secretaries of Defense, Health and Human Services, and Veterans Affairs. Whereas the PGVCB was established to focus on Gulf War Veterans' issues, the MVHCB was built on the success of the PGVCB and looks ahead to enhance military personnel and veterans' health in future deployments. We are currently working on a plan to formally incorporate the functions and missions of the PGVCB into the MVHCB.

On August 31, 1993, prior to the establishment of the Persian Gulf Veterans Coordinating Board, and in response to section 707 of Public Law 102-585, President Clinton designated the Secretary of VA to coordinate research funded by the Executive Branch of the Federal Government into the health consequences of service in the Gulf War. VA carries out its research-coordinating role through the auspices of the Research Working Group (RWG) of the PGVCB. Each Department's research management program for Gulf War veterans' illnesses research has been linked through an overall policy and management coordination effort carried out by the RWG. The RWG makes recommendations for research funding through the management authority that each department maintains over its scientists and its scientific program managers who are responsible for research and its budgetary process. In addition, each Department has its own appropriation for biomedical research programs. The PGVCB and its three working groups, including the RWG, have no independent budget authority. Dr. John Feussner has provided specific information about the PGVCB RWG research activities.

I have mentioned that three different working groups support the PGVCB. These working groups are made up of members of DoD, VA, and HHS. The PGVCB Clinical Working Group (CWG) oversees accomplishments related to medical care and clinical assessment including coordinating the efforts

between DoD's Comprehensive Clinical Evaluation Program (CCEP) and the VA's Gulf War Health Registry; providing comparable clinical assessment questionnaires; and physical and clinical laboratory examinations for each program. Under the purview of the PGVCB, educational tools and programs were developed and medical articles were published to assist clinicians caring for Gulf War veterans and to help educate patients and the public about Gulf War-related health issues. The PGVCB Clinical Working Group became a model for exchanging ideas and progress between the three departments. In addition, a comprehensive health-risk communication guide was developed for use by each department to more effectively inform military personnel, veterans, and their families of health-related issues associated with the Gulf War, as well as with future deployments.

The third working group, the PGVCB's Disability and Benefits Working Group (DBWG), developed guidelines sensitive to legally required documentation. Links were formed between DoD and the VA to facilitate a smoother transfer of health-related information between the two departments. The DBWG has also addressed the need for compensation for other serious conditions that have been diagnosed in some Gulf War veterans, such as amyotrophic lateral sclerosis (ALS).

Regarding the IOM study, I feel that the report is a comprehensive assessment of the peer-reviewed, scientific literature. Its conclusions regarding the evidence for both transient and long-term health effects associated with sarin, depleted uranium, pyridostigmine bromide, and vaccines are consistent with my working knowledge of these exposure agents as well as the conclusions of previous review groups, such as the Presidential Advisory Committee on Gulf War Veterans' illnesses. The committee rendered opinions as to the causal or associative relationship between these agents and adverse health outcomes. It pointed out that detailed exposure information would facilitate ability to link observed health concerns with those exposures. In addition to other factors, I agree that knowing who was exposed to how much of what agent when and where are important data elements. Documentation of health encounters, capturing personal exposure, and comprehensive environmental surveillance are all part of total medical situational awareness. This cognizance has become an essential component of deployment health. The Military and Veterans Health Coordinating Board (MVHCB), which includes the functions of the Persian Gulf Veterans Coordinating Board, is working through the Deployment Health Working Group to assess, coordinate, and make recommendations that will resolve this kind of data deficiency.

As to the specific recommendations made in the IOM report regarding future research needs, I am confident that the Gulf War research program will adequately address each recommendation. Dr. Feussner, the Chair of the PGVCB RWG, addresses each of the IOM recommendations in detail in his testimony presented here today.

Mr. Chairman, thank you, again for the opportunity to speak with the Subcommittee today.