

DATE: September 28, 2021

DEPARTMENT OF VETERANS AFFAIRS (VA)

RESEARCH ADVISORY COMMITTEE ON GULF WAR VETERANS' ILLNESSES (RACGWVI)

RECOMMENDATIONS

Executive Summary

The Research Advisory Committee on Gulf War Veterans' Illnesses (RACGWVI) presents the following four recommendations to the Secretary of Veterans Affairs. These four recommendations and the following suggested focus areas are largely based on current Gulf War Illness (GWI) research and concerns voiced by Gulf War Veterans (GWV) during the RACGWVI subcommittee, Veteran Engagement Sessions (VES).

RECOMMENDATION 1: Fund research into key focus areas, examples below, to support the diagnosis and treatment of GWI.

- Basic and clinical studies on the role of the microbiome in the etiology and maintenance of GWI.
- Basic and clinical studies to determine the effects of dietary manipulations on the quality of life for GWV with GWI. Examples include low-glutamate and low Fermentable Oligosaccharides, Disaccharides, Monosaccharides And Polyols (FODMAP) diets used clinically to reduce gastrointestinal and other symptoms.
- Basic and clinical studies to further evaluate the status and/or influence of mitochondrial function in GWV, with and without, GWI.
- Determine the utility of the Department of Defense Serum Repository as a resource for investigators studying GWI. Among other utilities, the repository's samples may be useful in confirming a correlation between butyrylcholinesterase inhibition (itself and as a biomarker of acetylcholinesterase) and pyridostigmine bromide exposures as potential sources which cause GWI.
- Conduct a prospective, double-blind randomized clinical trial to determine the effects of antioxidants, ubiquinol vs ubiquinone, on the quality of life for GWV with GWI.

RECOMMENDATION 2: Establish one or more Gulf War-Military Exposure Research Innovation Center(s) (GW-MERIC).

The RACGWVI recommends that VA Office of Research and Development (ORD) establish one or more GW-MERIC(s) with a two-part mission: **1)** To expedite and implement evidence-based clinical treatment and diagnostic research for GWV with GWI, and **2)** Build upon existing collaborations and establish new VA and non-VA partnerships to leverage and expand subject matter expertise, data and specimen resources, and technology.

GW-MERIC projects should include diverse team-based approaches through supporting multi-investigator, multi-institution partnerships and recruiting new and junior investigators into the field to advance translation of research. The GW-MERIC(s) would coordinate a strategic approach supporting GWI-focused, program-directed projects and a learning healthcare system model to integrate research into clinical care.

RECOMMENDATION 3: Initiate research on the relationship between COVID-19, long-haul COVID-19, and their impact on GWI.

The long-term effects of COVID-19 on the health and quality of life for GWV already suffering from GWI are of critical interest and warrant further study. The RACGWVI recommends initiating studies on COVID-19 and persistent symptoms of long-haul COVID-19 including examining the similarities and differences between GWI and long-haul COVID-19 symptomology.

This research could utilize existing cohorts of GWV such as the Million Veteran Program (MVP) and data resources such as the COVID-19 supplemental survey or the VA Informatics and Computing Infrastructure (VINCI). The studies could yield insights into the characterization and management of both GWI and COVID-19.

RECOMMENDATION 4: Continue the RACGWVI subcommittee, Veteran Engagement Sessions (VES).

A RACGWVI subcommittee, called VES, was established in January 2019 to support the Committee's mission to provide research education to GWV, to better understand the Veteran's experience of living with GWI and to build trust with the GWV community. Members of the subcommittee include the RACGWVI Chair, Designated Federal Officer, VA clinician and non-clinician researchers with expertise on chronic multi-symptom illness, GWV and other VA and non-VA subject matter experts with community leadership backgrounds. The outcomes of the VES have been highly successful. Feedback from these interactions have directly led to newly funded research projects in areas not previously examined. Additionally, participation by GWV in the VES and parent RACGWVI committee meetings have increased fivefold.

The RACGWVI recommends:

- RACGWVI staff continue to work with VA and non-VA partners to facilitate maximum outreach to the 1990-91 GWV community. These communication partnerships include, but are not limited to, VA Public Affairs, VA Communications, Employee Education System (EES), War Related Illness and Injury Study Centers (WRIISC), Health Outcomes Military Exposures (HOME, formerly Post Deployment Health), Post-Deployment Integrated Care Initiative (PDICI), GWV Facebook and other Veteran social media groups.
- The RACGWVI VES subcommittee resumes in person meetings twice per year as COVID-19 travel restrictions are lifted.
- The RACGWVI VES subcommittee continue to maintain a virtual meeting platform simultaneously with in-person meetings to allow nationwide attendance to continue.
- The RACGWVI VES subcommittee pinpoint rural areas as well as areas with a high population of 1990-91 GWV.
- The RACGWVI VES subcommittee support Diversity, Equity, and Inclusion (DEI) to the VES team.

In conclusion, the RACGWVI suggests these four recommendations will improve the health and quality of life for GWV. The RACGWVI wishes to thank the Secretary for his continued support in addressing the healthcare needs of GWV suffering with GWI.