

**Research Advisory Committee on Gulf War Veterans' Illnesses**

**Committee Meeting Minutes  
March 20–21, 2018**

**U.S. Department of Veterans Affairs  
Washington, DC**

**Research Advisory Committee on Gulf War Veterans' Illnesses**  
**Committee Meeting Minutes**

I hereby certify the following minutes as being an accurate record of what transpired at the March 20–21, 2018, meeting of the Research Advisory Committee on Gulf War Veterans' Illnesses.



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Stephen L. Hauser, M.D.  
Chair, Research Advisory Committee on Gulf War Veterans' Illnesses

## **Attendance Record**

### **Members of the Committee:**

Dr. Stephen Hauser, Chair  
Ms. Kimberly Adams (telephone)  
Mr. James Bunker  
Dr. Fiona Crawford (telephone)  
Ms. Marilyn Harris  
Dr. Stephen Hunt  
Dr. Nancy Klimas  
Dr. Katherine McGlynn (telephone)  
Mr. Jeffrey Nast  
Dr. Stephen Ondra (absent)  
Ms. Frances Perez-Wilhite  
Dr. Scott Rauch  
Dr. Caroline Tanner  
Dr. Mitchell Wallin  
Dr. Scott Young (absent)

### **Committee Staff:**

Mr. Stanley Corpus  
Mr. John Rukkila  
Dr. Jon Van Leeuwen

### **Designated Federal Officer:**

Dr. Victor Kalasinsky

### **Invited Speakers:**

Mr. Jimmy Arocho, retired U.S. Army (1975 to 1995) Veteran and a volunteer Gulf War patient advocate  
Dr. Drew Helmer, WRIISC, VA New Jersey Health Care System  
Dr. Kristy Lidie, DoD CDMRP  
Dr. Rebecca McNeil, RTI International  
Dr. Matthew Reinhard, WRIISC, Washington, DC VAMC  
Dr. Peter Rumm, VA Office of Post-Deployment Health Services  
Dr. David Savitz, Brown University and National Academy of Medicine Representative  
Dr. Aaron Schneiderman, VA Office of Post-Deployment Health Services  
Dr. Dikoma Shungu, Cornell University

### **VA Personnel**

Dr. J. Wes Ashford, WRIISC, VA Palo Alto Health Care System  
Dr. Karen Block, Office of Research and Development, VACO  
Dr. Katia Gugucheva, Orlando VAMC  
Mr. Anthony Hartie, CDMRP  
Ms. Marsha Turner, VA Office of Research and Development, Cooperative Studies Program

### **Veterans:**

Mr. Richard Collura  
Mr. Robert Krough  
Mr. Gilbert Krough  
Ms. Janine Lutz  
Ms. Angie McLamb (telephone)  
Mr. David Moline (telephone)

Ms. Denise Nichols  
Mr. Gonzalo Vizuete  
Mr. William Watts

**Meeting of the Research Advisory Committee on Gulf War Veterans' Illnesses  
Department of Veterans Affairs**

**LOCATION: Nova Southeastern University  
Center for Collaborative Research 3321 College Ave. Suite 242, Davie, FL 33314**

**Call-in: (800) 767-1750; access code 56978#**

**Watch Online: <http://va-eerc-ees.adobeconnect.com/racgwvi-mar2018/>**

**Agenda  
Tuesday, March 20th, 2018**

<b>2:15 – 2:30</b>	<b>Introductory Remarks</b>	<b>Dr. Stephen Hauser, Chairman Res Adv Cmte on GW Veterans' Illnesses</b>
<b>2:30 – 3:15</b>	<b>GWV Common Data Elements</b>	<b>Dr. Nancy Klimas Nova Southeastern Univ. and Miami VAMC</b>
<b>3:15 – 3:45</b>	<b>ME/CFS Research Consortium</b>	<b>Dr. Rebecca McNeil RTI International</b>
<b>3:45 – 4:15</b>	<b>Measuring Oxidative Stress in the Brain and CFS</b>	<b>Dr. Dikoma Shungu Cornell University</b>
<b>4:15 – 4:30</b>	<b>Break</b>	
<b>4:30 – 5:00</b>	<b>Committee Discussion</b>	<b>Dr. Stephen Hauser, Chairman Res Adv Cmte on GW Veterans' Illnesses</b>
<b>5:00 – 5:30</b>	<b>Public Comment</b>	
<b>5:30</b>	<b>Adjourn</b>	

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**Agenda**

**Wednesday, March 21st, 2018**

<b>9:00 – 9:15</b>	<b>Introductory Remarks</b>	<b>Dr. Stephen Hauser, Chairman Res Adv Cmte on GW Veterans' Illnesses</b>
<b>9:15 – 9:45</b>	<b>Overview of the PDHS Registries and the Environmental Health Program</b>	<b>Dr. Peter Rumm VA Office of Post-Deployment Health Services</b>
<b>9:45 – 10:30</b>	<b>Blast Injury and Cardiopulmonary Symptoms in U.S. Veterans</b>	<b>Dr. Drew Helmer WRIISC, VA-NJ Health Care System</b>
<b>10:30 – 10:45</b>	<b>Break</b>	
<b>10:45 – 11:30</b>	<b>NAM Report: VA Airborne Hazards Registry</b>	<b>Dr. David Savitz Brown University and NAM Representative</b>
<b>11:30 – 12:15</b>	<b>VA Registries Round Table Discussion</b>	<b>Dr. Stephen Hauser, Chairman Res Adv Cmte on GW Veterans' Illnesses</b>
<b>12:15 – 12:45</b>	<b>Committee Discussion</b>	<b>Dr. Stephen Hauser, Chairman Res Adv Cmte on GW Veterans' Illnesses</b>
<b>12:45 – 1:45</b>	<b>Lunch</b>	
<b>1:45 – 2:15</b>	<b>NIH-VA Gulf War Illness Deep Phenotyping Study</b>	<b>Dr. Matthew Reinhard Washington, DC VAMC</b>
<b>2:15 – 3:00</b>	<b>VA Update on RAC Recommendations and other Topics of Interest</b>	<b>Dr. Victor Kalasinsky VA Office of Research and Development</b>
<b>3:00 – 3:45</b>	<b>Gulf War Illness Research Program Overview and Update</b>	<b>Dr. Kristy Lidie CDMRP, Department of Defense</b>
<b>3:45 – 4:30</b>	<b>Committee Discussion</b>	<b>Dr. Stephen Hauser, Chairman Res Adv Cmte on GW Veterans' Illnesses</b>
<b>4:30 – 5:00</b>	<b>Public Comment</b>	
<b>5:00</b>	<b>Adjourn</b>	

**Meeting of the Research Advisory Committee on Gulf War Veterans' Illnesses  
U.S. Department of Veterans Affairs**

**March 20, 2018**

**Davie, FL**

**Minutes**

**Introductory Remarks:**

—**Dr. Stephen Hauser, Chair, Research Advisory Committee on Gulf War Veterans' Illnesses**

Dr. Hauser opened the Committee meeting, welcomed participants, and asked Committee members to introduce themselves. He thanked retiring Designated Federal Officer for the Committee, Dr. Victor Kalasinsky, for his service and acknowledged that Dr. Kalasinsky has been the glue holding the Committee together. Dr. Hauser announced that goals of the current meeting and the planned agenda. Dr. Hauser introduced fellow Committee member Dr. Klimas as the facility host for the meeting, and she welcomed the Committee and participants to the facility. Before beginning the first presentation, Dr. Hauser asked all the Gulf War Veterans in attendance to stand so they could be recognized for their service.

**Session 1: Gulf War Illness Common Data Elements**

—**Dr. Nancy Klimas, Nova Southeastern University and Miami VAMC**

Dr. Klimas reviewed the VA-funded field-based meeting she organized on development of Gulf War illness Common Data Elements (CDE). The purpose of the meeting was to identify CDEs used in clinical research, develop common definitions, and standardize case report forms that help investigators conduct clinical research through uniform formats to systematically collect, analyze, and share clinical data. This effort builds on the recent collaborative project between the National Institute of Neurological Disorders and Stroke (NINDS) and Centers for Disease Control (CDC) to develop CDEs for Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS). The goals of the NINDS-CDC project are to increase the efficiency and effectiveness of clinical research studies and treatment, increase data quality, facilitate data sharing, aggregate information across studies, and help educate new clinical investigators, and the GWI CDE project intends to achieve this as well. NINDS and CDC encourage the use of CDEs by the clinical research community to expedite study start-up, standardize data collection, and allow for future data sharing. Dr. Klimas described how work groups at the GWI field meeting reviewed ME/CFS CDE modules and discussed their applicability to GWI, including components to keep, remove, or add for GWI-specific CDE. Dr. Klimas discussed the challenges in the coming year to develop CDE for highly complex multisymptom GWI and to develop consensus on how to adopt the CDE. She stated that over the next three months a group review process will complete a draft to be reviewed in a public comment period of about 30 days followed by a series of conference calls to incorporate comments into a final product. In continued discussion and questions Dr. Klimas stated that now is the perfect time to develop GWI CDE because the effort will complement the GWI deep phenotyping that is currently in the planning stages in collaboration with the NIH.

**Session 2: ME/CFS Research Consortium**

—**Dr. Rebecca McNeil, RTI International**

Dr. McNeil described the NIH ME/CFS Data Management Centers Consortium (DMCC) that provides data management and logistical support for the NIH ME/CFS Research Consortium and she suggested

how the VA could apply similar approaches within the VA. The DMCC is managed by RTI International, an independent, nonprofit research institute that provides services for clients worldwide. Dr. McNeil described different models for collaborative research, noting that a Collaborative Research Consortium as one model. The Consortium involves Columbia University, Canadian Institutes of Health Research, Cornell University, Jackson Laboratory, and is funded by two institutes at the NIH (i.e., NINDS and NIAID). The DMCC provides flexible and scalable infrastructure, expandable in management and data collection domains, with specific support for IRB review, protocol development, data collection and capture, and clinical study auditing and monitoring. DMCC provides Clinical research coordination to ME/CFS research with multi-site trials. DMCC focuses on providing infrastructure and support for research, creating electronic records system tools such as clinical reminders and participant flags, building trainings and webinars, and developing improved patient trust. Dr. McNeil noted that “it would be an immense resource...a complete game changer” to link the VA system with the Defense Manpower Data Center information on military personnel during and after their deployment to flag people and invite them to participate in research. Dr. McNeil pointed out that, despite many logistical challenges, the VA has strong foundations for supporting multisite research—citing the Cooperative Studies Program, War Related Illness and Injury Study Centers—and that the VA also has tools for building research infrastructure and knowledge and trust. She then gave suggestions for how to adopt a collaborative research consortium model for GWI, given the similarities to CFS. In follow-up discussion, Veterans also pointed out the importance of the Veteran-to-Veteran communication for sharing information and recruiting research participants.

### **Session 3: Measuring Oxidative Stress in the Brain and CFS**

—**Dr. Dikoma Shungu, Cornell University**

Dr. Shungu described his research exploring the role of oxidative stress in CFS and discussed potential relevance to GWI, including therapeutic implications. He presented oxidative stress as a pathophysiological model of CFS and discussed that glutathione (GSH) levels in tissue can serve as a sensitive marker of oxidative stress. He went on to discuss that levels of GSH in the brain can be measured noninvasively with proton magnetic resonance spectroscopy. Dr. Shungu presented recent research results from his lab that aimed to determine whether the GSH precursor acetylcysteine (NAC) could increase cortical GSH levels and impact CFS symptoms. Dr. Shungu shared the preliminary positive results from his lab but indicated they are pending publication and noted that the study was not placebo-controlled and so the placebo effect was likely considerable. He concluded that this pilot study provides a rationale for pursuing larger randomized, placebo-controlled studies in CFS. The neuroimaging methodology described by Dr. Shungu is applicable to studies of other unexplained multisymptom diseases in which oxidative stress is implicated.

### **Committee Discussion**

—**Dr. Stephen Hauser, Chair, Research Advisory Committee on Gulf War Veterans’ Illnesses**

Proceedings from the first day of the meeting did not permit time for a separate overall discussion session, but Committee Chair moderated follow-up discussion by Committee members after each of the three afternoon presentation sessions.

### **Public Comment**

William Watts, Gulf War Veteran, spoke about coming to the VA and noted concern about dirty facilities, antiquated equipment, exposure to deadly diseases, difficulty parking, no travel coverage for study participants, too-small reimbursement for research participation, and often non-sensical questions on research questionnaires. He said bariatric and cryotherapy treatments are potential therapies not available to him. He noted that for “first Gulf War people, there’s nothing out there for us,” especially the lack of

VA-organized therapeutic recreational activities such as music therapy, skin diving, fishing, and sailing often provided by non-VA organizations to Veterans as organized stress-releasing activities. He complained that personnel at VAs often don't listen to what Veterans have to say. Mr. Watts emphasized that Veterans share information and talk among themselves and they would rather hear about research from one of their fellow Veterans than from a doctor or nurse.

Robert Krough, Gulf War Veteran with the 82<sup>nd</sup> Airborne, spoke of how he and several hundred other Veterans have been waiting for years to see Dr. Klimas in her clinic but she does not have sufficient help. He acknowledged an offer by Dr. Klimas to be referred to the Choice Program, but he noted how too often it is impossible to get a primary care physician to do anything about seeing the people that are going to help him. He expressed that he feels that as Gulf War Veterans, "we're totally forgotten."

Gilbert Krough, Vietnam Veteran, and father of Robert Krough, asked about the lack of research on possible correlation or association of his acknowledged Agent Orange disabilities as a Vietnam Veteran and whether his Gulf War Veteran son may have inherited the father's disability. He questioned that no association has been made for Gulf War Veterans with exposure to burned oil wells and radioactive materials.

Angie McLamb, Gulf War Veteran, Desert Storm, on the phone line recommended holistic treatments such as acupuncture that resolved numbness in her arms and legs and cryotherapy that helped her to feel better. Ms. McLamb also inquired about boosting glutathione in the brain.

Denise Nichols, Gulf War Veteran, spoke about the importance of VA provider education as well as integrative medicine and environmental medicine.

### **Adjourn**

Dr. Hauser, RAC-GWVI Chair, adjourned the Committee meeting and noted continuation of the meeting on Wednesday, March 21st.

**Meeting of the Research Advisory Committee on Gulf War Veterans' Illnesses  
U.S. Department of Veterans Affairs**

**March 21, 2018**

**Davie, FL**

**Minutes**

**Introductory Remarks**

**—Dr. Stephen Hauser, Chair, Research Advisory Committee on Gulf War Veterans' Illnesses**

Dr. Hauser, RAC-GWVI Chair, reconvened the Committee meeting, welcomed the Committee to continuation of the meeting, and asked Committee members who were not present at the beginning of the meeting on Tuesday to introduce themselves. He noted that Committee members and invited speakers would together continue discussion on the NIH-VA collaborative deep phenotyping study as well as the development of the Centers concept. Dr. Hauser noted that in one of its recommendations last year the Committee identified eight key areas for VA to explore when developing a pilot for the system. He indicated that RAC-GWVI meetings this year would address several of these key areas, and this meeting would consider the VA Post-Deployment Health Services registry program and data. Dr. Hauser introduced Dr. Rumm as the presenter for the first session on an overview of the VA Post Deployment Health Services (PDHS) registries.

**Session 4: Overview of the PDHS Registries and the Environmental Health Program**

**—Drs. Peter Rumm and Aaron Schneiderman, VA Office of Post-Deployment Health Services**

Dr. Rumm presented an overview of the VA PDHS registries and the Environmental Health Program. He described in detail the six registries and the reasons for their use in assessing Veterans health problems related to exposures during military service. Dr. Rumm explained that VA PDHS registries present opportunities to more comprehensively understand Veterans' health issues, heighten outreach with Veterans, and increase coordination with epidemiology and research. He also noted the VA PDHS registries have limitations that must be considered, particularly related to working with the data. For the future, he said, the Department of Defense (DoD) and VA are creating the Individual Longitudinal Exposure Record (ILER) that is a real-time, long-term exposure record matched to health status and health history of active duty personnel and Veterans. The ILER will link individuals to exposure events and provide context-specific exposure-related data. To increase education and improve management of the VA PDHS registries and environmental health program, Dr. Rumm announced the PDHS is sponsoring a training conference for environmental health coordinators and lead clinicians in St. Louis in July. To close the presentation, Dr. Schneiderman summarized strengths and weaknesses of the VA PDHS registries and elaborated further on associated challenges and opportunities. He also gave an update on PDHS Gulf War epidemiology research and the Gulf War Follow-up Study, including planning analyses and the review of data and re-entry of 2005 data that will be complete by mid-summer.

**Session 5: Blast Injury and Cardiopulmonary Symptoms in U.S. Veterans**

**—Dr. Drew Helmer, WRIISC, VA New Jersey Health Care System**

Dr. Helmer presented a study done using data from the Airborne Hazards and Open Burn Pit (AH&OBP) Registry and gave an overview of its utility in clinical and surveillance activities. He gave an overview of a recent research publication that used registry data to reveal that exposure to blast waves during military deployment may lead to adverse health effects besides traumatic brain injury, specifically respiratory

problems. The analysis of AH&OBP Registry data identified an association between self-reported blast exposure and cardiopulmonary symptoms, providing proof of concept of the value of research analyses conducted using registry data. He also noted AH&OBP data are more powerful when used in conjunction with other data. He said despite the limitations of data in the AH&OBP registry, there is still the potential of registry data to inform outreach, engagement, and surveillance efforts. Dr. Helmer raised a methodologic question, however, about “the extent that you can test a question using the registry data, when do you have the power necessary to do that? And could it be that we’re already there?” He pondered whether, in terms of research, the VA registries, especially the online questionnaire data, reach a plateau beyond which “we don’t need everybody to complete this questionnaire anymore; we just need to get them in for care, and then start to manage their diseases and their symptoms, instead of asking the questions in this way.”

### **Session 6: NAM Report: VA Airborne Hazards Registry**

#### **—Dr. David Savitz, Brown University and National Academy of Medicine Representative**

Dr. Savitz reviewed the National Academy of Medicine (NAM, formerly the Institute of Medicine) report, *Assessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry*, which assessed the VA Airborne Hazards and Open Burn Pit (AH&OBP) Registry. He explained the NAM was tasked with providing recommendations to the VA on how to best ascertain and monitor the health effects of exposure to open burn pits and other airborne hazards. Dr. Savitz reviewed that advantages of environmental health registries are their use for collecting and maintaining registrant data for a specific disease, condition, exposure, or event to provide information, monitor health, and facilitate research. Disadvantages include limited scientific value of the data due to selective participation, faulty recall, inaccurate information, and that it is vulnerable to biased estimates of exposure–disease associations. The report, Dr. Savitz noted, concluded there are inherent limitations of voluntary participation and self-reported data; however, he said the data collected bring the concerns of Veterans to the attention of VA and their health care providers as well as generate hypotheses to stimulate and inform research. Dr. Savitz said well-designed epidemiologic studies would be needed to accurately evaluate health effects and that registry data should be available for download and made useful for routine clinical encounters by creating a concise version of participant’s questionnaire responses.

### **VA Registries Round Table Discussion**

#### **—Dr. Stephen Hauser, Chair, Research Advisory Committee on Gulf War Veterans’ Illnesses**

#### **—Invited Guests and Research Advisory Committee on Gulf War Veterans’ Illnesses**

The Round Table Discussion opened with Gulf War Veteran, Jimmy Arocho, giving a personal account of his experiences with VA Post Deployment Health registries available to Gulf War Veterans. Mr. Arocho is a retired U.S. Army (1975 to 1995) Veteran and a volunteer Gulf War patient advocate. He said that although he actively and conscientiously participates in the VA system, his experience with VA healthcare, particularly for Gulf War issues, is mixed and all too often comes to a dead end. He described difficulties he had completing the VA Airborne Hazards and Open Burn Pit registry and the lack of follow-up from the VA, which dissuaded him from completing additional registries. The session opened up to involve additional panel participants: Drs. Helmer, Lidie, Reinhard, Savitz, and Shungu. The discussion covered a range of topics related to VA registries and how they can be used to support the research and clinical missions of the VA. Although assistance with completing registries is available at VA medical facilities through Environmental Health Coordinators (EHCs), Dr. Rumm noted they lack standardized procedures and policies and provide EHC services as a secondary function. Many of them are located in compensation and pension, or in primary care, and not in standalone environmental health clinics. Dr. Helmer stated each of the registry directives says it is the facility director’s responsibility to ensure access to these exams, but it is an unfunded mandate that gets covered too often by assignment of

whatever personnel happen to be available. For instance, Dr. Rumm noted that over a third of EHCs are grouped with compensation and pension and another 40% are with primary care. Dr. Rumm described the varied assigned duties for EHCs and noted senior VA administration is now pushing Veterans Integrated Service Networks (VISN) directors to get high-quality VISN clinical leads and coordinators as well as nationally coordinated training. He cited that Post Deployment Health Services was named a foundational service and the EHCs and clinicians are now seen as a high priority. He stated that VISNs are mandated to direct resources to foundational services, which has enabled his organizing of a national training conference that will include getting physicians training on Gulf War illness. Committee members noted that registries can be a resource to support recruitment of research study participants but the process depends largely on motivated staff and Veteran advocates to be successful. Dr. Savitz noted that although the most attainable goal of registries relates to Veteran concern for health conditions, registries should be a mechanism to inform Veteran medical care with their providers and get information of concern to the Veteran into the healthcare process. Committee member Dr. Hunt cited the need to integrate priorities and summaries in the registry process not as something that is done just for research but as a step in the workflow of healthcare. Dr. Helmer stated, “we probably can’t expect clinicians at every facility to be researchers. But if we have some common data elements that are core to Gulf War illness, and we have a registry exam that Veterans want to engage with, and that actually meets needs, their needs, and improves their experience of care at the VA, perhaps we could incorporate some of those core common data elements into the registry exam.”

### **Committee Discussion**

—**Dr. Stephen Hauser, Chair, Research Advisory Committee on Gulf War Veterans’ Illnesses**

The scheduled follow-up discussion was wrapped in with the preceding round table discussion.

### **Session 7: NIH-VA Gulf War Illness Deep Phenotyping Study**

—**Dr. Matthew Reinhard, Washington, DC VAMC**

Dr. Reinhard presented an update on the GWI deep phenotyping study, which was a RAC-GWVI recommendation from last year. He explained that as a continuing priority this year, the VA is adding a sister protocol to the NIH study on post-infectious chronic fatigue syndrome with the primary goal of exploring clinical and biological phenotypes of GWI in Veterans of Operation Desert Storm/Desert Shield (ODS/S). Dr. Reinhard described that the study will be hypothesis generating and will recruit 75 Veterans to be part of two study groups of Veterans deployed to ODS/S: 50 with GWI and 25 asymptomatic. Study eligible Veterans selected through chart and phone review at five VA sites will be connected to the NIH study staff for a phenotyping visit at the NIH Clinical Center. VA staff with special volunteer NIH credentials at the WRIISC in Washington, DC, will establish initial contact with study Veterans and work with the participants throughout the study. A state-of-the-art phenotyping visit of about 10 days at the NIH Clinical Facility is designed to clearly define and document characteristics of the study population, collect biological samples, and determine case status and eligibility for the exercise stress test. Dr. Reinhard explained that the analysis approach is exploratory in nature with the objectives of comprehensively characterizing GWI phenotypes, including immune system signaling, the microbiome, and physical and cognitive function. Regarding computational statistics, Dr. Reinhard’s presentation slides noted that the NIH plans to approach data analyses with state-of-the-art techniques at the end of the study, and the VA protocol will include rolling analyses looking at preliminary data along the way.

### **Session 8: VA Update on RAC Recommendations and Other Topics of Interest**

—**Dr. Victor Kalasinsky, VA Office of Research and Development**

Dr. Kalasinsky presented a brief overview and updates of the VA ORD GW research program funding, projects, strategies, and progress on RAC-GWVI recommendations. He noted recent Gulf War research

projects selected for funding and that the NIH-VA collaboration study for deep phenotyping of Gulf War illness recommended by the RAC-GWVI is moving forward. To emphasize the connectedness of research and clinical care, Committee Chair Dr. Hauser stated that the “...only way to succeed in the research mission is to connect it to the clinical mission. And that understanding better ways to give clinical care, to deliver clinical care, is a research question.” Dr. Kalasinsky further emphasized the connection of research and clinical practice by noting that many VA researchers are clinician-researchers and this connection of research and clinical practice is part of the reason the VA research office exists within the Veterans Health Administration. He noted that he will brief Dr. Clancy, the VHA Executive in Charge, on the 2017 RAC-GWVI recommendations, and that the coordinated centers hub-and-spoke concept was presented January 11<sup>th</sup> at Secretary of Veterans Affairs - Advisory Committee Chairs - Designated Federal Officers Strategic Summit 2018. Dr. Kalasinsky reviewed continuing VA-DoD collaboration and noted minor updates to the GW Research Strategic Plan.

### **Session 9: Gulf War Illness Research Program Overview and Update**

#### **—Dr. Kristy Lidie, CDMRP, Department of Defense**

Dr. Lidie gave an overview of the Gulf War Illness Research Program (GWIRP) that is part of the Department of Defense’s Congressionally Directed Medical Research Programs (CDMRP). She explained that the CDMRP funds, executes, and manages collaborative biomedical research to discover, develop, and deliver healthcare solutions for Service Members, Veterans, and the American Public. Dr. Lidie spoke about the history of CDMRP and covered the specific mission of the GWIRP, including past funding and the current landscape for GWI. She discussed that they are developing a 3- to 5-year strategic plan that will be released later this year and posted to the CDMRP website. Dr. Lidie noted 2018 priorities emphasize pursuing clinical trials, investigator-initiated focused research (including replication/validation of previous research observations), qualitative research related to care and treatment, and submission of samples and data to the GWIRP-supported Biorepository Resource Network as well as establishing common data elements and sample standardization. Dr. Lidie said CDMRP has this year also outlined plans and program overview with direction and goals for the GWIRP that includes measurable outcomes for tracking and informing future initiatives. She also provided several examples of how DoD GWIRP and relevant VA research programs coordinate.

### **Committee Discussion**

#### **—Dr. Stephen Hauser, Chair, Research Advisory Committee on Gulf War Veterans’ Illnesses**

The afternoon Committee discussion session was truncated given that several preceding sessions were extended and covered discussion topics. Committee members discussed the GWI deep phenotyping study happening in partnership with NIH, including an upcoming planning meeting in DC. Committee members discussed continued emphasis on Centers and the Hub-and-Spoke model and what would be needed to continue moving this idea forward. The coming modernization requirement for the VA electronic medical record was discussed and noted as a real opportunity for the VA to lead in taking advantage of using electronic health records to support clinical and research efforts.

### **Public Comment**

Kelsey DeSantis, Veterans Resource Coordinator at Nova Southeastern University (NSU), stated the need for more complete research support for all Veterans, in particular more high-level academic research as well as clinical research on the use of marijuana for the post-traumatic stress driving the high suicide rate among Veterans. Committee members replied to review the various initiatives being followed by the VA to address suicide.

William Watts, Gulf War Veteran, thanked researchers trying to look out for Veteran well-being. He asked that the VA look into the effect of compulsive gambling on Veteran suicide rate.

Paula Lazeri who works with Dr. Klimas stated the importance of researching the interaction between the microbiome and human cells as possible root cause for health problems in Veterans.

Allison Vestez, a hematologist by training who practices integrative medicine at NSU, questioned whether sufficient numbers of clinicians are available and the need to determine how many will be needed in the future to get the hub-and-spokes Centers model going.

David Moline, Gulf War Veteran, on the phone line spoke of the lack of communication among clinicians and the lack of funding for research participant travel.

Angie McLamb, ill Gulf War Veteran, requested information about Gulf War research and was referred by Dr. Hauser to review the RAC-GWVI weekly research alerts. She cited the lack of medical records documentation for National Guard Veterans who often went to civilian doctors.

Denise Nichols, Gulf War Veteran, spoke about the importance of maintaining patience and an open heart in caring for Veterans.

### **Adjourn**

Dr. Hauser, RAC-GWVI Chair, adjourned the Committee meeting and announced the Committee will meet again in June of 2018.