ADVISORY COMMITTEE ON GULF WAR VETERANS

Changing the Culture: Placing Care Before Process

September 2009

Department of Veterans Affairs
Advisory Committee on Gulf War Veterans

September 29, 2009

The Honorable Eric K. Shinseki
Secretary
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420

Dear Secretary Shinseki:

On behalf of the Advisory Committee on Gulf War Veterans, I am pleased to submit our final report. With the exception of one dissenting vote relating to the Committee's recommendation that Gulf War I Veterans be included in the Post Deployment Integrated Care Initiative (PDICI), the report represents the unanimous, collaborative work product of the Committee members.

First, I would like to thank the Department of Veterans Affairs (VA) for giving us the opportunity to assess both the effectiveness of existing benefits and services and to determine the need for new initiatives and policies that pertain exclusively to Gulf War I Veterans. We are honored to participate in your vision of transforming the Department of Veterans Affairs into a 21st century organization while ensuring that the needs of Gulf War I Veterans are met.

The members of the Advisory Committee offered a wide range of perspectives, experiences, and expertise. The body included active duty and retired service members, Veterans of Gulf War I and other conflicts, Veterans Service Organizations' representatives, medical experts, a widow and family members of Gulf War I service members. We identified six prevailing health care and benefits themes raised during the course of our work: (1) health care priority, (2) access to care, (3) undiagnosed illnesses, (4) classification of Gulf War I records, (5) outreach, and (6) timeliness. The Committee is hopeful that you will carefully consider implementing each of our recommendations and giving Gulf War I Veterans the benefits and services they have earned and rightfully deserve.

The Honorable Eric Shinseki

We offer our sincere appreciation to your staff at the VA Central Office and throughout the field offices for availing themselves and providing resources as we carried out our charter. We also extend our sincere thanks to the Veterans, Veterans' advocates and stakeholders, and all who provided their input in this report. Many across the United States traveled to attend the meetings, called into the toll-free teleconference line and wrote letters to the Committee. Finally, we thank all Gulf War I Veterans for their honorable service.

Sincerely,

Charles L. Cragin
Chairman

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INTRODUCTION

Nearly 700,000 troops were deployed to the Persian Gulf region between August 1990 and July 1991. The pace of the buildup for the Gulf War was unprecedented. Within five days after Iraq invaded Kuwait, the United States began moving troops into the region as part of Operation Desert Shield. By September 15, 1990, the number of American service members reached 150,000 and included nearly 50,000 members of the National Guard and Reserve. Within the next month, another 60,000 troops arrived in Southwest Asia; in November, an additional 135,000 Reservists and National Guard members were called up. By February 24, 1991, more than 500,000 United States troops had been deployed to the Persian Gulf region. In addition to the United States troops, a coalition force of 34 member countries was eventually assembled.

The Gulf War reflected many changes from previous wars, particularly in the demographic composition of military personnel and the uncertainty of conditions for many Reservists. Of the nearly 700,000 United States troops who fought in Operation Desert Shield and Operation Desert Storm, almost 7 percent were women and about 17 percent were from National Guard and Reserve units. Military personnel were, overall, older than those who had participated in previous wars with a mean age of 28 years. Seventy percent of the troops were non-Hispanic/White; 23 percent were Black and 5 percent were Hispanic[1]. Rapid mobilization exerted substantial pressure on those who were deployed, disrupting lives, separating families, and, for Reserve and National Guard units, creating uncertainty about whether jobs would be available when they returned to civilian life.

Living Conditions

Combat troops were crowded into warehouses and tents on arrival and then often moved to isolated desert locations. Most troops lived in tents and slept on cots lined up side by side, affording virtually no privacy or quiet. Sanitation was often primitive, with strains on latrines and communal washing facilities. Hot showers were infrequent, the interval between laundering uniforms was sometimes long, and desert flies were a constant nuisance, as were scorpions and snakes. Military personnel worked long hours and had narrowly restricted outlets for relaxation. Troops were ordered not to fraternize with local people, and alcoholic drinks were prohibited in deference to religious beliefs in the host countries. A mild, traveler's type of diarrhea affected more than half of the troops in some units. Fresh fruits and vegetables from neighboring countries were identified as the cause and were removed from the diet. Thereafter, the diet consisted mostly of packaged foods and bottled water.

For the first two months of troop deployment (August and September 1990) the weather was extremely hot and humid, with air temperatures as high as 115°F and sand temperatures reaching 150°F. Except for coastal regions, the relative humidity was less than 40 percent. Troops had to drink large quantities of water to prevent dehydration. Although the summers were hot and dry, temperatures in winter (December – March)

[1] SC Joseph, "A Comprehensive Clinical Evaluation of 20,000 Persian Gulf War Veterans" Mil Med 162(3): 149-155 (1997)

were low, with wind-chill temperatures at night dropping to well below freezing. Wind and blowing sand made protection of skin and eyes imperative. Goggles and sunglasses helped somewhat, but visibility was often poor.

Environmental and Chemical Exposures

The most visually dramatic environmental event of the Gulf War was the smoke from more than 750 oil-well fires. Smoke plumes from individual fires rose and combined to form giant plumes that could be seen for hundreds of kilometers. There were additional potential sources of exposure to petroleum-based combustion products. Kerosene, diesel, and leaded gasoline were used in unvented tent heaters, cooking stoves, and portable generators. Exposures to tent-heater emissions were not specifically documented, but a simulation study was conducted after the war to determine exposure. Petroleum products, including diesel fuels, were also used to suppress sand and dust, and petroleum fuels were used to aid in the burning of waste and trash.

Pesticides were widely used by troops in the Persian Gulf to combat the region's ubiquitous insect and rodent populations; and although guidelines for use were strict, there were many reports of misuse. Indeed, many troops wore dog flea collars for personal insect deterrence. The pesticides used included methyl carbamates, organophosphates, pyrethroids, and chlorinated hydrocarbons. The use of those pesticides is reported in numerous reports; however, objective information regarding individual levels of pesticide exposure is generally not available.

Many exposures could have been related to particular occupational activities in the Gulf War. The majority of occupational chemical exposures appear to have been related to aircraft operations (jet fuel, hydraulic fluid, and lubricants), repair and maintenance activities, including battery repair (corrosive liquids), cleaning and degreasing (solvents, including chlorinated hydrocarbons), sandblasting (abrasive particles), vehicle repair (asbestos, carbon monoxide, and organic solvents), weapon repair (lead particles), and welding and cutting (chromates, nitrogen dioxide, and heated metal fumes). In addition, troops painted vehicles and other equipment used in the gulf with a chemical-agent-resistant coating either before being shipped to the gulf or at ports in Saudi Arabia. Working conditions in the field were not ideal and recommended occupational-hygiene standards might not have been followed at all times.

Exposure of United States personnel to depleted uranium (DU) occurred as the result of "friendly fire" incidents, cleanup operations, and accidents (including fires). Others might have inhaled DU dust through contact with DU-contaminated tanks or munitions.

Threat of Chemical and Biologic Warfare

When United States troops arrived in the gulf, they had no way of knowing whether they would be exposed to biologic and chemical weapons. Iraq previously had used such weapons in fighting Iran and in attacks on the Kurdish minority in Iraq. Military leaders feared that the use of such weapons in the gulf could result in the deaths of tens of thousands of Americans. Therefore, in addition to the standard vaccinations before

military deployment, about 150,000 troops received anthrax vaccine and about 8,000 botulinum toxoid vaccine. In some cases, vaccination records were kept, and they provide an objective measure of exposure in addition to self-reporting by troops.

Troops were also given blister packs of 21 tablets of Pyridostigmine Bromide (PB) to protect against agents of chemical warfare, specifically nerve gas. Troops were to take PB as a precaution against a chemical-warfare attack. Chemical sensors and alarms were distributed throughout the region to warn of such attacks. The alarms were extremely sensitive and could be triggered by many substances, including some organic solvents, vehicle-exhaust fumes, and insecticides. Alarms sounded often and troops responded by donning the confining protective gear and ingesting PB as an antidote to nerve gas. In addition to the alarms, there were widespread reports of dead sheep, goats, and camels, which troops were taught could be an indication of the use of chemical or biologic weapons. The sounding of the alarms, the reports of dead animals, and rumors that other units had been hit by chemical warfare agents caused the troops to be concerned that they would be or had been exposed to such agents.

Despite the small numbers of United States personnel injured or killed during combat in the Gulf War, the troops, as in any war, faced the fear of death, injury, or capture by the enemy. After the war, there was the potential for other exposures, including United States demolition of a munitions storage complex at Khamisiyah, Iraq, which – unbeknownst to demolition troops at the time – contained stores of Sarin and cyclosarin.

It has been documented from the Civil War to the Gulf War that a variety of physical and psychological stressors have placed military personnel at a potentially higher risk for adverse health effects. In addition to the threat or experience of combat, the Gulf War involved rapid and unexpected deployment, harsh living conditions, and anticipation of exposure to chemical and biologic agents, environmental pollution from burning oil fires, and family disruption and financial strain.[2]

Gulf War I Stressors – Chemical-Biological (CB) Threat and False Alarms

Veterans who deployed to Saudi Arabia in support of Operations Desert Shield and Desert Storm from 1990 – 1991 (herein referred to as "Gulf War I") were exposed to a wide variety of stressors. However, what seems to have been forgotten is that stressors of war evolve over the time line of many different war experiences: pre-deployment, deployment, sustainment, hostilities, reunion and reintegration. During Gulf War I, American forces sustained 148 combat dead, 145 non-battle deaths, 21 prisoners of war and 467 wounded in action.[3] The forecasts had been for tens of thousands of deaths, and for chemical and biological warfare attacks. During the weeks leading up to ground combat, there were frequent alarms for chemical attacks and Scud missile attacks. The former were virtually always false alarms, but they were powerful stressors nonetheless.

[2] Portions of the Introduction are adapted from Carolyn E. Fulco, ed., Gulf War and Health, Volume 1, Institutes of Medicine, (2000)

[3] Robert Gifford, Robert Ursano, John Stuart, & Charles Engle, "Stress and Stressors of the Early Phases of the Persian Gulf War," Philosophical Transactions of The Royal Society 361(1468): 585-591 (2006)

As service members entered ground combat, they had no way of knowing that there would be no massive Iraqi chemical attack and that the combat would be a very lopsided contest. To them, this was an extremely dangerous operation with a high risk of death and injury.

Throughout history Veterans have been reluctant to acknowledge injury, physical or mental, as a result of their service. For Veterans of Gulf War I and prior conflicts, it was their responsibility to self-identify problems or symptoms and there are many reasons they may have been reluctant to do so. Veterans may not appreciate or recognize the seriousness of the condition; they may see it as a sign of weakness having been taught to simply "suck it up" and fight through it alone; they believe others are more deserving; their training doesn't encourage them to get in touch with their feelings; they may perceive a level of stigma or fear it will harm their careers, both military and civilian. These attitudes are especially disturbing in Veterans who have been exposed to combat, trauma, violence and death, and are at an elevated risk for mental health illnesses like Post Traumatic Stress Disorder (PTSD). This is an unfortunate byproduct of the military culture that leads to missed or undiagnosed illnesses that affect them for the rest of their lives. Consequently, VA medical and disability benefits are often ignored.

Fortunately, PTSD is recognized by today's military leaders and they are working to reduce the stigma associated with the disorder. All services are educating members about PTSD and what to look for in themselves and other service members. Additionally, the military is integrating mental health care into the general health care process. Leaders reinforce to service members that it is not a sign of weakness and that it is their duty to seek out treatment. Unfortunately, thousands of Veterans with mental health issues from Gulf War I and prior conflicts are still suffering because they have fallen victim to the attitudes or stigmas of the past, or a Department of Veterans Affairs' (VA) bureaucracy focused on physical versus mental injuries.

In addition, there has been a neurological link to a diagnosis of Amyotrophic Lateral Sclerosis (ALS), a disease of motor neurons, to service in the Gulf War. Multiple Sclerosis (MS), a disease of the white matter of the brain, is under investigation by the VA as a potential association with service in the Gulf War. Other neurobiological studies are ongoing seeking to establish a biologic basis for the symptoms expressed in Gulf War illnesses.

The Establishment and Tasking of Advisory Committee on Gulf War Veterans

In April 2008, the Department of Veterans Affairs established the Advisory Committee on Gulf War Veterans to conduct an independent examination of the VA health care and benefits received by Veterans who served in the Southwest Asia Theater of Operations in the Persian Gulf War in 1990-1991 and to provide recommendations on how these Veterans can be better served.

Members of the Committee were selected to provide a broad range of perspectives, experiences and expertise. The Committee includes active duty and retired service

members; Veterans of Gulf War I and other conflicts; Veterans Service Organizations' representatives; medical experts; and the widow of a Gulf War I service member. The Committee membership and biographies can be found at Appendix A.

Committee Activities

Due to the lack of reliable data concerning this population, the Committee was forced to base the majority of its findings on scattered scientific research and anecdotal information. Because of the reliance on such information, the Committee took extra efforts to contact Veterans (both users of VA services and those who did not use VA services) to come before the Committee and report on their personal experiences. The Committee, also in an effort to open communications, broadcasted its meetings via toll free telephone lines, maintained a Committee website with meeting minutes and presentations, and accepted and distributed written testimony from Veterans and family members who could not attend the meetings in person. The Committee held eight public meetings in Washington, DC; Baltimore, MD; Seattle, WA; and Atlanta, GA.

The Committee met with subject matter experts from the Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), National Cemetery Administration (NCA), Board of Veterans' Appeals (BVA), various VA staff offices, the Research Advisory Committee on Gulf War Veterans' Illnesses (RAC), the Centers for Disease Control and Prevention, researchers from the University of Texas Southwestern Medical Center, Veterans Service Organizations, and various State Departments of Veterans Affairs, as well as representatives of the National Guard and Reserves. In addition, the Committee spoke with Veterans and Veterans' family members and received testimony from members of the public at each meeting. Appendix C contains the agendas and locations of each meeting. Appendix D summarizes guest presenters, Gulf War I Veteran panel members, Veterans and other interested parties who communicated with the Advisory Committee on Gulf War Veterans during the public comment periods.

A Generation Later

"Concerns about Gulf War-related health consequences and higher rates of cause-specific mortality continue to persist 18 years after the conflict."[4] These brave men and women answered our nation's call to arms in the first large-scale military mobilization since the Vietnam War. Many of these patriots came from communities across the country as members of the Reserves and National Guard, and upon completion of their honorable military service in a hostile theater of operations, some turned to the VA for help. Some Gulf War I Veterans reported medical conditions which were not properly understood or addressed by health care professionals within VA. Some of these Veterans were falsely accused of malingering and diagnosed as simply "stressed out" over the recent deployment. The majority of the reported symptoms would have prevented deployment and clearly limited job performance capabilities. In many cases, these Veterans believed

[4] Shannon K. Barth, MPH , Han K. Kang, DrPH , Tim A. Bullman, MS, Mitchell T. Wallin, MD, MPH, "Neurological Mortality Among U.S. Veterans of the Persian Gulf War: 13-Year Follow-up," American Journal of Industrial Medicine 52(9):663-70 (2009)

that their honor and personal integrity were challenged by the very professionals entrusted with their health care.

The search for the scientific cause for these complex and unexplained medical conditions hindered the timely and proper care and treatment of this complex of symptoms commonly referred to as Gulf War Illness. When Gulf War I Veterans sought VA care and services, many in the VA community were defensive and reactive. This meant Veterans often did not receive the benefit of the doubt or timely access to quality health care and services. Many Veterans were understandably dissatisfied with the way they were treated and withdrew from the VA community frustrated and more importantly, with many unanswered health questions.

The health risks of Gulf War I Veterans have been and still are a serious challenge to VA. In the words of the Institute of Medicine (IOM), "Every study reviewed by this Committee found that Veterans of the Gulf War report higher rates of nearly all symptoms examined than their non-deployed counterparts."[5] The challenge to the VA is heightened because the number of Gulf War I Veterans with such symptoms is very large and these symptoms have persisted. The IOM noted that the largest and most nationally representative survey of United States Veterans found that nearly 29 percent of deployed Veterans met a case definition of "multi-symptom illnesses" and for many Gulf War I Veterans this remains an unexplained and undiagnosed illness. VA physicians have great difficulty in confirming or categorizing illnesses in these Veterans and are not able to follow through effectively with treatment and care. The Committee heard testimony from many Veterans and researchers suggesting that these symptoms have had an ongoing, limiting and in many instances disabling effect on ability to function in civilian life. Furthermore, testimony to the Committee from Dr. Han Kang, Dr. Robert Haley and others, as well as testimony from many Veterans, suggests that for many of these Veterans, their problems are chronic. In short, as summarized in a 2009 study by the Department of Veterans Affairs, "1991 Gulf War Veterans continue to report a higher prevalence of many adverse health outcomes, both physical and mental, compared with Gulf era Veterans." [6] Because of the non-specificity of their symptoms, Gulf War I Veterans have had a limited and in many ways ineffective response from the VA system.

Another major challenge in dealing effectively with the health issues of Gulf War I Veterans has been the difficulty of establishing a definitive cause for the reported health problems. Gulf War I is unique because of the multiplicity of environmental factors potentially affecting those who served at that time. The Committee notes that the Research Advisory Committee on Gulf War Veterans Illnesses has recently opined that

[5] Gulf War and Health, Volume 4, pages 2 – 3 (2006)
[6] Kang, Han K. DrPH; Li, Bo MA; Mahan, Clare M. PhD; Eisen, Seth A. MD, MSc; Engel, Charles C. MD, MPH, "Health of US Veterans of 1991 Gulf War: A Follow-Up Survey in 10 Years," Journal of Occupational and Environmental Medicine 51(4): 401-410 (2009)

two of these factors, Pyridostigmine Bromide and pesticides, are causally linked to the development of illness in these Veterans. This opinion will undoubtedly be thoroughly reviewed and assessed by VA and others. Regardless of the outcome of that review, the fact that 18 years later we are still assessing this wide array of environmental hazards and still debating which ones might be causally related to illness in this group of Veterans has further constrained an effective response to the health issues of Gulf War I Veterans.

Although there have been many advances which have occurred in the health programs at the Department of Defense (DOD) and VA in recent years, Gulf War I Veterans unfortunately preceded these advances and have not fully benefitted from them.

The Committee has found that VA's processes often prevent the effective and timely delivery of care and benefits to Gulf War I Veterans. The process creates impediments – like the experience with undiagnosed illness. Testimony from Veterans highlighted the frustrations of navigating the VA system and the inability to have their undiagnosed illnesses addressed. Newer approaches to more systematic health evaluation of service members' pre- and post-deployment and newer approaches to more effectively organizing and integrating care and benefits for Veterans with health problems have been very beneficial for Veterans of more recent conflicts, but have not been inclusive of Gulf War I Veterans. There is a clear need to move beyond the somewhat narrow and restrictive confines of treating diagnosable illness to addressing the broader functional limitations which remain as ongoing problems requiring health and social interventions.

Over the course of our proceedings, several recurring health care and benefit themes emerged which confront Gulf War I Veterans. This report groups these themes into six issue categories:

Issue 1: Health Care Priority for Gulf War I Veterans
Issue 2: Access to and Quality of Care for Gulf War I Veterans
Issue 3: Undiagnosed Illnesses
Issue 4: Identification of Gulf War I Veterans in VA Records
Issue 5: Outreach
Issue 6: Timeliness of Communications

The Committee has worked to present recommendations that are people-centric, results-oriented, and forward-looking, in keeping with Secretary Shinseki's announced priorities for the transformation of the Department of Veterans Affairs. Our goal is to improve access to VA benefits and health care services for Veterans of Gulf War I.

ISSUES AND RECOMMENDATIONS

Issue 1: Health Care Priority for Gulf War I Veterans

Recommendation:

1. **Reinstate authority to enroll Gulf War I Veterans into health care Priority Group 6.**

A large number of Gulf War I Veterans during deployment and upon their return began to experience clusters of unexplained symptoms. In many cases health care professionals were unable to connect these symptoms to a defined or known illness. Consequently, Veterans were not able to access medical care and treatment and their VA claims for service-connected disabilities were often denied.

In 1993, Public Law 103-210 authorized the Secretary of Veterans Affairs to provide health care to the Gulf War I Veterans who were not otherwise eligible. In 1996, these Veterans, who were exposed to toxic substances and environmental hazards, were permitted to enroll in VA health care as Priority Group 6. This allowed the VA to treat the Veterans' symptoms and provide VA health care services despite the lack of a defined diagnosis or service-connected disability. This authority expired on December 31, 2002.

This Committee recommends that the Secretary takes such actions as are necessary to eliminate VHA enrollment obstacles to health care and reinstate the authority for VA to enroll eligible Gulf War I Veterans in Priority Group 6. Over the past decade, an extensive body of scientific research has evolved that indicates the medical conditions of Gulf War I Veterans are likely the result of exposure to toxic agents, environmental or wartime hazards, or preventive medicine or vaccines to which service members may have been exposed during service in the Persian Gulf. Research further indicates that for many there has been little change in their medical status or quality of life.

Issue 2: Access to and Quality of Care for Gulf War I Veterans

Recommendations:

1. **Include Gulf War I Veterans in the Post Deployment Integrated Care Initiative or expand the services of Environmental Agents to include services provided through the Post Deployment Integrated Care Initiative.**
2. **Implement specialized programs to educate VA and contract medical personnel on Gulf War I medical issues, research, and regulations.**
3. **Establish a much stronger and more formal health care support mechanism for Veterans at VA facilities by assigning a "Point Man," a friendly and informed person during their initial interaction with the VA.**

The Committee traveled to the Puget Sound VA Medical Center and was briefed on that facility's newly launched Post Deployment Integrated Care Initiative (PDICI) model. This initiative provides comprehensive care by using an integrated team of health care

professionals who are knowledgeable in post-combat medical, behavioral, and psychosocial issues. The VA is in the process of implementing this model in all of its Veterans Integrated Service Networks (VISNs). This model is designed to recognize and respond to the post-combat needs of Veterans. It evolved from the Gulf War Veterans Clinic which was established to care for returning Veterans from Desert Shield and Desert Storm. The Post Deployment Integrated Care Initiative applies those same principles and approaches to Veterans returning from operations in Iraq and Afghanistan. **The Committee recommends that Gulf War I Veterans be included in the PDICI, and that the VA track and evaluate the utilization and effectiveness of the program for Gulf War I Veterans.** Staff members assessing Gulf War I Veterans should be knowledgeable in the symptoms, illnesses, and presumptive diagnoses associated with service in the Gulf War. Furthermore, individuals with training in neurology and neuropsychology should be included on the team, and if not available, then individuals in other medical fields trained in these areas.

Like Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) Veterans, Gulf War I Veterans can benefit from the integrated approach offered by this model. Since Congress has yet to set an end date for the Gulf War Era, access to the Post Deployment Integrated Care Initiative Model should be opened to all deployed Gulf War Era Veterans. Several key VA officials told the Committee that Gulf War I Veterans would greatly benefit by being included in the Post Deployment Integrated Care Initiative. We were also told that VA primary care staffs are now equipped to reevaluate Gulf War I Veterans with the same sensitivity, understanding and insight as they are trained to address the OEF/OIF Veterans.

Alternatively, the Department may want to consider expanding the Environmental Agents Service to perform clinical evaluations of Gulf War I Veterans. Each VA Medical Center has an Environmental Agents/occupational medicine clinic with staff and coordinators experienced in toxin and chemical exposures and knowledgeable of Gulf War I related illnesses that could be expanded into specialty clinical care. The use of established VA personnel with prior expertise in Gulf War I related illnesses and existing space allows for ease of implementation and, most importantly, allows for optimal access to care for Veterans.

The Committee recommends the implementation of specialized programs to educate VA and contract medical personnel on Gulf War I medical issues, research, and regulations. Expanding the Post Deployment Integrated Care Initiative is an excellent step towards providing Gulf War I Veterans the health care services they deserve. However, additional work is needed to improve care and increase awareness and knowledge about medical issues that may be related to service in Gulf War I. Further efforts are needed to update and upgrade the diagnostic services available to Gulf War I Veterans. The Department must educate all VA health care professionals on the unique needs of Gulf War I Veterans so they will be fully equipped to effectively treat their conditions and conduct appropriate evaluation exams.

VA should implement specialized training and specialists programs to ensure that all compensation and pension examiners, primary care clinicians, and contract medical personnel/examiners (e.g. QTC) have a complete understanding of the research, medical issues, and regulations related to deployments in Gulf War I. In addition, VA should educate staff answering the 24-hour toll free telephone number on issues related to Gulf War I Veterans. Training should be mandatory and conducted annually. A senior VA primary care physician said that medical opinions are based on the doctors' skill sets and knowledge – and if doctors are taught the right way, they will provide the correct care.

The VA system itself presents an impediment to care and services. It is a complex bureaucracy, often requiring the Veteran to have a full understanding of where to go and what to ask for in order to receive the appropriate information, care, or benefit. This can be especially difficult to navigate when a Veteran is experiencing medical issues, physical or mental health issues, for which he or she has no clear explanation. The VA must take efforts to assist Veterans in navigating the entire system of care and benefits available to Veterans. Pointing Veterans towards pamphlets and forms does not provide the level of care, education, and assistance that Veterans deserve.

The Committee recommends that VA provide Veterans with a guide to assist them in navigating through the complex VA health care and benefits system. This "point man" should be knowledgeable in all VA areas and enhance the Veterans' experience with VA by providing friendly, personal, and expert assistance.

Issue 3: Undiagnosed Illnesses

Recommendations:

1. **Eliminate the end date for the presumptive period for compensation for Undiagnosed Illness in Gulf War I Veterans.**
2. **Apply the same standardized diagnostic criteria in VHA diagnoses and VBA ratings for Undiagnosed Illness.**

Enacted in 1994, Public Law 103-446 authorized VA to compensate Gulf War I Veterans with a chronic disability resulting from an undiagnosed illness that became manifest either during service on active duty in the Southwest Asia Theater of Operations during the Persian Gulf War or to a 10 percent degree or more during the presumptive period determined by the Secretary of VA. Very few Veterans have been compensated for undiagnosed illnesses. According to the February 2008 Gulf War Veterans Information System Report, of the 11,552 Veterans who submitted claims for undiagnosed illness 8,706 (75 %) were denied. Due to the complexity of undiagnosed illness claims, Veterans testifying before the Committee expressed little confidence in the ratings received. A service-connected disability rating can make the difference in whether or not a Veteran and his or her family have access to VA health care and benefits he or she has earned.

The presumptive period for compensation for undiagnosed illness in Gulf War I Veterans will expire on December 31, 2011. The Veterans' Benefits Improvement Act of 1994 (Public Law 103-446) provided authority to the Secretary of the Department of Veterans Affairs to compensate Gulf War I Veterans with a chronic disability resulting from an

undiagnosed illness that became manifest either during service on active duty in the Southwest Asia Theater of Operations during the Persian Gulf War or to a degree of 10 percent or more during a presumptive period determined by the Secretary. On December 5, 2007, a final rule was published in the Federal Register extending the presumptive period to December 31, 2011. VA should not confine Gulf War I Veterans to an artificial timetable which is not supported by medical science. While the VA awaits final validation of Gulf War Illness research, Veterans must receive the benefit of the doubt with respect to service-connected disabilities.

Although many Veterans have left the service since Gulf War I, others continue their military careers. These service members are now approaching retirement and may be seeking health care and benefits from the Department of Veterans Affairs. Allowing the presumptive period for compensation for Gulf War undiagnosed illnesses to expire on December 31, 2011 would be an injustice to these service members and other Veterans who develop symptoms or continue to have symptoms after that date. **Therefore, the Committee recommends that the presumptive period end date be eliminated.**

The Committee recommends that VA assist Gulf War I Veterans in their efforts to establish service-connected disability for undiagnosed illness by applying the same standardized diagnostic criteria to VHA diagnoses/treatments and to the VBA rating of disabilities. In addition, VA should create a means by which VBA collaborates with VHA to share all contracted compensation and pension examination results. Inconsistencies between the VHA and VBA continue to adversely affect both Veterans' health care and benefits. Eighteen years after Gulf War I, no case definition has been widely accepted as the preferred standard for defining the complex of multiple symptoms affecting Gulf War I Veterans, nor have there been published efforts to optimize or validate a Gulf War illness case definition.[7] The Committee received testimonies from Veterans who said they had medical evidence documenting their illnesses but were denied compensation upon submitting their claims. Veterans and Veterans' family members repeatedly told the Committee that service members went to war healthy but returned very ill which affected many facets of their daily living and cognitive functioning. A significant number of Gulf War I Veterans returned from service with a variety of symptoms, but no distinct diagnosable disease. Without a diagnosed disease or disability, these Veterans found it difficult to access both VA health care services and compensation benefits. The symptoms and conditions experienced by these Veterans have had a tremendous impact on their lives and on the lives of their families.

Many Veterans who suffer from symptoms and conditions which may be related to Gulf War I service have been unable to live normal, functioning lives. These Veterans must be awarded the compensation benefits and health care services they have earned. VA should not be concerned with the fact that the medical community has not agreed on a name to capture the conditions of these Veterans. VA's concern should be to ensure that these Veterans are adequately compensated and provided the highest quality medical

[7] Research Advisory Committee on Gulf War Veteran' Illnesses , Gulf War Illness and the Health of Gulf War Veterans, Scientific Findings and Recommendations (http://www1.va.gov/RAC-GWVI/) (Nov. 2008) 30

treatment for their conditions. The Committee heard from many Veterans who would like to be compensated for their loss, but more than compensation, they most desire to be healthy again.

Furthermore, the Committee queried both compensation and pension physicians and primary care physicians at several VA hospitals and found there were significantly inconsistent approaches to making benefit determinations. In one particular case, we were stunned to hear a physician engaged in conducting compensation and pension examinations for VBA express to this Committee his preconceived notion that many of the Veterans complaining about chronic fatigue or pain were malingerers. It is imperative to train physicians thoroughly on undiagnosed illnesses and apply the same evaluation standards across the VA health care system. This would help remove barriers which prevent Gulf War I Veterans from receiving VA compensation they deserve for their illnesses.

Issue 4: Identification of Gulf War I Veterans in VA Records

Recommendations:

1. **Identify Gulf War I Veterans as a distinct group in all VA databases pertaining to eligibility for healthcare and benefits services.**
2. **Incorporate clinical reminders for identified Gulf War I Veterans in the VHA Computerized Patient Record System.**
3. **Devote increased attention to the quality of information that populates the VA databases from which data to evaluate services to Gulf War I Veterans are drawn.**

The Committee recommends that Gulf War I Veterans be identified as a distinct group in all VA databases. At several critical junctures during its work, the Committee was unable to obtain answers to very basic questions about the Gulf War I Veteran population and the services provided to service members who deployed to Southwest Asia during the period from August 2, 1990 through July 31, 1991. A single comprehensive VA-wide database for Gulf War I Veterans which includes age, sex, race, ethnic group, and service affiliation, and their utilization of health care, housing, education and funeral benefits was not available. In addition, detailed programmatic information that would permit assessment of major initiatives to serve this population, such as the War-Related Illness and Injury Centers (WRIISC) was not available. Although it was recognized that the production of this information would have involved the generation of data that was not currently tabulated, it was found that much of this data was not available because the characteristics information and information on services provided to individuals simply had not been built into the VA data systems.

Of more concern, the Committee discovered that the one database which had come to be relied upon as the authoritative source of information on this population – the Gulf War Veterans Information System (GWVIS) – had been corrupted, in ways that still are not understood by the VA. Committee members noticed that the counts of cumulative claims processed and granted in the GWVIS database actually declined between the February

2008 and August 2008 reports, by more than 10 percent. When the Committee raised this issue, it was informed that the data discrepancies occurred as a result of the migration of records from the VA's legacy database to a new corporate database, Veterans Services Network (VETSNET).

Since these data discrepancies cast doubt on the accuracy of both past and current data, and cloud the ability to assess trends in the service to the Gulf War I Veterans, the Committee, on the recommendation of VBA staff, will use only the data up to February 2008 for analysis in this report. In time, the GWVIS database may be "cleaned" after a thorough review of the business rules underlying the classification of the data. VA plans to publish a corrected GWVIS report once the migration issues are resolved. However, this fix will come too late to inform the report of this Committee.

It is unfortunate that this glitch in the database occurred during the tenure of the Committee as it was struggling with understanding the needs and services provided to Gulf War I Veterans and, more importantly, at a pivotal time for Veterans themselves. For example, the issuance of the report of the Research Advisory Committee on Gulf War Veteran's Illnesses in November 2008 was accompanied by significant media attention. This event may have increased the propensity of Gulf War Veterans to initially claim or resubmit claims for service, or to visit VA health facilities. We will never know if the event of the issuance of the RAC report had any measurable effect on the Gulf War I Veterans population.

One lesson has been learned as a result of these difficulties. These failures in the ability of the VA databases to provide answers to simple inquiries about the population and the services provided deserve high priority attention on the part of VA leadership.

The Committee recommends mandatory clinical reminders be established in the system to trigger VA medical professionals to ask specific follow-up questions for Veterans from this cohort. The Veterans Health Administration (VHA) Computerized Patient Record System (CPRS) does not contain a specific identifier for Gulf War I Veterans. Consequently, VHA cannot connect needed exposure/service history and reminder flags to these records. Without these reminders or identification flags, physicians treating Gulf War I Veterans may not be aware of the environmental exposures and unique health care needs of these Veterans. This can lead to incomplete diagnosis and treatment, as well as a lack of surveillance for wide-scale studies of Gulf War I related illnesses. Therefore, the CPRS should be modified to include a comprehensive exposure/service history as a quick reference page. VHA should develop, as part of its intake questionnaire, a method by which to identify Veterans who served in Gulf War I. Follow-up exams or referrals should be made, as appropriate, based on the Veteran's response to the questions.

Issue 5: Outreach

Recommendations:

1. **Execute a comprehensive and targeted outreach to Gulf War I Veterans.**
2. **Use the 20th Anniversary of the Gulf War as a positive opportunity to attract Gulf War I Veterans back to the VA.**
3. **Contact Gulf War I Veterans who participated in the original Registry Exams and invite them back for follow-up exams.**
4. **Place additional emphasis on outreach to female Veterans**.
5. **Conduct a longitudinal study.**

The Committee recommends that VA execute comprehensive and targeted outreach to Gulf War I Veterans. VA should specifically include Gulf War I Veterans in its strategic outreach plan in order to encourage Gulf War I Veterans to return to VA for proper examinations and apply for appropriate health care and benefits. Approximately 700,000 U.S. service members deployed to the Persian Gulf during the conflict. Of that number, 248,000 are enrolled in VA health care. Approximately 290,000 Veterans have filed claims for benefits, with 74 percent receiving some level of disability compensation. According to VBA Compensation and Pension staff, few efforts were made to reach out to these Veterans when presumptive laws changed. The Committee heard many stories from Veterans as well as health care officials about Gulf War I Veterans who were turned away from the VA because officials believed that their illnesses were psychosomatic, not physiological.

The VA outreach efforts need to take on a different character from the outreach efforts of the past, simply because the population that needs to be reached is different. One important difference for Gulf War I Veterans is that a large number of them were called up from the National Guard and Reserve forces. In contrast to the extraordinary efforts taken by the active duty services to inform service members of the availability of Veterans benefits and services at the time of their discharge, the Reserve component forces were demobilized in sometimes very informal circumstances. They returned to Guard and Reserve facilities spread across the country, and generally did not have access to health care and counseling services that could help identify the need for VA assistance. This situation continues to be of concern, since it is expected that many Guard and Reserve service members are still active in the Reserve component. This probability also affords a unique opportunity for VA outreach, which needs to include provisions for information sharing with the Department of Defense and active and Reserve component organizations to ensure the widest distribution of information.

The Committee recommends using the 20th Anniversary of the start of the Gulf War to launch a comprehensive and targeted outreach effort to Gulf War I Veterans. Special events should be organized and publicized to honor these Veterans during this anniversary. Combining the outreach with ceremonies to recognize the commitment and accomplishments of these Veterans should help eliminate or reduce any stigma which may be associated with coming to the VA for health care or benefits for Gulf War I related issues.

In addition, **the Committee recommends that VA invite all Veterans who participated in the original Gulf War Registry exam to complete a follow-up examination.** As of June 2009, 112,257 Gulf War Veterans have had a registry exam but fewer than five percent had follow-up exams. A dynamic outreach effort will raise awareness for those Veterans whose illnesses have manifested over time as well as remind them that VA is here for them. Studying these Veterans may be productive in following the evolution of their physical and mental conditions over the last 18 years.

The Committee recommends VA conduct a longitudinal study with the information from these exams to chronicle what has happened to these Gulf War I Veterans, and then chart the course of their illnesses over time. This will provide an opportunity for these Veterans to be reevaluated for their illnesses against better medical and scientific understanding of Gulf War related illnesses. There is research value in understanding what has happened to these Veterans, and this information may inform the development of much needed treatments. Furthermore, as has been recommended by numerous expert bodies including the IOM, a comprehensive review of Gulf War I Veterans' medical records, disease registries and vital reports for common medical conditions, such as, cancers, mental health issues, miscarriages, birth defects and suicides which could further increase VA's body of knowledge on this cohort and perhaps lead to enhanced health care for them. This could also be very instructive to understanding how well services and benefits have been available and utilized and what impediments exist. Additionally, as technology continues to improve and research data develops that leads to a better understanding of medical issues unique to Gulf War I Veterans, these Veterans should be notified and afforded the opportunity to be comprehensively examined.

The Committee recommends VA place additional emphasis on outreach to female Veterans. The Gulf War I was the first conflict where large numbers of women served in military roles traditionally occupied by men. There is concern that women's reproductive health issues including cancers, miscarriages, and birth defects may not have been adequately reported. Additionally, these conditions often take many years to manifest, so identifying patterns and Gulf War I service connection can be more difficult and requires additional data and long-term study. Furthermore, the Committee heard from Dr. Han Kang that the suicide rate for female Gulf War I Veterans is higher than their civilian contemporaries. Increased outreach to female Veterans to examine issues of homelessness, substance abuse, and the long-term effects of combat stress is imperative. This is important not only in the larger context of Gulf War related illnesses but also because this is the first deployment that involved a large number of women and therefore an opportunity to begin to learn more about unique health issues related to women.

The Committee recommends that VA expand its outreach efforts to include the use of public service announcements and direct mailings. VA should also expand its use of technology to modernize the VA website, and make it more manageable, user-friendly and attractive to the Veteran population. We are encouraged by the VA's use of podcasts and social networking efforts like Facebook, YouTube, and Second Life to reach OEF/OIF Veterans and recommend VA use these tools as a means to also reach Gulf War I Veterans.

Issue 6: Timeliness of Communications

Recommendations:

1. **Respond to inquiries from Advisory Committees within 30 days.**
2. **Publish and distribute Gulf War Review Newsletters and other VA information products in a timely manner.**

It is essential that VA staff provide timely responses to Advisory Committees which have been established at the request of the Secretary. Advisory Committee members are independent citizens and do not have access to VA program experts on a regular basis.

On several occasions during the past year, the Committee submitted questions to VA program offices through the Office of Policy and Planning. Answers to these questions were needed to help inform the deliberations of the Committee. While some responses were received in a timely fashion, many other questions took months to be answered. An example is the response to a grouping of eight questions that were posed in direct response to briefs presented by VBA Compensation and Pension staff during the Committee's September 2008 meeting. It took VBA eight months to provide a response. The Committee is frustrated by these delays and wonders what Veterans must experience who do not have a direct link or point of contact inside the VA.

The Committee recommends that VA should respond to requests from Advisory Committees within 30 days of receiving a request. If the response to the questions presented is projected to take longer than 30 days, the VA should write to the Committee acknowledging the request, explain why there is a delay, and give an estimated time for the response.

The Committee has learned of other issues concerning the timeliness of VA communications. At the start of Committee deliberations, the Committee was advised that the June 2008 version of the *Gulf War Review Newsletter* had been tied up in a cumbersome internal VA concurrence process for approximately six months. There was no clear explanation for the delay. Currently published once or twice a year, the newsletter contains valuable, necessary information that should be communicated to Gulf War I Veterans. The *Gulf War Review Newsletter* is an excellent platform to provide information on long-term health issues and other concerns of Gulf War I Veterans and their families, unique health care concerns for women Veterans, and others. The *Gulf War Review Newsletter* describes actions by VA and other Federal departments and agencies to respond to these concerns and gives updates on a wide range of VA programs for Veterans. Information delayed is information denied. **Therefore, this Committee recommends that VA publish the *Gulf War Review Newsletter* every six months.**

CONCLUSION

The members of the Advisory Committee on Gulf War Veterans consider it a privilege to have served as an independent body to examine the health care and benefits of Veterans who served in the Southwest Asia Theater of Operations during the 1990 – 1991 period of the Gulf War. We are honored to have been chosen by the Secretary for such an important assignment, and we salute the Department of Veterans Affairs for honoring President Abraham Lincoln's pledge "*to care for him who shall have borne the battle and for his widow, and his orphan*." We genuinely hope to see the Committee's recommendations implemented immediately. It is the least we can do for these Veterans who faithfully served our Country.

As we approach the 20th Anniversary of the start of Gulf War—and after substantial research into Gulf War related illnesses has been completed—it is the Committee's opinion that the Department of Veterans Affairs should make a gallant effort to reach Veterans who served during the Gulf War. From the Committee's observations, we have learned that the VA culture has significantly changed for the better since Gulf War I, but more needs to be accomplished. As VA continues to transform its culture and practices, caring for Veterans must not be bogged down by bureaucratic processes. While there is still much that must be done in the quest to provide the best health care for Gulf War I Veterans, not one of these Veterans should be turned away due to a lack of understanding or sensitivity by VA staff. We believe this sentiment is captured in the title of this report: "*Changing the Culture: Placing Care Before Process*."

As the Committee stated at the outset, it has found that VA's processes often prevent the effective and timely delivery of care and benefits to Gulf War I Veterans. The process creates impediments – like the experience with undiagnosed illness. Testimony from Veterans highlighted the frustrations of navigating the VA system and the inability to have their undiagnosed illnesses addressed. Newer approaches to more systematic health evaluation of service members' pre- and post-deployment and newer approaches to more effectively organizing and integrating care and benefits for Veterans with health problems have been very beneficial for Veterans of more recent conflicts, but have not been inclusive of Gulf War I Veterans. There is a clear need to move beyond the somewhat narrow and restrictive confines of treating diagnosable illness to addressing the broader functional limitations which remain as ongoing problems requiring health and social interventions.

Over the course of our proceedings, several recurring health care and benefit themes emerged which confront Gulf War I Veterans. The issues and recommendations of the Committee are:

Issue 1: Health Care Priority for Gulf War I Veterans
Recommendation:

1. **Reinstate authority to enroll Gulf War I Veterans into health care Priority Group 6.**

Issue 2: Access to and Quality of Care for Gulf War I Veterans
Recommendations:

1. **Include Gulf War I Veterans in the Post Deployment Integrated Care Initiative or expand the services of Environmental Agents to include services provided through the Post Deployment Integrated Care Initiative.**
2. **Implement specialized programs to educate VA and contract medical personnel on Gulf War I medical issues, research, and regulations.**
3. **Establish a much stronger and more formal health care support mechanism for Veterans at VA facilities by assigning a "Point Man," a friendly and informed person during their initial interaction with the VA.**

Issue 3: Undiagnosed Illnesses
Recommendations:

1. **Eliminate the end date for the presumptive period for compensation for Undiagnosed Illness in Gulf War I Veterans.**
2. **Apply the same standardized diagnostic criteria in VHA diagnoses and VBA ratings for Undiagnosed Illness.**

Issue 4: Identification of Gulf War I Veterans in VA Records
Recommendations:

1. **Identify Gulf War I Veterans as a distinct group in all VA databases pertaining to eligibility for service and service to Veterans.**
2. **Incorporate clinical reminders for identified Gulf War I Veterans in the VHA Computerized Patient Record System.**
3. **Devote increased attention to the quality of information that populates the VA databases from which data to evaluate services to Gulf War I Veterans are drawn.**

Issue 5: Outreach
Recommendations:

1. **Execute a comprehensive and targeted outreach to Gulf War I Veterans.**
2. **Use the 20th Anniversary of the Gulf War as a positive opportunity to attract Gulf War I Veterans back to the VA.**
3. **Contact Gulf War I Veterans who participated in the original Registry Exams and invite them back for follow-up exams.**
4. **Place additional emphasis on outreach to female Veterans**.
5. **Conduct a longitudinal study.**

Issue 6: Timeliness of Communications
Recommendations:

1. **Respond to inquiries from Advisory Committees within 30 days.**
2. **Publish and distribute Gulf War Review Newsletters and other VA information products in a timely manner.**

The Committee has worked to present recommendations that are people-centric, results-oriented, and forward-looking, in keeping with Secretary Shinseki's announced priorities

for the transformation of the Department of Veterans Affairs. Our goal is to improve access to VA benefits and health care services for Veterans of Gulf War I.

ACRONYMS

ALS	Amyotrophic Lateral Sclerosis
BVA	Board of Veterans' Appeals
CB	Chemical-Biological
CPRS	Computerized Patient Record System
DOD	Department of Defense
DU	Depleted Uranium
GWVIS	Gulf War Veterans Information System
IOM	Institute of Medicine
MS	Multiple Sclerosis
NCA	National Cemetery Administration
OEF/OIF	Operation Enduring Freedom and Operation Iraqi Freedom
PB	Pyridostigmine Bromide
PDICI	Post Deployment Integrated Care Initiative
PTSD	Post Deployment Stress Disorder
QTC	Quality, Timeliness, Customer Service
RAC	Research Advisory Committee on Gulf War Veterans' Illnesses
U. S. C.	United States Code
VA	Department of Veterans Affairs
VAMC	Veterans Affairs Medical Center
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration
VETSNET	Veterans Services Network
VISN	Veterans Integrated Service Network
WRIISC	War-Related Illness and Injury Centers

APPENDIX A

COMMITTEE MEMBER BIOGRAPHIES

Charles L. Cragin (Chair)

Charlie Cragin is a Senior Government Affairs Counselor for Maine Street Solutions, LLC. He provides strategic government and public affairs planning and execution advice to companies operating in the government sectors at the federal and state levels. He has served in several senior capacities in the Department of Defense including Acting Under Secretary of Defense for Personnel & Readiness, Principal Deputy Under Secretary for Personnel & Readiness, Acting Assistant Secretary of Defense for Reserve Affairs, and Acting Assistant to the Secretary of Defense for Civil Support. In 1990, Mr. Cragin was nominated by President Bush and confirmed by the U.S. Senate in 1991 as Chairman of the Board of Veterans' Appeals of the Department of Veterans Affairs.

Mr. Cragin received a Juris Doctor degree from the University of Maine School of Law in 1970 and practiced law with the Portland, Maine firm of Verrill Dana, LLP until he entered federal service in 1990. Following retirement from federal service in 2001, Mr. Cragin became a partner in the Washington, DC office of Blank Rome, LLP. In 2003 he joined System Planning Corporation (SPC) of Arlington, VA as its Senior Vice President for National Intelligence, Security and Response. He continues to serve as Senior Advisor to the CEO of SPC.

Mr. Cragin enlisted in the U.S. Navy in 1961 and served on active duty and in the Navy Reserve until his retirement as a Captain in 1998. His personal decorations include the Legion of Merit and Meritorious Service Medal. He is a Life member of The American Legion, Disabled American Veterans, and Veterans of Foreign Wars. In 1982, Mr. Cragin was the Republican nominee for governor of Maine. He served for many years as Chairman of the Budget Committee of the Republican National Committee.

Martha Douthit

Martha's husband Major David A. Douthit served in the enlisted ranks in the Army from 1970 to 1977. In 1977 he received a direct commission to First Lieutenant. Major Douthit was posthumously promoted to Lieutenant Colonel during his service in Gulf War I.

In addition to working full-time, Ms. Douthit has served as a volunteer in various schools, churches, and organizations. Martha Douthit is a member of the Gold Star Wives of America. She participates in the electronic board for Legislative issues on surviving military spouses. Ms. Douthit is a graduate of George Mason University, Institute of Public Policy. Ms. Douthit and her two daughters reside in Ashburn, VA.

Henry Falk, M.D., M.P.H.

Dr. Henry Falk serves as Director, Coordinating Center for Environmental Health and Injury Prevention (CCEHIP), which is one of four Coordinating Centers at Centers for Disease Control and Prevention (CDC). CCEHIP includes the National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR), and the National Center for Injury Prevention and Control (NCIPC). Prior to this, he served as Director for both the National Center for Environmental Health (NCEH) and the Agency for Toxic Substances and Disease Registry (ATSDR). Dr. Falk is also a member of the Executive Leadership Board (ELB) of CDC. Dr. Falk arrived at the CDC in 1972 and is a 30-year Veteran of the U.S. Public Health Service Commissioned Corps. This service culminated with his being named Rear Admiral and Assistant U. S. Surgeon General. Dr. Falk earned his medical degree from the Albert Einstein College of Medicine. He received a master's degree from the Harvard School of Public Health, and he is board-certified in pediatrics, and public health and general preventive medicine. During his career, Dr. Falk has been recognized many times. His honors include the Vernon Houk Award for Leadership in Preventing Childhood Lead Poisoning and the Homer C. Calver Award in Environmental Health from the American Public Health Association. He has also received CDC's William C. Watson Jr. Medal of Excellence, as well as the Distinguished Service Award from the U.S. Public Health Service.

Mark Garner

Mark Garner, a manager with Battelle Memorial Institute, supports multiple government departments and agencies in all aspects of Chemical, Biological, and Nuclear Defense and Countering Weapons of Mass Destruction. He joined Battelle after retiring from the U.S. Marine Corps in 1999 as a Chief Warrant Officer-3. As a Nuclear, Biological, and Chemical Defense Officer, Mr. Garner participated in Gulf War operations: Desert Shield/Desert Storm, Desert Sting on Maradim Island, Kuwait, Desert Saber Amphibious Feint off Ash Shuaybah, Kuwait, and the EPW Evacuation of Faylaka Island, Kuwait. He also participated in operations Desert Stay, Eager Mace Kuwait, Nautical Mantis, Saudi Arabia, and the U.N. transport of Pakistani Forces to Somalia while on subsequent deployments in the Persian Gulf and North Arabian Sea. Mr. Garner holds a Bachelors of Business Administration and a Masters of Business Administration degree in Finance. He currently resides in Lorton, VA.

Lynn Goldman, MD, M.P.H.

Dr. Lynn Goldman, a pediatrician and an epidemiologist, is a Professor at the Johns Hopkins University Bloomberg School of Public Health, where her areas of focus are environmental health policy, public health practice, and children's environmental health. Her appointment is in the Department of Environmental Health Sciences with a joint appointment in the Department of Health Policy and Management.

In 1993, Dr. Goldman was appointed by the President and confirmed by the Senate to serve as Assistant Administrator (AA) for the EPA's Office of Prevention, Pesticides and Toxic Substances (OPPTS). She served in that position for more than five years. As AA for OPPTS she was responsible for the nation's pesticide, toxic substances and pollution prevention laws. Under her watch, EPA expanded right-to-know under the Toxics Release Inventory and overhauled the nation's pesticides laws. At EPA Dr. Goldman was successful in promoting children's health issues and furthering the international agenda for global chemical safety.

Prior to joining the EPA, Dr. Goldman served in several positions at the California Department of Health Services, most recently as head of the Division of Environmental and Occupational Disease Control. She has conducted public health investigations on pesticides, childhood lead poisoning and other environmental hazards. She has a B.S. in Conservation of Natural Resources from the University of California, Berkeley, an MPH from the Johns Hopkins University School of Public Health, and an M.D. from the University of California, San Francisco. She completed pediatric training at Children's Hospital, Oakland, California.

Dr. Goldman has served on numerous boards and expert committees, including the Committee on Environmental Health of the American Academy of Pediatrics, the Centers for Disease Control Lead Poisoning Prevention Advisory Committee, and numerous expert committees for the National Research Council including IOM committees related to the Gulf War and Health. She currently is Vice Chair of the Institute of Medicine Roundtable on Environmental Health Sciences.

John Hart, Jr., M.D.

Dr. Hart is the Medical Science Director at the Center for Brain Health at The University of Texas at Dallas. He also holds the Jane and Bud Smith Distinguished Chair for the Medical Science Director, the Cecil Green Chair in Systems Biology, and is a Professor of Behavioral and Brain Sciences, all at the University of Texas at Dallas. Dr. Hart also holds a joint appointment as Professor of Neurology and Psychiatry at the University of Texas Southwestern Medical Center. He is one of the world’s foremost experts in semantic memory. Dr. Hart has held several impressive faculty and staff positions, which include serving as Deputy Director of the Division of Cognitive Neurology and Neuropsychology in the Department of Neurology at The Johns Hopkins University, as well as Assistant Professor in the Depts. of Neurology and Cognitive Science at The Johns Hopkins University. At the University of Arkansas for the Medical Sciences (UAMS), Dr. Hart served as an Associate Professor in the Departments of Geriatrics, Neurology, and Radiology, as well as the Director of the Laboratory of Cognition and Brain Imaging, at the Donald W. Reynolds Center on Aging at UAMS. In addition, Dr. Hart served as Associate Director of Clinical Programs and Evaluations at the Geriatric Research Education and Clinical Center (GRECC) of the Central Arkansas Veterans Healthcare System (CAVHS); Director of the Geriatric Memory Disorders Clinic at the CAVHS, and as a Staff Physician there as well. He is past President of the Society for Behavioral and Cognitive Neurology and of the section of Behavioral Neurology in the American Academy of Neurology. He has served on many committees related to behavioral neurology and conducted significant research on Gulf War Illnesses.

William R. (Rusty) Jones

Colonel Wm. R. "Rusty" Jones, US Marine Corps (Retired), served on active duty from 1969 to 1998. His operational experience is primarily in tactical aviation including two combat tours, one in AH-1J Sea Cobras in Vietnam and another in AV-8B Harrier IIs during Desert Storm. He was the Commanding Officer of Marine Attack Squadron 231 (VMA-231) during Operation Desert Storm and later served as Commanding Officer, Marine Air Group 32 (MAG-32). His staff tours included Headquarters, US Marine Corps (HQMC), the Navy Staff (OPNAV) and the Joint Staff (J-8). He served as member of the 1994 Honor Review Board at the US Naval Academy. He is a graduate of the US Naval Academy, the University of Southern California, the College of Naval Command and Staff, the National War College as well as a fellow in the Massachusetts Institute of Technology (MIT) Seminar XXI program. Colonel Jones is a resident of South Riding, VA.

Colonel Jones was a Senior Associate at SYColeman Corp. where he worked on various Marine Corps Aviation and Army projects from 1998 until 2006. He has served as a Proxy Holder/Board Member at GKN Structures in Cromwell, CT since 2003. He served as an Outside Director at Aerospace Filtration Systems in St Charles, MO. He has worked as a volunteer counselor and later Board Member and Trustee with Missouri Boys State for over forty years.

Kirt Love

Kirt Love is currently Director of the Desert Storm Battle Registry. The DSBR was formed to accumulate data concerning the War and post effects.

Mr. Love served as a Power Generation Equipment Specialist with the Army's 141st Signal Battalion, 1st Armored Division during Desert Shield and Desert Storm. He was awarded the Army Commendation Medal for his performance. Post deployment illness kept him from returning to his pre-military occupation of commercial sign illustrator, and muralist. Mr. Love re-trained in the electronic information processing field, to include electronic document research, transmission, and electronic security.
Mr. Love keeps an ongoing Registry of over 1,000 Veterans he has met. He has personally interacted with over 3,900 in the last 4 years. Mr. Love has attended meetings with the IOM, Independent Gulf War Illnesses Conferences, Pentagon Conference with Gulf War Investigative Offices, OSAGWI Town Hall Meetings, Presidential Special Oversight, and CDC Chemical/Biological Conference, etc.

Daniel Ortiz

Daniel Ortiz enlisted in the U. S. Army in May 1990 as an Infantry soldier. He participated in Operations Desert Shield and Desert Storm while serving with 24th Infantry Division. After his honorable discharge in 1993, he immediately joined such organizations as the American Legion, Veterans of Foreign Wars (VFW), Disabled American Veterans (DAV) and others. Daniel is a disabled combat Veteran and has served as the VFW Service Director for California where he was accredited to present claims before the Department of Veterans Affairs and has done so for the past 10 years. His area of expertise was in disability compensation for Veterans. Mr. Ortiz is active in his community and continues to be an advocate for Veterans and their families. He resides in East Los Angeles, California.

Daniel Pinedo

Daniel Pinedo began his Marine Corps career as a Private in March 1974 and is currently still on active duty as a Colonel serving as the I Marine Expeditionary Force Comptroller. After nearly 10 years as an enlisted Marine, he was commissioned in Dec 1983 as an infantry officer. During 12 years as an infantry officer, he served as a platoon commander, executive officer, and company commander. During this same time period, he served nearly 4 years as an aircrew man in the OV-10 Bronco, Cobra, and Huey that included combat operations during Desert Shield/Storm. Non flying duties included working in the operations department and squadron intelligence officer. Flying duties included aerial reconnaissance, radio relay, airborne forward air controller, airborne tactical air controller and supporting arms controller for airborne artillery and naval gunfire spotting. He flew a total of 27 combat missions over Saudi Arabia and Kuwait through and around burning oil field fires in support of ground forces. Subsequent infantry duties included combat operations as a company commander and MEU fire support coordinator in Mogadishu Somalia in support of the withdrawal of remaining UN multinational personnel at the conclusion of that Operation.

In 1995, he switched career paths and has served as a financial management officer managing Navy and Marine Corps operational budgets exceeding $975 million. In 2001, he served as the commanding officer of a Marine Security Force Company on a submarine base responsible for the security of more than half of the nation's SSBN Trident nuclear weapons. He subsequently deployed to Iraq in 2004 and was instrumental in the initial build up of the infrastructure at Al Asad Air Base. He has deployed six times to various countries throughout the world. He will retire in October 2009 after more than 35 years in the Marine Corps. Daniel Pinedo resides in Oceanside, CA.

Thomas Plewes

Lieutenant General (Retired) Thomas J. Plewes served as Chief, Army Reserve, and Commanding General, U.S. Army Reserve Command until his retirement on May 25, 2002. Prior to assuming this position in May 1998, he served as Deputy Commanding General, U.S. Army Reserve Command. He became the first three-star Chief, Army Reserve, in the history of the Army Reserve on June 13, 2001.

In his civilian capacity, Lieutenant General (Retired) Plewes serves as a program director for the National Academy of Sciences. LTG Plewes has been Vice President of Logistics Management Resources, Inc., a supplier of logistics automation services to the Federal government, and the Associate Commissioner of the U.S. Bureau of Labor Statistics, where he had responsibility for the Nation’s labor force information. He graduated from Hope College, Holland, Michigan, with a Bachelors Degree in Economics, and received a Masters Degree in Economics from the George Washington University. He is a Fellow of the American Statistical Association.

He was a member of the congressionally chartered Reserve Forces Policy Board, and is a past president of the Senior Army Reserve Commanders Association. He is currently an active member of the Reserve Officers Association and the Association of the United States Army, where he serves as a Senior Fellow in the Institute of Land Warfare. Lieutenant General (Retired) Plewes resides in Annandale, VA.

Valerie Randall

Valerie Randall is a human resources specialist for the Department of Homeland Security with the U.S. Customs and Border Protection. She specializes in program management for managers and senior executives to a workforce of nearly 60,000 strong.

Valerie Randall served in the U.S. Army from 1986 to 2006 and retired as a Sergeant First Class. Her military occupational specialty was Petroleum Supply Specialist. During her career, she served on a full range of staffs, from the company level to the installation level. In addition to serving in Desert Shield and Desert Storm, she had several other deployment locations to include Bosnia and Albania. Ms. Randall has a Bachelor of Science in Organizational Management, Masters in Human Resource Management, and is currently pursuing her PhD in Applied Management and Decision Sciences. She resides in Savage, MD.

Edward R. Reese

Edward R. Reese, a disabled combat Veteran of the Persian Gulf War, was appointed National Service Director for the 1.3 million-member Disabled American Veterans (DAV) in June 2002. Mr. Reese works at DAV National Service and Legislative Headquarters in Washington, D.C. Mr. Reese enlisted in the U.S. Army in 1984, and was an Airborne Infantry Rifle Squad Leader in the 82nd Airborne Division during the Persian Gulf War. Following the war, he served as an elite "Black-Hat" instructor in the Air Movement Operations Course and Jump Master Course at Fort Bragg, N.C. Mr. Reese attended Fayetteville Technical Community College and Kaplan College for Professional Studies earning his Paralegal Degree. He resides in Stafford, VA.

Steve Robertson

Steve Robertson served in the DC National Guard when his unit was activated for service in Operation Desert Shield/Storm in late 1990. He is Legislative Director of the American Legion and has served in several legislative positions for that organization since 1988. Since his return from the theater of operations in 1991, he has been deeply involved in Congressional deliberations on numerous legislative measures affecting Gulf War Veterans. Like many Veterans of that era, Mr. Robertson has experienced several unexplained illnesses. His active military service also includes more than ten years in the Air Force in the 1970s and 1980s. Mr. Robertson is a resident of Fredericksburg, VA.

DEPARTMENT OF VETERANS AFFAIRS
CHARTER OF THE
ADVISORY COMMITTEE ON GULF WAR VETERANS

A. OFFICIAL DESIGNATION: Advisory Committee on Gulf War Veterans

B. OBJECTIVES AND SCOPE OF ACTIVITY: The Advisory Committee on Gulf War Veterans will advise the Secretary of Veterans Affairs on the full spectrum of health care and benefits issues that confront veterans who served in the Southwest Asia theater of operations during the 1990 - 1991 period of the Gulf War. The Committee will pay particular attention to issues that are unique to these veterans.

C. PERIOD OF TIME NECESSARY FOR THE ADVISORY COMMITTEE TO CARRY OUT ITS PURPOSE: The Committee will complete its work within 18 months of the date of its first meeting.

D. OFFICIAL TO WHOM THE ADVISORY COMMITTEE REPORTS: The Committee will report to the Secretary of Veterans Affairs.

E. OFFICE RESPONSIBLE FOR PROVIDING SUPPORT TO THE ADVISORY COMMITTEE: The VA Office of Policy and Planning is responsible for providing support to the Advisory Committee on Gulf War Veterans.

F. DUTIES OF THE ADVISORY COMMITTEE: The duties of the Committee are to examine the health care and benefits needs of those who served in the Southwest Asia theater of operations during the 1990 - 1991 period of the Gulf War and to advise the Secretary on the issues that are unique to these veterans and how these issues can best be addressed by VA. To carry out these duties, the Committee is expected to assess both the effectiveness of existing benefits and services and to determine the need for new initiatives and/or policies that relate exclusively to this population of veterans.

The Committee will hold meetings, invite testimony, and receive information it considers necessary to carry out its purposes, including information from VA, the Department of Defense, and any other Federal department or agency. The Committee will submit to the Secretary a report not later than 18 months after the date of its first meeting.

The Committee will be comprised of approximately 12 members. The majority of members will be Special Government Employees. Committee members shall be appointed by the Secretary and shall serve as objective advisors, not as representatives of any organizations for which they may otherwise be serving. Members will be selected from among knowledgeable experts, veterans, and others with special competence to evaluate the particular needs of veterans who served during the 1990 -1991 period of the Gulf War. Members will include Gulf War

veterans, medical professionals with expertise in Gulf War veterans' illnesses, environmental health experts, veterans service organization officials, and other appropriate individuals. Ex-officio members will include representatives from the Offices of the Under Secretaries for Health, Benefits, and Memorial Affairs.

G. ESTIMATED ANNUAL OPERATING COSTS IN DOLLARS AND STAFF-YEARS: The estimated annual operating cost of the Committee is $250,000 which includes the cost of 1.5 staff years. Members will receive travel expenses and a per diem allowance in accordance with the Federal Travel Regulation for any travel made in connection with their duties as members of the Committee.

H. ESTIMATED NUMBER AND FREQUENCY OF MEETINGS: The Committee will meet as needed in order to provide a final report and recommendations to the Secretary. The Designated Federal Officer (DFO), a full time VA employee, will approve the schedule of Committee meetings. The DFO or designee will be present at all meetings and each meeting will be conducted in accordance with an agenda approved by the DFO. The DFO is authorized to adjourn any meeting when he or she determines it is in the public interest to do so.

I. COMMITTEE TERMINATION DATE: The Committee will terminate not later than 18 months from the date of its first meeting.

J. DATE CHARTER IS FILED:

Approved: _____ Date: 4/19/08
Secretary of Veterans Affairs

APPENDIX C

MEETING AGENDAS

June 17 – 19, 2008
Hamilton Crowne Plaza, 1001 14th Street, NW, Washington, D.C.

September 24 – 25, 2008
Residence Inn by Marriott, 1199 Vermont Avenue, NW, Washington, D.C.

November 19 – 20, 2008
VA Medical Center, Baltimore, MD and St. Regis Hotel, Washington, D.C.

January 14 – 15, 2009
VA Puget Sound Health Care System, Seattle, Washington

February 18 – 19, 2009
VA Medical Center, Atlanta, Georgia

May 6 – 7, 2009
Residence Inn by Marriott, Washington, D.C.

July 15 – 16, 2009
St. Regis Hotel, Washington, D.C.

September 16 – 17, 2009
Department of Veterans Affairs, Board of Veterans' Appeals

Advisory Committee on Gulf War Veterans
Hamilton Crowne Plaza, Washington, DC
June 17 – 19, 2008

June 17, 2008		
0900 – 1130	**Committee Member Check-in; Attention to Administrative Matters**	
11:30 – 12:45	Lunch	
1:00 – 1:05	Introduction of Secretary	**The Honorable Charles Cragin** *Chairman, Advisory Committee for Gulf War Veterans*
1:05 – 2:00	Secretary's Remarks and Presentation of Certificates (Photo Session)	**The Honorable James B. Peake, M.D.** *Secretary of Veterans Affairs*
2:00 – 2:45	Presentation	**Dr. Lawrence R. Deyton, M.S.P.H., M.D.** *Chief Public Health and Environmental Hazards Officer*
2:45 – 3:00	Break	
3:00 – 3:45	Presentation	**The Honorable William Tuerk** *Under Secretary, Memorial Affairs, National Cemetery Administration*
3:45 – 4:15	Wrap-up	**The Honorable Charles Cragin** *Chairman, Advisory Committee for Gulf War Veterans* **Mark Gorenflo** *Deputy Assistant Secretary for Policy* *Office of Policy and Planning*

Advisory Committee on Gulf War Veterans
Hamilton Crowne Plaza, Washington, DC
June 17 – 19, 2008

June 18, 2008		
9:00 – 9:15	Administrative Remarks	**Laura O'Shea** *Committee Designated Federal Officer*
9:15 – 10:00	Presentation	**Keith Pedigo** *Associate Deputy Under Secretary* *Veterans Benefits Administration*
10:00 – 10:45	Presentation	**The Honorable James P. Terry** *Chairman* *Board of Veterans' Appeals*
10:45 – 11:00	Break	
11:00 – 11:45	Presentation	**Dr. Joel Kupersmith, M.D.** *Chief, Research & Development Officer* *The Office of Research & Development*
11:45 – 1:00	Lunch	
1:00 – 1:50	Presentation	**Caryl Kazen** *Director, VA Central Office Library*
1:50 – 2:15	Break	
2:15 – 2:45	Public Comment Period	**The Honorable Charles Cragin** *Chairman, Advisory Committee for Gulf War Veterans*
2:45 – 3:45	Wrap-up	**The Honorable Charles Cragin** *Chairman, Advisory Committee for Gulf War Veterans* **Mark Gorenflo** *Deputy Assistant Secretary for Policy* *Office of Policy and Planning*

Advisory Committee on Gulf War Veterans
Hamilton Crowne Plaza, Washington, DC
June 17 – 19, 2008

June 19, 2008		
9:00 – 9:15	Administrative Remarks	**Laura O'Shea** *Committee Designated Federal Officer*
9:15 – 10:15	Committee Discussion Time	**The Honorable Charles Cragin** *Chairman, Advisory Committee for Gulf War Veterans*
10:15 – 10:30	Break	
10:30 – 11:30	Committee Discussion Time	**The Honorable Charles Cragin** *Chairman, Advisory Committee for Gulf War Veterans*
11:30 – 1:00	Lunch	
1:00 – 3:15	Committee Discussion Time	**The Honorable Charles Cragin** *Chairman, Advisory Committee for Gulf War Veterans*
3:15 – 3:30	Break	
3:30 – 4:00	Public Comment Period	**The Honorable Charles Cragin** *Chairman, Advisory Committee for Gulf War Veterans*
4:00 – 4:30	Wrap-up	**The Honorable Charles Cragin** *Chairman, Advisory Committee for Gulf War Veterans* **Mark Gorenflo** *Deputy Assistant Secretary for Policy* *Office of Policy and Planning*

Department of Veterans Affairs Advisory Committee on Gulf War Veterans

Residence Inn by Marriott, Washington D.C.
September 24 – 25, 2008

September 24, 2008 Veterans Health Administration		
8:30 – 8:45	Opening Remarks	**The Honorable Charlie Cragin** *Chairman, Advisory Committee on Gulf War Veterans*
8:45 – 9:15	Gulf War Registry & Outreach	**Dr. Mark Brown** *Director, Environmental Agents Service, Office of Public Health and Environmental Hazards*
9:15 – 9:30	Health Care Priority Groups	**Tony A. Guagliardo** *Director, Business Policy* *Veterans Health Administration*
9:30 – 9:45	Break	
9:45 – 11:00	Clinical Care - Panel Discussion	**Dr. Craig Hyams** *Chief Consultant for Environmental Health, Office of Public Health and Environmental Hazards* **Dr. Joe Francis** *Deputy Chief Quality and Performance Officer, Veterans Health Administration* **Dr. Stephen Hunt** *Director, Deployment Health Clinic, VA Puget Sound & Director, National Post-Deployment Integrated Care Initiative*
11:00 – 11:15	Break	
11:15 – 11:45	Public Comments	
11:45 – 1:00	Lunch	

Department of Veterans Affairs Advisory Committee on Gulf War Veterans

Residence Inn by Marriott, Washington D.C.
September 24 – 25, 2008

September 24, 2008 Veterans Health Administration		
1:00 – 1:30	Enroute to VAMC	
1:30 – 2:00	Women Veteran Issues	**Dr. Patricia Hayes** *Chief Consultant, Women Veterans Health Program*
2:00 – 2:30	Environmental Health Clinician	**Dr. Pramod Hansdak** *Clinician, Washington, DC VA Medical Center*
2:30 – 2:45	Break	
2:45 – 3:15	Primary Care Provider	**Dr. Neil Evans** *Co-Chief Primary Care, Washington, DC VA Medical Center*
3:15 – 3:45	War Related Illness and Injury Study Center (WRIISC) Presentation	**Dr. Bonnie Benetato and WRIISC Staff** *War-Related Illness and Injury Study Center*
3:45 – 4:00	Break	
4:00 – 5:00	Gulf War Veterans Panel Discussion	
5:00 – 5:15	Chairman's Closing Remarks	
5:15 – 5:45	Return to Residence Inn by Marriott	

Department of Veterans Affairs Advisory Committee on Gulf War Veterans

Residence Inn by Marriott, Washington D.C.
September 24 – 25, 2008

September 25, 2008 Veterans Benefits Administration		
8:30 – 8:45	Opening Remarks	**The Honorable Charlie Cragin** *Chairman, Advisory Committee on Gulf War Veterans*
8:45 – 9:15	Disability Compensation System Overview	**Tom Pamperin** *Deputy Director, Compensation & Pension Service*
9:15 – 10:15	Chronology of VBA Responses to the Gulf War Gulf War Statute Status	**Brad Flohr** *Assistant Director, Compensation & Pension Service*
10:15 – 10:30	Break	
10:30 – 11:00	Undiagnosed Illnesses	**Tom Pamperin** *Deputy Director, Compensation & Pension Service*
11:00 – 11:30	VBA Outreach Activities to GW Veterans	**Michael MacDonald** *VBA Outreach Coordinator*
11:30 – 1:00	Lunch	
1:00 – 1:30	Public Comments	
1:30 – 2:00	Defining the Gulf War Population	**LTG Tom Plewes, USAR (Ret)** *Member, Advisory Committee on Gulf War Veterans*
2:00 – 4:30	Committee Discussion and Deliberations	
4:30 – 4:45	Closing Remarks	**The Honorable Charlie Cragin** *Chairman, Advisory Committee on Gulf War Veterans*

Department of Veterans Affairs
Advisory Committee on Gulf War Veterans
VA Medical Center, Baltimore, MD
November 19, 2008

8:30 – 8:45	Assemble	St Regis Hotel Lobby
8:45 – 10:00	Enroute to Baltimore VA Medical Center	Fleet Transportation
10:00 –10:15	Opening Remarks	The Honorable Charlie Cragin *Chairman, Advisory Committee on Gulf War Veterans*
10:15 – 11:15	Maryland Veteran Outreach	Deputy Secretary Wilbert Forbes *Deputy Secretary of VA for Maryland Department of Veterans Affairs*
11:15 – 11:45	Veterans Service Organizations Advocacy	Randy Reese *Member, Gulf War Advisory Committee*
11:45 – 1:00	Lunch	Atrium (Third Floor)
1:00 – 1:30	Public Comment	
1:30 – 2:30	Depleted Uranium Health Surveillance Program	Melissa McDiarmid, M.D., M.P.H. *Professor of Medicine, University of Maryland*
2:30 – 2:45	Break	
2:45 – 4:15	Panel Discussion	Gulf War I Veterans
4:30 –	Depart Baltimore for Washington, DC	Fleet Transportation

Department of Veterans Affairs
Advisory Committee on Gulf War Veterans
St Regis Hotel, Washington, D.C.
November 20, 2008

9:00 – 9:05	Opening Remarks	The Honorable Charlie Cragin *Chairman, Advisory Committee on Gulf War Veterans*
9:05 – 9:10	Comments / Introduction	Mr. Jim Binns *Chairman, Gulf War Research Advisory Committee*
9:10 – 10:00	Gulf War Research Advisory Committee Report	Lea Steele, PhD *Member, Gulf War Research Advisory Committee*
10:00 – 11:00	Women's Mental Health	Antonette Zeiss, PhD *Deputy Chief Mental Health Services*
11:00 – 11:15	Break	
11:15 – 11:45	Public Comment	
11:45 – 1:30	Lunch	
1:30 – 2:30	Gulf War Research	Han Kang, PhD *Director, Environmental Epidemiology Service*
2:30 – 3:00	Gulf War Statistics Update	LTG (Ret)Tom Plewes *Member, Gulf War Advisory Committee* Dat Tran *Director, National Center for Veterans Analysis and Statistics*
3:00 – 3:15	Break	
3:15 – 4:30	Committee Discussions - Including work plan	Chairman Cragin *Chairman, Advisory Committee on Gulf War Veterans*

Advisory Committee on Gulf War Veterans
VA Puget Sound Health Care System
January 14, 2009

8:15 –	Assemble	Crowne Plaza Seattle 1113 6th Avenue Seattle, WA 98101
8:30 – 9:00	Enroute to VA Puget Sound Health Care System	VA Transportation
9:00 – 9:15	Opening Remarks	The Honorable Charlie Cragin *Chairman, Advisory Committee on Gulf War Veterans*
9:15 – 9:30	Welcome	Stan Q. Johnson *Director, VA Puget Sound Health Care System*
9:30 – 10:30	Post-Deployment Integrated Care Model	Stephen Hunt, MD *VA Puget Sound & Director, National Post-Deployment Integrated Care Initiative*
10:30 – 11:30	Multiple Sclerosis (MS) Amyotrophic Lateral Sclerosis (ALS)	Dr. Jodie Haselkorn, MD, MPH *Director, MS Center of Excellence* Gregg Meekins, MD *Neurologist*
11:30 – 12:30	Lunch	
12:30 – 1:15	Washington State Military Department Joint Headquarters	Tom Riggs *Transition Chief*
1:15 – 2:00	Veterans Service Organization (Veterans of Modern Warfare)	Julie Mock *President, Veterans of Modern Warfare*
2:00 – 2:15	Break	
2:15 – 2:45	Public Comments	
2:45 – 4:00	Gulf War Veterans Panel	
4:00 – 5:00	Tour VA Puget Sound Health Care System **(Closed to Public)**	Stephen Hunt, MD *Director, Deployment Health Clinic, VA Puget Sound & Director*

Advisory Committee on Gulf War Veterans
Seattle Washington
January 15, 2009

8:30 –	Assemble	Crowne Plaza Seattle 1113 Sixth Avenue Seattle, WA 98101
8:45 - 9:00	Enroute to Seattle Regional Office	VA Transportation
9:00 – 10:30	Claims Processing Tour **(Closed to the Public)**	ReNaye Murphy *Veterans Service Center Manager* *Seattle Regional Office*
10:30 – 10:45	Enroute to Seattle Vet Center	VA Transportation
10:45 – 11:45	Seattle Vet Center **(Closed to the Public)**	Ron Boxmeyer *Team Leader*
11:45 – 12:00	Enroute to lunch	
12:00 – 1:30	Lunch	Lake Union
1:30 – 2:00	Enroute to Homeless Facility	
2:00 – 3:00	Community Based Grant and Perdiem Program **(Closed to the Public)**	Ann Shahan, BSN, M.Ed. *VISN 20 Homeless Coordinator*
3:00 – 3:30	Enroute to Hotel	
3:30 – 5:30	Committee Deliberations **(Open to the Public)**	Crowne Plaza Seattle 1113 Sixth Avenue Seattle, WA 98101

Advisory Committee on Gulf War Veterans
February 18, 2009

Atlanta VA Medical Center
1670 Clairmont Road Room, 1C182
Decatur, GA 30033

Time	Event	Presenter
8:15 –	Assemble	
8:30 – 9:00	En-route to Atlanta VA Medical Center	
9:00 – 9:05	Opening Remarks	The Honorable Charlie Cragin *Chairman, Advisory Committee on Gulf War Veterans*
9:05 – 9:15	Welcome	James Clark *Director, Atlanta VAMC*
9:15 – 9:45	Atlanta VAMC Gulf War Veteran Landscape Changes	Bruce Rooney *Chief Social Worker ,VAMC, Atlanta*
9:45 – 10:30	Registry Exams	Dr. Suzanne Cullins *Chief, Compensation & Pension & Specialty Exams*
10:30 – 10:45	Break	
10:45 – 11:30	Primary Care	Sanjay Ponkshe, MD *Chief of Primary Care*
11:30 – 12:15	VISN 7 Post Deployment Integrated Care Initiative Model (PDICI) Roll-out	Robin Anderson *VISN 7 Representative*
12:15 – 1:00	Veterans Affairs' Strategic Plan for the Post Deployment Integrated Care Initiative Model (PDICI) Roll-out	Gordon Schectman, MD, MPH *National Director for Primary Care (Via Video Teleconferencing)*
1:00 – 2:30	Lunch	
2:30 – 3:30	U. S. Army Reserve	COL Sumathy Reddy *Assistant Army Reserve Surgeon Fort McPherson, GA*
3:45 – 4:45	Leishmaniasis Disease	Barbara L. Herwaldt, MD, MPH *CAPT, U.S. Public Health Service CDC, Division of Parasitic Diseases*
	En-route to Hotel	

Advisory Committee on Gulf War Veterans
February 19, 2009

Atlanta VA Medical Center
1670 Clairmont Road, Room 1C182
Decatur, GA 30033

Time Event		Presenter
8:15 –	Assemble	
8:30 – 9:00	En-route to Atlanta VA Medical Center	
9:00 – 9:15	Opening Comments	The Honorable Charlie Cragin *Chairman, Advisory Committee on Gulf War Veterans*
9:15 – 9:45	Georgia Department of Veterans Affairs	Pete Wheeler *Commissioner, Georgia Department of Veterans Service*
9:45 -10:15	Alabama Department of Veterans Affairs	Clyde Marsh *Commissioner, Alabama Department of Veterans Affairs*
10:15 – 10:30	Break	
10:30 – 11:30	Atlanta Regional Office	Al Bocchicchio *Director, Atlanta Regional Office* Eboni White *Acting Assistant Education Chief* Bambi Anderson-Ivers *Assistant Veterans Service Center Manager (AVSCM)*
11:30 – 1:00	Lunch	
1:00 – 1:30	Public Comments	
1:30 – 2:30	Veterans Panel	
2:30 – 5:00	Committee Deliberation	
	En-route to Hotel	

Advisory Committee on Gulf War Veterans
Washington, D.C.
May 6 – 7, 2009

MAY 6, 2009		
8:30 – 8:35	Opening Remarks	The Honorable Charlie Cragin *Chairman, Advisory Committee on Gulf War Veterans*
8:35 – 10:30	VA Outreach Panel	Chris Scheer *Office of Public & Intergovernmental Affairs* Karen Malebranche *Veterans Health Administration* Robert Connor *Veterans Benefit Administration, Compensation and Pension Service* Dave Schettler *National Cemetery Administration* Joyce Bounds *VA Strategic Communication Council*
10:30 – 10:45	Break	
10:45– 11:30	Iraq & Afghanistan Veterans of America (IAVA)	Patrick Campbell *Chief Legislative Counsel*
11:30 – 1:00	Lunch	
1:00 – 3:00	Gulf War Illnesses	Robert Haley, M.D. *Department. of Epidemiology* *UT Southwestern Medical Center* John Hart, M.D. *Member, Advisory Committee on Gulf War Veterans*
3:00 – 3:15	Break	
3:15 – 3:45	Public Comments	
3:45 – 5:00	Committee Deliberation	

Advisory Committee on Gulf War Veterans
Washington, D.C.
May 6 – 7, 2009

MAY 7, 2009		
8:30 – 8:45	Opening Remarks	The Honorable Charlie Cragin *Chairman, Advisory Committee on Gulf War Veterans*
8:45 – 12:00	Committee Deliberation	
12:00 – 1:30	Lunch	
1:30 – 2:15	Veterans Affairs' Strategic Plan for the Post Deployment Integrated Care Initiative Model (PDICI) Roll-out	Gordon Schectman, MD, MPH *National Director for Primary Care*
2:15 – 5:00	Committee Deliberation	

Advisory Committee on Gulf War Veterans
St. Regis Hotel, Washington, D.C.
July 15 – 16, 2009

JULY 15, 2009		
8:30 – 8:35	Opening Remarks	The Honorable Charles Cragin *Chairman, Advisory Committee on Gulf War Veterans*
8:35 – 10:30	VSO Outreach Panel	*Legislative Directors* The American Legion (TAL) American Veterans (AMVETS) Disabled American Veterans (DAV) Paralyzed Veterans of America (PVA) Veterans of Foreign Wars (VFW) Wounded Warrior Project (WWP)
10:30 – 10:45	Break	
10:45– 11:30	Public Comment	
11:30 – 1:00	Lunch	
1:00 – 2:00	Data Subcommittee Briefing to Full Committee	*Subcommittee Members, Advisory Committee on Gulf War Veterans* Kirt Love Tom Plewes Randy Reese
2:00 – 2:15	Break	
2:15 – 3:15	Draft Language Discussion	
3:15 – 5:00	Committee Deliberation	
	Closing Comments	The Honorable Charles Cragin *Chairman, Advisory Committee on Gulf War Veterans*

Advisory Committee on Gulf War Veterans
St. Regis Hotel, Washington, D.C.
July 15 – 16, 2009

JULY 16, 2009		
8:30 – 8:35	Opening Remarks	The Honorable Charles Cragin *Chairman, Advisory Committee on Gulf War Veterans*
8:35 – 11:30	Committee Deliberation	
11:30 – 1:00	Lunch	
1:00 – 5:00	Committee Deliberation	
Closing	Comments	The Honorable Charles Cragin *Chairman, Advisory Committee on Gulf War Veterans*

Advisory Committee on Gulf War Veterans
Lafayette Building, Room 819
811 Vermont Ave, Washington, D.C.
September 16 – 17, 2009

SEPTEMBER 16, 2009

9:00 – 9:15	Opening Remarks	The Honorable Charles Cragin *Chairman, Advisory Committee on Gulf War Veterans*
9:15 – 9:45	Public Comment Period	
9:45 – 11:30	Report Writing	
11:30 – 1:00	Lunch	
1:00 – 4:00	Report Writing	
4:00 -	Closing Comments	The Honorable Charles Cragin *Chairman, Advisory Committee on Gulf War Veterans*

Advisory Committee on Gulf War Veterans
Lafayette Building, Room 819
811 Vermont Ave, Washington, D.C.
September 16 – 17, 2009

SEPTEMBER 17, 2009

12:00 – 12:15	Opening Remarks	The Honorable Charles Cragin *Chairman, Advisory Committee on Gulf War Veterans*
12:15 – 13:15	Committee Time	
13:15 – 13:20	Introduction of the Chief of Staff Department of Veterans Affairs	The Honorable Charles Cragin *Chairman, Advisory Committee on Gulf War Veterans*
13:20 – 14:15	Comments	Mr. John R. Gingrich *Chief of Staff* *Department of Veterans Affairs*
14:45 – 4:00	Committee Time	
4:00 -	Closing Comments	The Honorable Charles Cragin *Chairman, Advisory Committee on Gulf War Veterans*

APPENDIX D

PRESENTERS, PANELISTS, AND PUBLIC COMMENTS

June 17 – 19, 2008 Meeting
Hamilton Crowne Plaza, 1001 14th Street, NW, Washington, D.C.

The Honorable James B. Peake, M.D., Former Secretary Department of Veterans Affairs

Guest Presenters

Lawrence R. Deyton, M.S.P.H., M.D.
Chief Public Health and Environmental Hazards Office, Veterans Health Administration

The Honorable William Tuerk
Under Secretary, Memorial Affairs, National Cemetery Administration

Mr. Keith Pedigo
Associate Deputy Under Secretary, Veterans Benefits Administration

The Honorable James P. Terry
Chairman, Board of Veterans' Appeals

Joel Kupersmith, M.D.
Office of Research and Development, Chief, Research and Development Officer

Ms. Caryl Kazen
Director, VA Central Library, Veterans Affairs Central Office Library

Public Input

- Ms. Venus V. Hammack, Gulf War I Veteran and Vietnam era, former member of the Army Nurses Corps; Persian Gulf War Era Veterans Association
- Mr. Donald Overton, 82nd Airborne, Gulf War I Veteran; Veterans of Modern Warfare
- Mr. Chuck Smith, Washington, DC Chapter of the Veterans of Foreign Wars
- Mr. Michael Lanning, U. S. Air Force Gulf War I Veteran
- Ms. Denise Nichols, RN, Major, U. S. Air Force Reserve, Retired, Coalition Vice Chairman and Chairman – Gulf War Illness Committee, National Vietnam and Gulf War Veterans Coalition
- James N. Baraniuk, M.D., Georgetown University Medical Center
- Mr. Claridge Rice, Veteran from Eastern North Carolina

September 24 - 25, 2008 Meeting
Residence Inn by Marriott, 1199 Vermont Avenue, NW, Washington, D.C.

Guest Presenters

Mark Brown, PhD
Director, Environmental Agents Service, Office of Public Health and Environmental Hazards

Mr. Tony A. Guagliardo
Director, Business Policy, Veterans Health Administration

Craig Hyams, MD, MPH
Chief Consultant for Environmental Health, Office of Public Health and Environmental Hazards

Joe Francis, MD, MPH
Deputy Chief Quality and Performance Officer

Stephen Hunt, MD, MPH
Director, Deployment Health Clinic, VA Puget Sound and Director, National Post-Deployment Integrated Care

Mr. Keith Stabler
Chief, Judicial and Advisory Review Staff, Compensation and Pension Service

Mr. Brad Flohr
Assistant Director, Compensation and Pension Service

Mr. Keith Stabler
Chief, Judicial and Advisory Review Staff, Compensation and Pension Service

Mr. Michael MacDonald
Outreach Coordinator, Veterans Benefits Administration

Mr. Dat Tran
Director, Veterans Affairs National Center for Veterans Analysis and Statistics

Gulf War I Veterans Panel

In a closed session at the Washington VA Medical Center, the Committee conversed with a panel of five Gulf War I Veterans. Each expressed their concerns and recommendations about the delivery of health care and benefits.

Public Input

- Mr. Michael Roley, accompanied by his son Midshipman Christopher Roley, from Louisville, Kentucky
- Mr. Christopher Launier from the Tampa, Florida area
- Mr. David Keith Winnett, Jr., Captain, U. S. Marine Corps, Retired, from Torrance, California.
- Ms. Margaret Hursh from Valdez, Arizona
- Mr. Michael Letterman, U. S. Army Veteran from Missouri
- Mr. Donald Overton, U. S. Army Veteran representing Veterans of Modern Warfare
- Mr. Britt Small, 100% disabled Vietnam Army Veteran, and Homeless Veterans Chairman of the Fourth District Veterans Affairs Chairman of The American Legion Department of Missouri
- Mr. Anthony Hardie, Gulf War I Veteran from Madison, Wisconsin, and member of the Department of Veterans Affairs Research Advisory Committee on Gulf War Veterans' Illnesses
- Ms. Denise Nichols, RN, Major, U. S. Air Force Reserve, Retired, Coalition Vice Chairman and Chairman – Gulf War Illness Committee, National Vietnam and Gulf War Veterans Coalition

November 19 – 20, 2008
Baltimore VA Medical Center and St. Regis Hotel, Washington, D.C.

Guest Presenters

Mr. Edward R. Reese, Jr.
National Service Director, Disabled American Veterans (DAV)

Maryland Department of Veterans Affairs
Mr. Wilbert Forbes, *Deputy Secretary*
Mr. Robert Sharps, *Director of Outreach and Advocacy*
Dr. Stephen Cunnion, *Subject Matter Expert in Post Traumatic Stress Illness*

Dr. Melissa McDiarmid
Director, Depleted Uranium Follow-Up Program, Department of Veterans Affairs

Mr. Jim Binns, *Chairman*
Dr. Lea Steele, *Member*
Research Advisory Committee (RAC) on Gulf War Veterans' Illnesses

Dr. Antonette Zeiss
Deputy Chief Mental Health Services, Veterans Health Administration

Dr. Han Kang
Director Environmental Epidemiology Service, Veterans Health Administration

LTG (Ret) Tom Plewes
Member, Advisory Committee on Gulf War Veterans

Mr. Dat Tran
Director, National Center for Veterans Analysis and Statistics

Gulf War I Veterans Panel

Mr. Thomas MacDonald, U.S. Army, former infantryman with Army Special Forces
Mr. Kyle Legg, Lieutenant Colonel, U. S. Army Reserve, Retired

Public Comments

- Mr. Richard Cohen, Executive Director of the National Organization of Veterans' Advocate, Inc.
- Mr. Jim Bunker, President, National Gulf War Resource Center
- Mr. Anthony Hardie, Executive Assistant of the Wisconsin Department of Veterans Affairs
- Ms. Denise Nichols, RN, Major, U. S. Air Force Reserve, Retired, Coalition Vice Chairman and Chairman – Gulf War Illness Committee, National Vietnam and Gulf War Veterans Coalition

January 14 – 15, 2009
VA Puget Sound Health Care System, Seattle, Washington

Guest Presenters

Ms. DeAnn Dietrich
Deputy Director of VA Puget Sound Health Care System

Stephen C. Hunt, MD MPH
Director of the Post Deployment Integrated Care Initiative.

Jodie Haselkorn, MD, MPH
Director, MS Center of Excellence

Greg Meekins, MD
Neurologist, VA Puget Sound

Mr. Tom Riggs
Transition Chief, Washington State Military Department, Joint Headquarters

Ms. Julie Mock
President, Veterans of Modern Warfare

Mr. Bill Borom
Assistant Director, Seattle Regional Office

Ms. ReNaye Murphy
Veterans Service Center Manager, Seattle Regional Office

Mr. David Boyd
Vocational Rehabilitation and Employment (VR&E) Officer

Mr. Ron Boxmeyer
Seattle Veterans Center Team Leader

Dr. Michael Colson
Seattle Veterans Center Readjustment Counseling Therapist

Dr. Ann Shahan
VISN 20 Homeless Coordinator

Gulf War I Veterans Panel

- Ms. Elizabeth Burris, Lieutenant Colonel, U. S. Army Reserve, Retired
- Mr. Mark Nieves, Calvary Scout, U.S. Army
- Mr. Lee Christopherson, USN, BM/PS, Port Security Unit 303
- Mr. Beckie Wilson, U.S. Navy Officer, Retired

Public Comments

Dr. Bridget Cantrell, WDVA PTSD Provider, CEO/President of Hearts Toward Home International

February 18 – 19, 2009
Atlanta VA Medical Center

Guest Presenters

Mr. James Clark
Director, Atlanta VA Medical Center

Mr. Bruce Rooney
Chief Social Worker, Atlanta VA Medical Center

Dr. Suzanne Cullins
Chief of Compensation and Pension and Specialty Exams, Atlanta VA Medical Center

Dr. Sanjay Ponkshe
Chief Primary Care, Atlanta VA Medical Center

Mr. Lawrence Biro
VISN 7 Director (VTC from Washington, DC)

Ms. Robin Anderson
VISN 7 Representative

Dr. Gordon Schectman
National Director for Primary Care (VTC from Madison, WI)

Colonel Sumathy Reddy
Assistant Army Reserve Surgeon, Fort McPherson, GA

Dr. Barbara L. Herwaldt
Centers for Disease Control and Prevention, Division of Parasitic Diseases

Mr. Tom E. Cook
Assistant Commissioner, Field Operations and Claims, Georgia Department of Veterans Service (SDVS)

Mr. Robert Horton
ADVA Public Information Officer, Alabama Department of Veterans Affairs

Mr. Al Bocchicchi
Director, Atlanta Regional Office

Ms. Bambi Anderson-Ivers
Assistant Veterans Service Center Manager

Ms. Eboni White
Chief Education Claims Processing, Atlanta Regional Office

Gulf War I Veterans Panel

- Mr. Robert Tanner, U. S. Army, along with his father, Robert Tanner Sr. and mother, Ms. Mary Tanner; Mrs. Robert Tanner's wife, Jacqueline Tanner, submitted a written letter to the Committee.
- Ms. Kathy Davison, U. S. Army Anesthetist
- Mr. Jacques Swafford, U. S. Army Reservist
- Ms. N. Gale Reid, U. S. Air Force
- Mr. Robert Travis, U. S. Marine Corps, and his wife Deidra Travis
- Ms. Carol Williams, U. S. Navy Corpsman
- Ms. Lisa Ellis, spouse of Jim Ellis, U. S. Marine Corps
- Mr. Danny Byse, U. S. Army
- Mr. Lyndon Habersham, U. S. Marine Corps

Public Comments

Ms. Jani McGee, EdS. LPC, Georgia JFSAP, Military OneSource Consultant.

May 6 – 7, 2009
Residence Inn by Marriott, Washington, D.C.

Guest Presenters

Ms. Emily Smith
Deputy Assistant Secretary for Intergovernmental Affairs (IGA)

Ms. Karen Malebranche
Executive Director, OEF/OIF Program Office

Mr. Chris Scheer
Public Affairs Supervisor, VA Office of Public Affairs

Mr. David Connor
Program Analyst, Compensation and Pension, Veterans Benefits Administration

Mr. David Schettler
Director, Communications Management Service, National Cemetery Administration

Ms. Joyce Bounds
Web Director for the Office of Veterans Health Administration Web Communication

Mr. Patrick Campbell
Chief Legislative Counsel, Iraq and Afghanistan Veterans of America (IAVA)

John Hart, M.D.
Professor of Neurology and Psychiatry, University of Texas Southwestern Medical Center

Robert Haley, M.D.
Department of Epidemiology University of Texas Southwestern Medical Center

Gordon Schectman, MD, MPH
National Director for Primary Care, Veterans Health Administration

Public Comments

- Ms. Denise Nichols, RN, Major, U. S. Air Force Reserve, Retired, National Vietnam and Gulf War Veterans Coalition
- Ms. Pam Johnson, the mother of Gulf War I Navy Veteran, David McKay, who died in April 2006
- Mr. Edward Bryan, Staff Sergeant, U.S. Army, Retired
- Mr. Donald Overton, Army Veteran representing Veterans of Modern Warfare
- Mr. Thomas Overy, Gulf War I Veteran from Whitman, MA

July 15 – 16, 2009
St. Regis Hotel, Washington, D.C.

Guest Presenters

Ms. Denise Williams
The American Legion

Mr. Carl Blake
Paralyzed Veterans of America

Mr. Dennis Cullinan
Veterans of Foreign Wars

Mr. Adrian Atizado
Disabled American Veterans

September 16 – 17, 2009
Department of Veterans Affairs, Board of Veterans' Appeals

Mr. John R. Gingrich, Chief of Staff for the Department of Veterans Affairs