

**REMARKS FOR
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DEPARTMENT OF VETERANS AFFAIRS**

**BEFORE THE
DEPARTMENT OF VETERANS AFFAIRS
ADVISORY COMMITTEE ON GULF WAR VETERANS**

**AT THE RESIDENCE INN BY MARRIOTT,
WASHINGTON D.C.
SEPTEMBER 24, 2008**

**REGARDING VA'S GULF WAR REGISTRY & OUTREACH TO VETERANS
WHO SERVED IN THE 1991 GULF WAR**

Mr. Chairman and members of the Advisory Committee on Gulf War Veterans.

I would like to begin by thanking each of you for the time you are taking to review and to help improve the clinical care and other benefits that VA provides for veterans of the 1991 Gulf War.

At this time when the nation's attention is so closely focused on the health care needs of our newest veterans returning from the conflicts in Iraq and Afghanistan, I think it is critical to remind ourselves that the Department of Veterans Affairs is responsible for providing the highest quality of care to all of America's veterans.

With that in mind I want to thank you for focusing the attention of all of us on those men and women who served their country in the 1991 Gulf War, many of whom were injured during that deployment, or who are ill today as a result of their service.

In particular, I'd like to thank those of you on this committee who served in the 1991 Gulf War, and those of you who have served on one or more of the previous advisory committees who have helped us to better respond to the health care needs of these veterans.

With me today are Mr. Steven Sloane, Deputy Director, Environmental Agents Service, and the editor of the Gulf War Review newsletter, and Ms. Helen Malaskiewicz, Senior Environmental Health Coordinator, and in charge of VA's clinical examination registries.

We represent VA's Environmental Agents Service, part of the Office of Public Health and Environmental Hazards within the Veterans Health Administration.

Our group is responsible for VA's Gulf War Registry program, and we have also taken responsibility for outreach to veterans on environmental health and other related issues.

BACKGROUND

By way of background, and as you all have heard, the United States deployed nearly 700,000 military personnel to the Kuwaiti Theater of Operations during Operations Desert Shield and Desert Storm (August 2, 1990, through July 31, 1991).

Compared to US troops deployed to combat before this, the Americans who served in the Gulf War were unique.

As a group, they had more ethnic diversity, more women, more parents, more activated members of the Reserves and National Guard who were temporarily uprooted from their civilian lives, and thus as a consequence, overall, this group was also relatively older.

Although US troops suffered few casualties and only 148 combat-related deaths, they were potentially subjected to a range of hazardous natural and man-made environmental exposures, including depleted uranium, chemical and biological warfare agents, medical prophylaxis, pesticides, fuels, oil well fire smoke, infectious agents, and deployment-related stress, just to name a few.

Within months of their return, some Gulf War veterans reported various symptoms and illnesses that they considered to be related to their military service.

Veterans, their families, Congress, the media and VA eventually all became concerned about the health effects that might be related to this military deployment.

More than 335,000 Gulf War veterans have been seen at least once as patients by VA.

In addition, more than 130,000 have participated in the two health registries maintained by VA and the Department of Defense (DoD).

Although the majority of veterans seeking VA health care come with a wide variety of readily diagnosable health conditions, we remain concerned about those veterans whose symptoms and illnesses have eluded specific diagnosis.

In response, VA has developed a range of programs to respond to the health care and other needs of all of the veterans of the 1991 Gulf War.

VA PROGRAMS FOR GULF WAR VETERANS

I think you have heard already about many of the wide range of special programs VA initiated in response to the health care and other needs of veterans returning from the 1991 Gulf War.

These include:

- the Gulf War registry health examination;
- a new authority to compensate Gulf War veterans for disabilities from undiagnosed illnesses;
- new epidemiological and other research on Gulf War veterans' health;
- new clinical guidelines for combat veteran health care;
- new VA "War-Related Illness & Injury Study Centers" that provide specialized health care for the nation's combat veterans;

- expanded education on combat health care for VA providers;
- enhanced outreach to combat veterans and their families;
- improved combat veteran health care eligibility;
- VA's special Depleted Uranium (DU) surveillance program;
- the series of independent reviews on Gulf War veterans' health research by the independent and prestigious National Academies of Science Institute of Medicine; and finally,
- VA's broad research portfolio on Gulf War veterans' health.

Today, you asked us to speak to you about two of these programs, specifically, VA's Gulf War Registry program, and the outreach that we do for Gulf War veterans and their families.

THE VA GULF WAR VETERAN HEALTH REGISTRY

Even before the 1991 Gulf War cease-fire, VA had concerns that returning veterans might develop specific deployment-related health, especially respiratory effects from exposure to the intense oil fire smoke that we all saw broadcast on the television coverage of that war.

In response, VA quickly established a clinical registry to screen for this possibility.

The new voluntary health registry examination also helped to encourage these new combat veterans to take advantage of VA health care and other programs through this introduction.

VA has long maintained health registries for other at-risk populations, including veterans exposed to radiation, and Vietnam veterans exposed to Agent Orange.

Moreover, in the early 1990s VA lacked the means of using electronic records that we have in place today for tracking a specific group of veterans.

Formally authorized in November 1992 through Public Law 102-585, VA's Gulf War Veterans' Health Examination Registry is still available today without charge to all Gulf War veterans, including for veterans of the current conflict in Iraq.

It offers a basic comprehensive physical examination, and collects data from participating veterans about their symptoms, diagnoses, and self-reported Gulf War hazardous exposures.

Veterans whose complaint cannot be diagnosed through the registry examination can be referred to one of VA's specialized "War-Related Illness and Injury Study Centers," or for a "Phase II" registry exam for specialty consultation and testing.

As of September 2, 2008, nearly 107,000, or roughly 1 in 7, veterans of the 1991 Gulf War have received a Gulf War registry examination.

I understand that summary statistics from this registry program have been provided for you in your briefing packages.

Special Depleted Uranium (DU) Surveillance Program. A recent addition to the Gulf War veteran registry exam is VA's Depleted Uranium Surveillance Program, operating at the Baltimore VA medical center, under the direction of Dr. Melissa McDiarmid.

As you may know, the special armor piercing munitions and tank armor made from depleted uranium (DU) was used with great effect by US forces during the 1991 Gulf War, as well as more recently during the initial phases of Operation Iraqi Freedom.

However, some veterans returning from these conflicts have had concerns that DU may have affected their health.

In response, in 1993, VA established our DU Follow-up Program at the Baltimore VA Medical Center to monitor the health of veterans who had retained DU fragments in wounds – typically from “friendly fire” incidents in 1991 Gulf War.

The program provides ongoing and thorough detailed physical examinations of affected veterans, including a broad array of testing of the blood, immune, reproductive, and central nervous systems, and of kidney and liver function.

In 1998, in response to increasing concerns among Gulf War veterans, this program was expanded to offer DU screening for any veteran concerned about possible DU exposure, and not just those with possible retained DU fragments or with other types of high exposure risks.

This voluntary health screen involves a questionnaire and a 24-hour urine DU assessment.

It is also open for veterans who served in Operations Iraqi Freedom and Enduring Freedom.

Fortunately, researchers with VA's DU Follow-up Program have not to date identified any clinically significant uranium-related health effects among veterans from exposure from inhalation or from retained DU fragments, other than the original wound itself.

There are however some concerns about certain physical changes that have been noted in imbedded DU fragments, and indications for surgical removal of fragments are currently under review by Baltimore DU Follow-up group.

Finally, VA and DoD will continue to monitor health effects in this population, which as I mentioned, today includes both 1991 Gulf War veterans and veterans from the current conflict in Iraq, for the foreseeable future, especially for those with retained DU fragments.

What Have We Learned From the Gulf War Registry? After more than 1 ½ decades, the principal finding from VA's clinical registry examination of veterans of the 1991 Gulf War is that they are suffering from a wide variety of common, recognized illnesses. The concern about respiratory health problems was fortunately not seen in the registry data.

Finally, no new or unique syndrome has been identified through the use of this registry data.

Today, I think that registry still has significant value in allowing a Gulf War veteran to have an informed discussion of their deployment-related health concerns, as well as a thorough medical work up.

We also think that this outreach activity remains popular with veterans and their families.

Finally, the registry program also remains invaluable as a means of introducing veterans to VA care and programs.

Epidemiological Research on Gulf War Veterans. Despite these ongoing advantages of VA's Gulf War Health Registry program, we recognized from the outset that properly conducted epidemiological research would be essential for accurately characterizing any long-term health consequences of Gulf War 1 service.

The issue is that registry participants are by the very nature of the program entirely self-selected, and therefore not representative of all Gulf War veterans. Nor is there any reasonable control or comparison group available for this group.

This means that although Registry findings indicate that at least participating Gulf War veterans are apparently not showing any unique health problems, these findings do not tell us if veterans overall as a group are suffering from any diagnoses at rates different from expected.

Registry data cannot be used to answer basic questions such as whether these veterans suffering from greater rates of certain cancers, or reproductive health problems or other health issues.

With this in mind I would like to very briefly mention some results of just a couple of the most important population-based epidemiological and related research studies that VA has conducted to more rigorously address these types of questions.

VA's National Health Survey of Gulf War Era Veterans and their Families. In response to health concerns of Gulf War veterans, VA initiated the National Health Survey of Gulf War Era Veterans and their Families, as a national, population-based cohort study that compared the health of about 15,000 deployed and an equal number of non-deployed veterans, and their children and spouses.

Results from telephone surveys confirmed that deployed veterans were more likely to report a wide variety of medical symptoms as well as have more hospital visits.

However, parallel clinical evaluations indicated that the physical health of deployed veterans was not different from that of non-deployed veterans, except that the prevalence of Chronic Fatigue Syndrome and Fibromyalgia was higher among the deployed group.

VA Gulf War Veteran Mortality Study. Similarly, VA researchers have also been continuously monitoring and reporting upon the cause-specific mortality of all 1991 Gulf War veterans in comparison to their non-deployed peers and to civilians of similar age and gender.

In post-war monitoring, Gulf War veteran mortality from most causes has not been found to be significantly different in comparison to their non-deployed peers.

Moreover, the mortality for both groups is less than half that of matched civilian controls. This is almost certainly because people who choose to go into the military are generally healthier to begin with.

Nevertheless, this is good news because at least in terms of mortality Gulf War veterans on average are healthier than a comparative civilian population, and generally no different compared to their non-deployed peers.

However, the news from this mortality study is not all good.

Specifically, VA researchers have found that in the first years following Gulf War deployment, veterans have shown an increased risk of death from accidents, especially involving motor vehicles.

Fortunately, VA's data also shows that this is a temporary effect, and by 6 years post-deployment this difference has disappeared. This overall pattern is consistent with earlier mortality data reported for Vietnam and WW II veterans.

Finally, I have only very briefly touched upon the results of these remarkable studies, and I would strongly encourage you to hear from Dr. Han Kang, one of the principal investigators for a more complete discussion about these comprehensive longitudinal evaluations of the health of Gulf War veterans and their families.

OUTREACH AND EDUCATION TO VETERANS AND THEIR FAMILIES

As you have heard, VA has many terrific programs designed to help returning combat veterans and their families, and in particular, Gulf War veterans.

However, we are very much aware that these programs can only be useful to veterans if they know about them.

The Gulf War Review Newsletter. VA initiated the "Gulf War Review" newsletter to help veterans of the 1991 Gulf War and their families become more aware about VA's health care and other benefits that are available for them, and about new research results on Gulf War veterans' health.

The newsletter has been regularly mailed out to over 200,000 veterans from that conflict as well as being distributed to medical centers, regional offices and Vet Centers.

They are also available on line as text and also as down-loadable audio "PodCasts," at our website at www.va.gov/GulfWar.

Since its first publication, VA has published about 40 editions of the Gulf War Review newsletter, or about one to three editions of the newsletter per year, depending on the amount of new information to cover.

We included information about the Advisory Committee in the most recent issue of the Gulf War Review (May 2008).

I should add that we are certain that the activities of your new Advisory Committee and other ongoing developments will be very useful for supporting publication of at least two issues annually.

To ensure that mailing addresses are correct for Gulf War Veterans, VA's Austin Information Technology Center (AITC) staff maintain a mailing list for veterans who receive the "Gulf War Review" via direct mail.

That list includes everyone who has ever received a “Gulf War Registry Health Examination,” and also those who have simply requested to be put on the mailing list.

Direct mailing includes over 200,000 recipients, but VA publishes about twice that many copies of the newsletter, with the remainder being distributed via VA medical centers, Regional Offices, Vet Centers, and through Veteran Service Organizations.

Before each mailing, the AITC also checks their address list against the National Death Index, to ensure that the newsletters are not mailed to deceased veterans.

In addition, once each year the AITC updates mailing list addresses based on matching with IRS address data.

Finally, veterans can access the Gulf War Review newsletters, both current and past issues, over the internet, and the AITC has recently added an on-line feature that allows veterans to sign up for receiving on-line notification of new editions of the newsletter, so they can get copies electronically.

VA Gulf War Veteran Web Site. In 2000, our office initiated a web site on Gulf War veteran health issues to expand our existing outreach with this new, for us, approach.

On our web site at www.va.gov/GulfWar, veterans have access to many materials including:

- Our “Gulf War Review” newsletters,
- Audio PodCasts taken from the newsletters,
- The Gulf War Veterans Health Registry Handbook,
- The Depleted Uranium Handbook,
- Institute of Medicine Reports on Gulf War Veterans’ Health issues,
- VA’s Gulf War Veteran Poster; and
- Other information on Gulf War health issues.

LESSONS LEARNED

In conclusion, I think that VA has developed a wide range of health care, outreach, education and research programs for the benefit of veterans of the 1991 Gulf War.

Lessons learned from this process have provided significant benefits to the new combat veterans returning today from Southwest Asia.

And I want to make it clear that both groups of combat veterans – those who served in the 1991 Gulf War and those who are serving in Operations Iraqi Freedom and Enduring Freedom -- remain a high priority for VA.

Finally, I do not want to leave this committee with the impression that VA is completely satisfied with the progress we have made in responding to the health care needs of veterans of the 1991 Gulf War.

VA has provided high quality health care to 335,000 veterans of that conflict. Most have been diagnosed with not uncommon illnesses and have been satisfied with the medical treatment VA can provide them.

However, VA recognizes that we have not been able to satisfy all veterans coming to us for care, and that there are always to improve the services we provide.

With this in mind, we greatly look forward to the review that your committee has undertaken.

This concludes my prepared remarks and we would be happy to try and answer any questions you may have.