Department of Veterans Affairs Advisory Committee on Gulf War Veterans
Public Meeting – November 19 - 20, 2008

November 19, 2008,
Baltimore VA Medical Center

Present:
The Honorable Charlie Cragin, Committee Chair
Committee Members (alphabetical order):
Martha Douthit
Dr. Henry Falk
Mark Garner
Dr. Lynn Goldman
Dr. John Hart
Rusty Jones
Kirt Love
Dan Ortiz
Dan Pinedo
LTG (USAR, RET) Tom Plewes
Valerie Randall
Randy Reese

Not Present:
Steve Robertson

Opening Remarks by the Honorable Charlie Cragin

Mr. Cragin welcomed the Committee members and members of the public as well as those who phoned in through the teleconference. He then introduced the first speaker, Committee member Randy Reese, National Service Director of Disabled American Veterans.

Understanding Veterans Service Organizations (VSO)
Edward R. Reese, Jr.
National Service Director, Disabled American Veterans (DAV)

Mr. Reese presented an overview of the role of the VSO. He explained that VSOs are advocates and service providers for Veterans at no cost to the Veteran. There are both congressionally and non-congressionally chartered VSOs. Those that are congressionally chartered fall under USC 36 similar to Boy and Girl Scouts of America, Civil Air Patrol, and United Service Organization (USO), etc. VSOs on occasion unite on certain legislative issues to help Veterans. VSOs are notably recognized for their role in assisting Veterans and family members in obtaining benefits and services earned through military service and provided by the Department of Veterans Affairs (VA) and other agencies of government. It is not uncommon for Veterans to belong to more than one VSO. The Independent Budget which was developed by DAV, AMVETS, Paralyzed Veterans of America, and the Veterans of Foreign Wars of the United States allows VSOs to work collaboratively in presenting budget and policy recommendation for programs administered by the VA and the Department of Labor.

As the National Service Director of DAV, Mr. Reese spent some time talking about his organization. DAV has 1.2 million members of which 99.9% are service connected disabled Veterans. DAV has 1.3 million volunteers, represents more than 200,000 Veterans and family members with claims for benefits annually, and is listed as a premier charity under the Better Business Bureau.

Mr. Reese's presentation is attached.

Maryland Department of Veterans Affairs
Deputy Secretary Wilbert Forbes

Mr. Forbes, accompanied by Mr. Robert Sharps, Director of Outreach and Advocacy, and Dr. Stephen Cunnion, a subject matter expert in post-traumatic stress illness and traumatic brain injury, addressed the state's benefits and services for and extensive outreach activities to Maryland Veterans. While Maryland does not have specific programs for Gulf War I Veterans, Mr. Forbes emphasized Maryland's commitment to caring for all of the state's Veteran population of more than 485,000, thirty percent of whom are disabled. The Secretary of Maryland DVA, James Adkins, reports directly to the governor. During the 2008 Legislative Session, Maryland's Lieutenant Governor Anthony Brown, a Veteran of OIF/OEF, led passage of a comprehensive Veterans package which included the Maryland Veterans Behavioral Health Act of 2008, expansion of claims assistance, National Guard Reintegration for returning Iraq and Afghanistan Veterans and Veterans seniority related to State employee lay offs.

Mr. Sharps discussed the state's great strides in outreach efforts. Communication continues to be Maryland's number one priority. Some of Maryland's outreach activities include informational seminars which will reach every county within the next 18 – 24 months, partnerships with the Department of Aging, Public Safety and Corrections, and Business and Economic Development, Facebook utilization, and working closely with the Veterans service organizations. Mr. Sharps pointed out that transportation is a major concern since most Veterans travel a significant distance to get to the Baltimore Medical Center. Although Maryland is currently pursuing a partnership with the Department of Transportation, the ultimate goal is to provide local transportation services to Veterans thus eliminating the burden of travel.

The Maryland Department of Veterans Affairs has a comprehensive informational brochure downloadable from its website which details resources available to Veterans including Veterans homes, cemeteries, community based outpatient clinics, and tax incentives. More information can be found at www.mdva.state.md.us.

Mr. Forbes' presentation is attached.

Depleted Uranium Health Surveillance Program
Dr. Melissa McDiarmid, Director, DVA, Depleted Uranium Follow-Up Program

Dr. McDiarmid presented an update on the effects of Depleted Uranium (DU) in Gulf War Veterans. The Baltimore VA hosts the Depleted Uranium Follow-up Program. This program was established to determine the health related effects in Veterans exposed to DU; to develop methods to measure uranium exposure; and to examine the surgical management of fragments. VA continues to follow a cohort of approximately 80 Veterans, primarily from the Gulf War, who have documented DU exposure from friendly fire incidents. While a number of the

Veterans in the program still have DU shrapnel in their bodies 17 years later, there are Veterans in the program who did not sustain DU injury but have documentation showing their presence at the time of exposure.

As a result of VA's work, surgical management is handled much differently now by the Department of Defense than during the early 90s. Previously it was thought that DU could be left in the body's soft tissue resulting in no harm to the Veteran. However, it is now known that leaving DU in the body could be harmful because the particles are not inert. Long term absorption of DU fragments causes continued exposure and is a significant medical concern related to foreign body reactions. Accordingly, VA has surgically removed DU in Veterans where the growth of these fragments was evident. Additionally, medical experts now have the issue of pieces of metal oxidizing and being large enough to see with the naked eye. Consequently, VA can follow Veterans by their urine uranium levels because the fragments are rusting making the molecules easier to be picked up in the body going to the blood stream filtered by the kidney. Dr. McDiarmid went on to say that one of the key rules in toxicology is dose times duration. Long term chronic exposure to DU is a dynamic situation having both mental and physical effects. Therefore, VA experts are not ready to dismiss the effects of depleted uranium.

Additional information and statistics can be found in Dr. McDiarmid's attached presentation.

Veterans Panel

Two Veterans who served in the Gulf War theater of operations spoke with the Committee members. Thomas MacDonald, a former infantryman who served in the Army Special Forces shared his experiences of serving in the Gulf War. He also talked about his interaction with the Department of Veterans Affairs upon his return. His chief frustration was the sense that his unexplainable medical issues were not taken seriously. He was subsequently awarded disability compensation for his illnesses. Upon learning that the presumptive period for undiagnosed illnesses had been extended to December 31, 2011, Mr. MacDonald expressed concern that his fellow soldiers may be unaware of the change and would like assistance in reaching out to them.

Kyle Legg, Lieutenant Colonel (Ret), USAR and Veteran of the Gulf War, also addressed the Committee members. He too shared his experiences in the Gulf War with the Committee. He expressed that it was his opinion that VA was not prepared to adequately medically treat Gulf War Veterans' illnesses upon their return home in the early 90s. He does not use VA medical facilities. Mr. Legg's primary recommendation for the Committee is for VA to focus on the long-term health effects and treatment of Veterans who served in the Gulf.

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Mr. Cragin called the second day of the meeting to order and welcomed the Chairman of the Department of Veterans Affairs Research Advisory Committee on Gulf War Veterans' Illnesses (RAC), Mr. Jim Binns, along with Committee member, Dr. Lea Steele.

Research Advisory Committee (RAC) on Gulf War Veterans' Illnesses
Dr. Lea Steele, Member

Dr. Steele highlighted key findings and recommendations from the Research Advisory Committee on Gulf War Veterans' Illnesses' report which was released to the public in November 2008. The extensive report included more than 1800 public domain references which the RAC critically analyzed. Key findings of the report included potential causes for Gulf War Illness, biological characteristics of Gulf War Illness, and other Gulf War-related health issues. Dr. Steele summarized the report's recommendations which included an annual funding allocation of no less than $60 million for federal Gulf War research ($40 million to DOD, $20 million to VA).

The Research Advisory Committee on Gulf War Veterans was appointed by VA in 2002. The RAC is comprised of medical experts and Veterans. The Committee's mission is different from the Advisory Committee on Gulf War Veterans in that it only addresses research related issues.

A copy of the RAC report can be found by going to the following website:
http://www1.va.gov/rac-gwvi/

Women's Mental Health and Military Sexual Trauma (MST)
Dr. Antonette Zeiss, Deputy Chief Mental Health Services

Dr. Zeiss discussed VA's programs on women Veteran's mental health and treatment of military sexual trauma. The Department of Veterans Affairs is in the midst of tremendous change in treating women due to the increased number of women now seeking care. Dr. Zeiss pointed out some of sweeping changes to the Committee. As outlined in the Uniform Mental Health Services in VA Medical Centers and Clinics document, all VA facilities have been redesigned to accommodate and support women Veterans. Inpatient and residential care facilities are required to provide separate and secured sleeping quarters for women. Additionally, sites are strongly encouraged to have same-sex providers or opposite-sex providers if trauma involved a same-sex perpetrator in treating Veterans for MST.

VA received substantial mental health funding from the Special Mental Health Enhancement Initiative funding from Congress and approved by the President. A large portion of that funding has gone into the improvement of mental health treatment programs. VA has also made great strides in caring for homeless women Veterans. Under the Grant and Perdiem Program (GPD), VA provides mental health liaisons who link the Veterans to the full array of VA mental and physical health programs. The variables that may have led the Veterans to becoming homeless are also being addressed. The largest expansion of the homeless program is the Housing and Urban Development (HUD) Veterans Affairs Supportive Housing (VASH) which provides permanent housing to Veterans. HUD VASH significantly improves VA's ability to provide for all homeless Veterans and their families. Dr. Zeiss also discussed the various VA Mental Health Residential Rehabilitation and Treatment Programs (RRTPs) which are usually located on VA grounds or campuses. They are not meant to be locked inpatient facilities but rather a place where the Veterans can reside while completing intensive treatment in a secure environment. The largest number of women Veterans is being seen at the PTSD Domiciliaries under RRTPs.

Additional information and statistics from Dr. Zeiss' presentation may be found in the attached presentation.

Surveillance of Health Outcomes of Gulf War Veterans
Dr. Han Kang, Director Environmental Epidemiology Service

Dr. Kang talked with the Committee about the population-based research studies he has completed on Veterans of the Gulf War and their family members over the last 17 years. A copy of Dr. Kang's detailed presentation including a copy of the reference abstracts can be found on the Advisory Committee's website. A general summary is provided to highlight the key findings of his data.

Dr. Kang provided an overview of mortality studies he has conducted on Gulf War Veterans and highlighted the following results: the overall mortality rate for deployed Gulf War Veterans was found to be less than non-deployed Gulf War era Veterans; mortality rates among Gulf War deployed and non-deployed remain less than half that expected among their civilian counterparts. A significant finding of his research suggests that Gulf War Veterans who were potentially exposed to nerve agent associated with proximity to Khamisiyah had an increased risk of brain cancer death compared to other Gulf War Veterans.

Mortality rates from accidental injury causes, especially motor vehicle crash, were elevated in Gulf War deployed, while disease related causes were lower when compared to non-deployed; these differences diminished within 5 years following return from deployment. Another of Dr. Kang's motor vehicle fatality studies showed that Veterans who died in fatal crashes were younger, had lower educational attainment, were unmarried, enlisted, and had deployed to the Gulf War. When the Gulf War deployed were compared to other Veterans who died in vehicle crashes, they were disproportionately more likely to have been involved in a single-vehicle crash, an alcohol related crash, and were non-users of seat belts.

Dr. Kang also discussed suicide rates among male and female Gulf War and non-Gulf War Veterans. The suicide rate among male Veterans was lower in both deployed and non-deployed personnel than observed in the civilian male population. However, for female Veterans, the rate was higher than that observed in the civilian female population. Generally, the suicide rate observed for females is lower than that observed for males. What is notable about this data is that the pattern observed is opposite: males who were Veterans had a lower suicide rate than civilians, while for female Veterans the suicide rate was higher than observed among their civilian counterparts. One hypothesis for the higher rate is this was the first time a large number of women, many of whom may have been married or had children, deployed to theater, and subsequently experienced greater readjustment problems when they returned home.

Dr. Kang discussed differences between his population-based studies and research based on Gulf War Registry participants. Because registry participants are self-referred to the medical system, the data cannot be generalized to the same extent as a population-based sample would allow. However, the information gathered by the Gulf War registry does give an excellent representation of what Gulf War Veterans experienced.

Dr. Kang's presentation is attached.

Gulf War Statistics Update
LTG (Ret) Tom Plewes, *Member, Advisory Committee on Gulf War Veterans*
Dat Tran, *Director, National Center for Veterans Analysis and Statistics*

Mr. Plewes and Mr. Tran presented a list of potential issues pertaining to Gulf War Veterans the Committee may want to consider as it moves forward that will require system data. Some of the topics discussed were Gulf War Registry participation, Undiagnosed Illness claims, and education benefits for Gulf War I Veterans. Mr. Plewes, on behalf of the Committee, will work with the VA National Center for Veterans Analysis and Statistics headed by Mr. Dat Tran to obtain data that will assist the Committee in better understanding the status of the Gulf War Veteran population and VA benefits that have been and are being provided. The Committee is interested in narrowing down the conflict population by doing a reverse match to Defense Manpower Data Center (DMDC) data to isolate those who served in only specific countries such as Iraq and Kuwait.

The Gulf War Statistics presentation is attached.

Public Comment Period

Public comments were heard from the following:

- Richard Cohen, Executive Director of the National Organization of Veterans' Advocate, Inc.
- Jim Bunker, President, National Gulf War Resource Center
- Anthony Hardie, Executive Assistant of the Wisconsin Department of Veterans Affairs
- Denise Nichols, RN Maj USAFR (Ret), National Vietnam and Gulf War Veterans Coalition

Committee Discussion Summary

The Committee reflected on the content of the presentations given over the past two days. Members highlighted that in many cases specific information about the Gulf War I population is not available; the cohort data is combined with OEF/OIF Veterans. They used the Women's Mental Health presentation as an example but pointed out that this seems to be the case throughout the Department. The Committee also discussed in detail the Research Advisory Committee's report. The publicity of the report may inspire Gulf War Veterans who have not previously used VA benefits and services to contact the Department. Furthermore, the Committee is optimistic that the publicity will also generate a renewed interest in the Gulf War era resulting in greater public participation at Committee meetings. The Committee reemphasized a remark from the public comment period about working on publicizing the Gulf War Advisory Committees meetings. This is particularly important as the Committee begins its travel across the country. Committee will be traveling to Seattle, Washington in January 2009. Chairman Cragin suggested that the Committee should hear from the various VA offices that conduct outreach since outreach is not conducted solely in one VA office. Chairman Cragin emphasized the importance of beginning a framework for writing the final report. He asked everyone to use Committee member, Dr. John Hart's outline as a starting point.

Closing Remarks

Chairman Cragin thanked everyone for a productive session and adjourned the meeting.