



GulfNEWS

A bi-monthly newsletter serving the interests of Gulf War veterans

DoD announces force medical protection initiatives

By Baxter Ennis
Public Affairs

The Department of Defense recently announced dramatic new initiatives to improve force medical protection. Director of the Joint Staff Vice Admiral Dennis C. Blair and Army Surgeon General Lt. General Ronald R. Blanck reported that these initiatives constitute a "revolution in medical affairs" that are part of an overall plan which affects doctrine, operational concepts and capabilities for U.S. military forces.

"We're learning from each of our deployments and we've done about 40 of them since Desert Storm ... 40 major ones," said Blair. "Each time we're plowing the lessons back in, making it better, and making it healthier for our people. Our disease and non-battle injuries in Bosnia are setting new records in terms of success, better than the Gulf War, which is better than all of the operations previously."

Many new health surveillance initiatives have been implemented in Operation Joint Endeavor (Bosnia). Pre-deployment medical activities have included comprehensive health screening and the collection and storage of serum samples for retrospective analysis. Disease trends were identified and corrective action taken. Overall force health status was reported to the theater commander, as well as briefed twice a month to the TriCare Readiness Council.

Another initiative advanced in Bosnia has been environmental and medical surveillance. More than 2,200 soil, water and air samples have been collected and subjected to 112,000 analyses. Forward-deployed medical laboratories provide immediate diagnostic support. The results have been used to ensure deployed forces are not subjected to environmental threats. For example, due

to early detection of the threat of tick-borne encephalitis, deploying troops were promptly vaccinated, and the force has had no reported cases of the disease.

"It has been stated Bosnia has been the most successful – from a health standpoint – deployment that we've ever had," said Blanck.

But the biggest advance to come so far, according to Blanck, is the medical personal information carrier (pictured at right). Historically, medical record-keeping and documentation have been a problem. The "PIC," which has already been prototype-tested, is a small, rugged tag-like device intended to store

an individual's medical status and history. The tag will store medical documents, X-rays and vaccination records. It will be carried by service members and



updated by medical personnel using

portable computers whenever the service member is examined or

treated. The tags will store up to 40,000 pages of medical records.

The tag will be only one aspect of a fully electronic theater medical record system. The information will be

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Specialized care program available to vets

By Baxter Ennis
Public Affairs

Chances are you've heard about the Department of Defense's Comprehensive Clinical Evaluation Program (CCEP). So far, nearly 50,000 Gulf War veterans have enrolled in the program, with many completing both Phases I and II. But, did you know that there is a Phase III? Phase III, the Army's Gulf War Health Center's Specialized Care Program, is currently offered at only one location, Walter Reed Army Medical Center, Washington, D.C.

"We are veterans' advocates," said Dr. Charles Engel, Jr., chief of the Gulf War health center and program director. "We bust our butts for veterans," Engel said. "Patients who come here have already completed Phase I and II of the CCEP, and are still having medical challenges and are experiencing difficulties with daily living."

The Department of Defense's evaluation program was established June 7, 1994 with the goal of providing in-depth evaluations of Gulf War veterans who are serving in one of the active or Reserve components or are retired. Walter Reed's Specialized Care Program was initiated in January 1995 by then Major General Ronald R. Blanck, hospital commander. The SCP's mission is to deliver a coordinated multidisciplinary treatment program designed to address persistent, disabling symptoms among Gulf War veterans or family members who remain undiagnosed



Dr. Charles C. Engel, Jr., MD, MPH, meets with CCEP patient Lester Outterbridge (left).

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after appropriate medical evaluation, and/or are unlikely to respond to specific biomedical treatments.

The program is modeled after internationally recognized centers for management of chronic illness. It provides state-of-the-art care for those suffering multiple symptoms such as: fatigue, joint pain, headache, digestive problems, skin rash, weight gain or loss and memory problems. Success in the program requires treatment of overall functional status and quality of life rather than a narrow set of symptoms. Normally between three and eight patients participate in each intensive three-week outpatient program cycle. Spouses are encouraged to attend, if possible.

The key objectives of the program are to provide improvement opportunities in work performance and other activities of daily living, to promote overall well-being, including better stress management and interpersonal skills through the practice of positive health behaviors, and to actively involve each participant in creating an individualized care plan.

"It takes a while to gain their trust—they have suspicion of the military health care system," said Dan Bullis, a retired Army sergeant major and administrator of the Gulf War health center. "People have been led to believe that you go to a doctor, get a pill and get better. We try to teach the patients an understanding of what the bio-medical system can, and cannot, do for you."

"A big part of my job is to convince them that the bio-medical model leaves them high and dry. Searching for more and more tests, and more medical treatment probably won't solve their problems. We show them that the person-centered model of care rather than the disease-centered model will work," said Dr. Roy Clymer, a psychologist on the staff.

Staff and program participants of Group #24.

"We try to give the patients



Veterans Affairs Committee hears testimony

By Mark Sloman
Public Affairs

"We are pushing back the frontiers of knowledge, and as we do so ... we are bringing this information forward," declared Dr. Bernard Rostker, special assistant to the deputy secretary of defense for Gulf War illnesses, before the House Committee on Veterans Affairs on February 5, 1998.



Rostker's testimony was part of an on-going effort to inform Congress of the status and direction of the research by the Departments of Defense and Veterans Affairs into the causes of Gulf War illnesses and ways to prevent the rise of similar complications in future deployments.

The Committee on Veterans Affairs convened three panels comprising medical experts, a representative of the Presidential Advisory Committee (PAC), and DoD and VA officials.

the point of view that symptoms are just something to be fixed. We show them ways to minimize the impact the symptoms cause in their lives."

A typical day for a participant might include individualized fitness training, occupational and individual therapy, physical therapy, wellness activities, medical tests, nutrition therapy and a participatory seminar.

"I came here batting .500 — and I'm leaving batting 1.000," was the way Sgt. 1st Class (USA-Ret) George Washington summed up his experience. "This program helped me in several ways — getting exercise, learning the correct way

to take my medicine and how to control my blood pressure," said Washington.

Staff Sgt. Elvis Dixon, 29, (USMC), who served with the

From the opening gavel, committee members made clear their desire for an accelerated research process, with an emphasis on establishing treatment regimens for ill veterans.

Rep. Joe Kennedy (D-Mass.) questioned the value of more than 100 separate studies, costing approximately \$49 million, that have, in his estimation, had limited impact on patient care, and urged the medical community to accelerate the research process to facilitate better treatment. Although he failed to provide specifics, Kennedy pledged to introduce legislation to aid this process.

The panel of medical researchers defended the breadth and scope of current research projects, emphasizing that much remains unknown about what occurred in the Gulf, the environment in which the troops operated and the nature of the potential weapons faced. Each expert reiterated that stress remains a very real factor in the symptoms experienced by Gulf War

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8th Marine Regiment, 2 Marine Division in the Gulf War, agrees.

"This helped me realize that you must take care of yourself and not let things build up ... that you have to break patterns to change your life, such as eating properly and exercising," said Dixon. "This program gave me the chance to reflect and refocus my life. It's been a blessing to me."

"It changes your outlook, teaches you how to deal with chronic pain ... it teaches you how to make it," added Sgt. 1st Class Delisa Smith, a member of the 158th Air Traffic Control Battalion at Fort Bragg, N.C.

"My battalion commander told me he wanted me to get the best care available, and that's what I've received here," Smith added.

For more information on the program, visit the Gulf War health center's Internet homepage at: (<http://www.wrampc.amedd.army.mil/departments/gulfwar>), or call (202) 782-6563.

*From the desk of
Bernard D. Rostker
Special Assistant for
Gulf War Illnesses*



When I consider the accomplishments of 1997, I think of it as the year of the chemical incident. A great deal of work was done over the course of the year answering questions

raised about Khamisiyah and other chemical incidents reported in Kuwait.

This year, our investigators will concentrate on more general environmental problems, particularly the oil-well fires in Kuwait, depleted uranium munitions and the use of pesticides.

As our analysts move ahead, a complementary program of medical research has been taken on by universities throughout the United States. Some independent researchers are continuing work on low level chemicals; others are researching the possibility of contamination from multiple sources.

The intense work being done by my staff will also be used to develop programs intended to prevent future service members from falling victim to the illnesses affecting some Gulf War veterans.

I remain confident that by the end of this year we will have completed and republished our findings regarding the chemical incidents that took place during the Gulf War. We will have concluded the major environmental inquiries, and then I think we can start to draw down.

However, the Gulf War illnesses office won't completely cease to exist. I believe the office will continue to work with the veterans and with our active duty service personnel who have concerns.

The men and women who served in the Gulf War want and deserve to know what happened in the Gulf, and what impact it may have on their health. This will continue to be the unique focus of my office.

Retired Gulf War veteran Marie Clay is a confident college student working toward her bachelor's degree in social work. It's hard to believe that not long ago she had a fear of public places and drove a delivery truck for minimum wage. It wasn't until she spoke with a contact manager from the veterans data management division of the special assistant's office that she became aware of the resources available to her.

Staff Sgt. Marie Clay, an ammunition inspector with the Headquarters and Headquarters Company, 1st Armored Division Support Command, was inspecting field mines and other munitions at Log Base Echo in northern Saudi Arabia during the Gulf War when she noticed the munitions were melting from the extreme heat, giving off fumes. She says she and several other inspectors became ill after handling the melted munitions. Upon reporting to Germany after the war, doctors there blamed her symptoms on either heat exhaustion or possible exposure to hazardous substances.

Clay's symptoms included migraines, memory loss, joint pain, recurrent rashes, nerve and liver damage and gynecological disorders. She retired from active duty in 1995, and registered with both the Comprehensive Clinical Evaluation Program and the VA Persian Gulf Registry. Clay began treatment for some of her health problems at military and VA facilities. However, some symptoms lingered on.

"I lost all of my self-confidence and was having a hard time adjusting to civilian life," she said.

Clay was also having problems with transportation to her appointments at out-of-town VA facilities, and she was frustrated with the processing of her VA claim. One phone call to the veterans data management division can make a difference.

The primary role of the contact manager is to *listen* to the veterans. Hotline staff members — all veterans — typically return the calls of veterans who have called the incident reporting line to assist in our process. The eyewitness reports then become part of the investigation. Contact managers have spoken with 3,900 veterans in the past year, as noted in the recently-released annual report. Clay's call to report her Gulf War experiences led to significant positive changes in her life.

In Clay's case, the contact manager answered her questions and provided a listening ear to her concerns, providing information about our on-going efforts as well as referral information for the VA. Using her new referral, Clay was able to locate her VA claim, which was then sent to the adjudication board for approval.



"I've been very pleased with the treatment I've received from the Tallahassee VA, and the vocational rehabilitation program has been excellent. They provide me with tutors and have been key in helping me earn my college degree," said Clay, who has been involved in a work-study program at the VA.

The VA also makes special arrangements for transportation to Clay's appointments at their testing facilities. Clay's health is improving. She still has some kidney problems, joint pain and rashes, but believes her faith in God will heal these few remaining symptoms. She is still receiving treatment at the VA and supplements her diet with a lot of vitamins.

"Prayer has been the key to my healing. My pastor, my church and my family have been a great inspiration to me," Clay explained.

Clay notes that her daughters, Sabrina, 20, and Michele, 19, also both attending college, have been instrumental in her healing process. Clay herself is an inspiration to others — a veteran who decided to be proactive in regaining her health and overcoming her fears. She urges other veterans to "be persistent and make sure you know what benefits and programs are available to you."

Clay plans to open a large facility for homeless families when she receives her social work degree. This facility would help people of all nationalities, providing not only a place to stay, but counseling and medical care.

"I would like to focus on helping veterans adjust to a civilian lifestyle and regain their confidence," Clay said, "I've been there and I want to help others."



Veteran Spotlight

By Ellen DiPaolo
Public Affairs

Your Ticket to the Information Highway — Visit our GulfLINK web site at: <http://www.gulflink.osd.mil>

Gulf War Veterans seeking information on VA benefits of all types should call the Gulf War Information Hotline at: 1-800-749-8387

Anyone with information on Gulf War incidents should call the DoD Incident Reporting Line at: 1-800-472-6719

Are you a Gulf War Veteran (or know one) with health problems? Call the DoD Gulf War Veterans Hotline at: 1-800-796-9699



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veterans. Dr. Arthur Caplan, a member of the now disbanded PAC, said criticisms of the stress factor are “patently silly” and asserted that, while not the single cause of these conditions, it is definitely one of the causes. Nonetheless, Caplan said that a symptom or condition that appears more frequently in Gulf War veterans than in the non-deployed population should be considered service related, and that veterans must be given the benefit of the doubt.

Rep. Bob Filner (D-Calif.) suggested that Gulf War illnesses may be contagious – a claim challenged by the witnesses as unsupported by available evidence – and that official VA policy prohibits physicians from employing

certain types of treatments. In response, Kenneth Kizer, under secretary for health affairs at the VA, stated that he knew of no such policy but reminded the Committee that, just as Congress insists that vaccinations and inoculations meet certain research protocols before being administered, so should treatments. To do otherwise, he said, would open the DoD and the VA to Congressional charges that they are experimenting on veterans.

The more than three hours of testimony was summed up by Gary Christopherson, acting principal deputy assistant secretary of defense for health affairs, in response to Rep. John Cooksey’s (R-La.) request for a list of lessons learned. Christopherson remarked that America’s experience during and after the Gulf War revealed five areas in need of improvement: the military services must improve their medical record keeping procedures, surveillance of the battlefield environment must be upgraded, service members must be better educated regarding the battlefield environment, clinical evaluation and treatment regimens must be established, and research must continue into unknown subjects such as chemical and biological warfare.

“Subsequent hearings will continue to expose the differences and strengthen the similarities between Congress and the military services as they both strive to provide useful answers for our nation’s Gulf War veterans,” said DoD Legislative Liaison, Kelly Sharbel.



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transmitted to consolidated databases to ensure that medical information is not lost if the PIC is lost or damaged.

“We think this is an advance that will allow us to continue to provide quality healthcare,” Blanck said, “but at the leading edge of technology that will really support the deployments of tomorrow.”



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The Office of the Special Assistant to the Deputy Secretary of Defense for Gulf War Illnesses



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