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Honorable J. Dennis Hastert
Speaker of the House of Representatives
Washington, DC 20515

Dear Mr. Speaker:

I am pleased to forward the report required by Section 721 of the National Defense Authorization Act for Fiscal Year 1995. Section 721 requires the Secretary of Defense to report to Congress on outreach to Gulf War veterans, the revision of Physical Evaluation Board criteria and the review of records and re-evaluation of the ratings of previously discharged Gulf War veterans. This report covers activities during calendar year 2001.

The enclosed report provides evidence of the comprehensive communication channels established with active and reserve forces, veterans, and multiple agencies by the Office of the Special Assistant for Gulf War Illnesses, Medical Readiness, and Military Deployments, recently renamed the Deployment Health Support Directorate (DHSD). The report references the work done by DHSD and the final report of the Presidential Special Oversight Board, "Department of Defense Investigations of Gulf War Chemical and Biological Incidents." The successful strategies implemented by DHSD led to the expansion of its mission to include medical readiness and military deployments, thus building on early achievements for the benefit of current and future veterans.

Thank you for your continuing support of the Military Health System.

Sincerely,

Enclosure:
As stated



Department of Defense Report to Congress

Outreach to Gulf War Veterans

Calendar Year 2001

Executive Summary

Statutory Requirement

The National Defense Authorization Act for Fiscal Year 1995 (Public Law 103-337) was enacted October 5, 1994. Section 721 of this law requires an annual report to Congress on three main points:

- Revision of Physical Evaluation Board criteria;
- Review of records and reevaluation of the ratings of previously discharged Gulf War veterans; and,
- Outreach to Persian Gulf War Veterans.

Overview of Previous Effort

Within 18 months of the Gulf War deployment, the Department of Defense partnered with the Department of Veterans Affairs to revise the Physical Evaluation Board criteria. A comparison of the Board dispositions between Gulf War and non-Gulf War Veterans is contained in this report. Since the Physical Evaluation Board has long since completed their criteria revision, and discharged Gulf War veterans receive multiple reviews of records and reevaluations of ratings throughout the discharge rating process, this report will focus primarily on the actions taken by the Department of Defense to inform Gulf War veterans and their families about medical care, and information and services available to those experiencing symptoms that may be related to service in the Gulf War.

Overview of Outreach Effort

The channels of communication established with Gulf War veterans include a wide array of ongoing printed, telephonic, and electronic media, such as the *Deployment Quarterly* magazine, the *GulfLINK* and *DeploymentLINK* websites, and meetings conducted by the Deployment Health Support Directorate, formerly the Office of the Special Assistant for Gulf War Illnesses, Medical Readiness and Military Deployments.

The establishment of the Veterans Affairs Registry Program in 1992 and the Department of

Defense's Comprehensive Clinical Evaluation Program in 1994 were important initiatives requiring both agencies to work together to assess patient care needs. Both programs followed the Gulf War deployment by using comparable examination procedures and data fields. This theme of partnership across Federal agencies was followed by the joint Department of Defense, Department of Veterans Affairs, and Department of Health and Human Services Research Working Group of the Persian Gulf Veterans Coordinating Board. The Research Working Group continues to inform the Departments' health care providers of the unique clinical characteristics of Gulf War Veterans.

The work of the Office of the Special Assistant for Gulf War Illnesses, Medical Readiness and Military Deployments played a key role in the Department of Defense's outreach program. It actively clarified anecdotal events with interagency investigation and harnessed the efforts of other work groups in developing clear and candid messages for Veterans. This office will continue to serve the active duty and reserve forces, and veterans and their families with its expanded mandate as the Deployment Health Support Directorate.

Department of Defense Report to Congress

Background

Revision of Physical Evaluation Board Criteria

This section of the report responds to Section 721(h) of the National Defense Authorization Act, which requires a report on efforts taken to revise the Physical Evaluation Board (PEB) disability rating criteria and interim efforts to adjudicate cases before the revision of the criteria.

The Act requires the Secretary of Defense, in consultation with the Secretary of Veterans Affairs and the Secretary of Health and Human Services, to ensure that the case definitions and the PEB criteria used for members no longer medically qualified for continuation on active duty be established as soon as possible to permit accurate disability ratings for a diagnosis of a Gulf War-related illness. To date, a case definition of Gulf War-related illness has not been developed because the broad spectrum of research has shown no unique cluster of symptoms related to a definite exposure of any kind. All PEB ratings have been based on existing known medical diagnoses. A table of the cumulative data from calendar years 1991 through 2001 of case dispositions of all Army members who have completed the PEB process compared with Gulf War Army members is attached. This information shows remarkable similarity for the distribution of organ systems affected by Gulf War and non-Gulf War veterans.

The Act required the Secretary of Defense to ensure that active duty Gulf War veterans suffering from a Gulf War-related illness be given continued military medical care. All Gulf War veterans who presented for evaluation or treatment through the Comprehensive Clinical Evaluation Program (CCEP) received medical care commensurate with their conditions. The Act also required that any active duty Gulf War veteran found by a PEB to be unfit for continuation on active duty as a result of a Gulf War-related illness for which the board had no rating criteria (or inadequate rating criteria) be placed on the Temporary Disability Retired List until suitable discharge rating criteria is developed.

In a memorandum for the Secretaries of the Army, Navy, and Air Force, signed on June 2, 1994, the Under Secretary of Defense for Personnel and Readiness clarified Department of Defense (DoD) policy on the discharge of members with symptoms of an illness following service in the Gulf War. The memorandum stated that no service member who showed symptoms associated with an illness following Gulf War service be retired or separated unless:

- The member requested retirement or separation in writing;

- The member could be medically retired or separated through the disability system with an established diagnosis recognized by the Veterans Affairs Schedule of Ratings and Disabilities (VASRD).

The policy applies to all members serving in the Armed Forces, including those who are already in the Disability Evaluation System (DES).

Effective February 3, 1995, the Department of Veterans Affairs (VA) promulgated final regulations establishing a disability rating, based on analogous diagnoses, for illnesses reported following service in the Gulf War. This rating method used signs and symptoms for illnesses for which disability ratings already existed in the VA's ratings schedule. As DoD is required by law to use the VASRD to rate disabilities, this regulation allowed the DoD disability evaluation system to more appropriately assess those service members with medical illnesses following service in the Gulf War.

In a memorandum for the Secretaries of the Army, Navy, and Air Force, signed on May 22, 1995, the Under Secretary for Personnel and Readiness again clarified DoD policy on the discharge of members with symptoms of a Gulf War-related illness in view of the new VA disability rating criteria for undiagnosed illness. The memorandum stated that illnesses following service in the Gulf War be considered by the DES under normal DES rules and procedures with the following special provisions:

- For any member found unfit for duty based on a physical condition classified by a Medical Evaluation Board (MEB) as an undiagnosed illness following service in the Gulf War, the PEB will use the VASRD evaluation by analogy rule adopted by the VA to make a disability rating;
- Whenever a MEB determines that a case should be referred to a PEB based on a physical condition involving an undiagnosed illness following Gulf War service, the MEB will include in its review of the member's condition the results of the CCEP or a comparable military medical system evaluation.

Review of Records and Re-rating of Previously Discharged Gulf War veterans

Section 721(f) of the Act required the Secretary of Defense, in consultation with the Secretary of Veterans Affairs, to insure a review of the health and personnel records of each Gulf War veteran who before October 5, 1994, was discharged from active duty or was medically

retired as a result of the PEB process. This review ensured a re-evaluation and, if appropriate, re-rating of former Gulf War veterans who may have been suffering from an illness following service in the Gulf War at the time of discharge from active duty prior to the criteria established under section 721(e).

The PEB performs multiple reviews of health and personnel records to determine fitness for continued Military Service. Because of the efficiency and effectiveness of this review process, a re-rating of those members previously separated for medical illnesses following service in the Gulf War is unnecessary. Once separated from the Service, the veteran is eligible to apply to the VA for a separate second evaluation of disability in the civilian workplace. Service members who were discharged without the MEB and PEB evaluation (therefor, fit for continuation on active duty at the time of discharge) are eligible to apply for disability and be examined and rated for disability by the VA.

The Department believes the purpose of section 721(f) – that all Gulf War Veterans medically separated or retired from active duty due to illnesses following service in the Gulf War have accurate disability ratings – has been achieved. Any such veteran who desires a re-rating may obtain it from the VA.

These positions remain unchanged from the previous report.

Outreach to Gulf War Veterans

Background

Because of concerns for the reported medical problems of Gulf War veterans and to better understand the nature of the diverse symptoms being reported, DoD established several research, health assessment, and communication initiatives in 1994. The Department of Defense's efforts have been coordinated and integrated with similar efforts within the Departments of Health and Human Services (HHS) and Veterans Affairs. These combined efforts have investigated the possible health effects of potential sources of exposure during the Gulf War experience: smoke from oil well fires, chemical and biological warfare agents, vaccines and medications, depleted uranium, indigenous infectious disease, pesticides, sand, and stress.

Following the DoD revelation in 1996 that U.S. and coalition forces may have been exposed to low-level nerve agents from the destruction of Iraq's ammunition stores at Khamisiyah, Iraq, Dr. John White, then Deputy Secretary of Defense, established the Office of the Special Assistant for Gulf War Illnesses, currently the Deployment Health Support Directorate (DHSD). Dr. White granted DHSD broad authority to coordinate all aspects of the Department's program for Gulf War veterans. In addition to conducting full-scale investigations of this event, the office operated under a three-part mission under which they endeavored to:

- Determine the causes of possible Gulf War illnesses;
- Ensure that veterans were receiving proper care, and;
- Recommend to the Secretary of Defense changes in doctrine, policy, and procedures to reduce the risks to service members during future deployments.

The Deployment Health Support Directorate changed the way DoD had approached the issue of illnesses experienced by Gulf War Veterans. DHSD:

- Focused on the Gulf War Veterans and listened to their concerns and problems in order to incorporate what they were saying into its investigations;
- Developed an outreach program to effectively communicate with Gulf War Veterans;
- Expanded the formal investigation process to determine whether or not Gulf War veterans were exposed to chemical or biological agents in theater; and,
- Expanded the investigations to include potential exposures of Gulf War veterans to environmental and occupational sources.

To date, DHSD has published thirty-six case narratives, seven environmental exposure

reports and ten information papers as a result of its investigations into possible chemical and biological incidents and into environmental factors that may have contributed to adverse health outcomes. In calendar year 2001, DHSD published nine final or interim reports. In summary, DHSD has devoted considerable effort to providing Veterans, military personnel, and the public with timely and accurate information.

The Aftermath of War: What History and Research Have Taught Us

Since the Civil War, physicians have documented chronic, enigmatic, and disabling post-war physical symptoms among veterans. Unexplained physical symptoms became an especially contentious issue for veterans, policy makers, scientists, and clinicians after the Gulf War. More than 43 percent of the first 18,000 veterans seeking DoD care for Gulf War health concerns were diagnosed with an “ill-defined” condition, and nearly 18 percent had an ill-defined condition as a primary diagnosis.

As part of the Comprehensive Clinical Evaluation Program established in 1994, the Gulf War veterans’ Illnesses research program continues to:

- Further the fundamental understanding of the illnesses experienced by Gulf War Veterans;
- Provide enhanced diagnostic capabilities and efficacious treatment modalities for Veterans; and,
- Support the establishment of policies and preventive measures that minimize the risk of such illnesses during future military operations.

Competition and independent peer review are used to secure the research performers, hypotheses, and experimental designs from all possible sources, including the Federal, civilian, national and international communities. This commitment at all levels within the Department assists Gulf War veterans to secure diagnoses and treatments for disabilities and illnesses, and to prevent such disabilities and illnesses as a consequence of future deployments.

The strategy of the joint DoD, VA, and HHS research program involves a multidisciplinary approach along many different scientific lines by scientists and clinicians in Federal, academic, and private institutions. Efforts within the Departments to care for Gulf War veterans have reinforced appreciation of the seriousness of their health complaints and recognition that these veterans require careful evaluations and appropriate therapeutic programs. The specialized care

center at the Walter Reed Army Medical Center continues to offer a more intensive therapeutic program for those veterans on active duty or in the reserves with more disabling health problems. Beginning in February 1999, veterans enrolled in the specialized care center at Walter Reed were invited to visit DHSD's offices. The visits are continued on a monthly basis and include an orientation briefing, a meeting with the Director and a tour of the DHSD facilities.

Current Force Health Protection initiatives reflect the lessons learned during and since the Gulf War. The Department has implemented policies and programs to improve the health of all who serve our nation, now and in the future. Ten years after the Gulf War, however, we have not relaxed our commitment to care for those veterans and their families who are ill and believe that the illnesses are related to Gulf War service. To date:

- No single diagnosable illness or set of symptoms with known etiology characterizes Gulf War veterans.
- DoD has supported a VA nationwide study to see if the frequency of amyotrophic lateral sclerosis is higher than expected among Gulf War veterans.
- VA and DoD data systems do not demonstrate a higher incidence of hospitalizations or deaths among Gulf War veterans.
- The incidence of birth defects in children and the incidence of health problems among spouses are not higher for Gulf War veterans than for other veterans.
- There does seem to be a higher prevalence of some symptoms among veterans who served in the Gulf War as compared to non-deployed veterans. The primary symptoms include fatigue, difficulty concentrating, memory loss, skin rash, headache, and muscle and joint pain.
- For some veterans, the symptoms are severe enough to be disabling; others experience milder symptoms that still allow some level of normal daily activity; still others report no symptoms at all.
- Veterans' symptoms have not shown correlation with exposure to any particular physical or psychological stimulus.

Total Force Outreach Program

The Total Force Outreach Program, developed by OSAGWI in 1998, is the Department's major comprehensive effort to respond to the needs and concerns of Gulf War veterans, active

duty members, reservists and their families. Through the Total Force Outreach Program, DHSD has reached nearly 105,000 veterans, service members, their families, and members of the general public. More than 20,200 Gulf War veterans participated in one-on-one interactions with DHSD staff at 16 military installations in 2001. Total Force Outreach itineraries included two- to four-day information exchanges, during which experts briefed service members, leadership at all levels, medical staff, Gulf War veterans, family members, community groups, community service organizations, installation staff, and the general public. To reach those unable to attend the briefings, team members manned displays placed in high-traffic areas—such as the installation exchange, commissary, and hospital—and demonstrated *GulfLINK* and *DeploymentLINK*. Among the topics covered at the briefings and displays were results of investigations into possible exposures from chemical or biological warfare agents, DoD force health protection efforts, and resources available to Gulf War veterans and their families. Many outreach presentations also included representatives from DoD's Anthrax Vaccine Immunization Program to address Gulf War veterans' concerns.

GulfLINK, www.gulflink.osd.mil, has provided the public and especially the veterans' community with a valuable resource for furthering its understanding of illnesses following service in the Gulf War. The user-friendly site has received several awards and has been rated as one of the best Federal government websites. *GulfLINK* averages more than 1,084,000 visitors per month and offers a wide array of information as well as hyperlinks to other web sites. Visitors can access speeches, all DHSD publications, and a host of other data. The direct email connection on the *GulfLINK* site facilitates queries or comments (more than 3,200 annually). *GulfLINK* will remain in operation and updates on Gulf War-specific issues will continue to appear on *GulfLINK* in addition to archived material.

GulfLINK is also linked with the new *DeploymentLINK* website, which is devoted to contemporary medical readiness and deployment health issues. This web site contains deployment health information for service members and their families. A unique feature in *DeploymentLINK* is a site specifically tailored to children. Kids Information on Deployment Stuff (KIDS) contains useful information to help children learn about military deployments in an age-specific format that is easily understood. *DeploymentLINK* averages more than 127,000 visitors per month.

In August of 2001, the office re-engineered the newsletter, *GulfNEWS*, and now produces a

new and improved quarterly magazine, *Deployment Quarterly*, in print and electronic versions. It highlights events of interest to Gulf War veterans as well as educates our audience on the newest research and information on deployment health. The new magazine includes timely features based on ongoing or released case narratives, information papers, and environmental exposure reports. Topics covered in calendar year 2001, including family readiness, National Guard and Reserve issues, long-term medical research, Internet resources, depleted uranium, vaccines and many other deployment health issues. The magazine has a mailing list of nearly 14,000, with a readership of approximately 25,000, and continues to grow steadily.

Veterans' Correspondence and Hotline

During calendar year 2001, DHSD logged more than 12,850 outreach-related contacts through email (3,231), phone calls (8,906), and letters (722). Veteran contact managers staffing the toll-free phone line continue to respond to individual inquiries and conduct interviews supporting ongoing investigations of possible chemical warfare agent exposures, environmental hazards, and other related health issues.

Notifications

DHSD continues to notify individual veterans in conjunction with the release of certain case narratives, information papers, and environmental exposure reports. These letters of notification include requests for Veterans to provide additional information to aid in the investigation effort. In 2001, more than 400 letters relating to the Khamisiyah incident were sent out. We also continue to provide medically related information to Veterans who have a personal interest in an incident.

Liaison with Veterans and Military Service Organizations

The DHSD has established direct and frequent communication with the Veterans Service Organizations (VSOs) and Military Service Organizations (MSOs). VSOs and MSOs regularly receive updates and briefings on DHSD and other Gulf War veterans initiatives, such as the comprehensive treatment program offered at Walter Reed Army Medical Center. The DHSD leadership meets regularly with VSO and MSO leadership and DHSD regularly sends information and veteran contact managers to VSO and MSO national and regional conventions.

Ten veteran and military service organization meetings were held in 2001. To ensure that the VSOs and MSOs receive reports promptly, DHSD staff provides special briefings before publicly releasing case narratives, information papers, and environmental exposure reports. As part of the Total Force Outreach program, the office participated in 15 conferences, conventions, and other events hosted by VSOs and MSOs. Participation in such events provides important information about DoD's efforts to respond to Gulf War veterans' concerns to the nearly ten million members these organizations represent.

Medical Records

In 2001 the Deployment Health Support Directorate, completed work on the Gulf War Hospitalization Records Database. This database accomplishes three requirements: (1) captures discharge diagnoses and ICD-9 codes for all surviving records for Gulf War hospitalizations; (2) incorporates the information on patients' units of assignment to potentially show indications of patterns of illnesses and injuries by date and location; and (3) compiles it in a format for further study and analysis of hospitalizations during Operations Desert Shield and Desert Storm. This inpatient record database contains 28,007 records of admission to U.S. military hospitals in the Kuwait theater of operations (KTO) and evacuee admissions to hospitals in Germany. The located records for admissions to U.S. military hospitals in the KTO total 22,444 (75% of reported total admissions), of which 21,050 are U. S. military personnel and the remaining 1,394 are comprised of allied forces, U.S. government and contract civilians, local nationals, and enemy prisoners of war. Of the total records of admission, 5,563 were of patients evacuated to Germany; of these, 1,998 were newly identified patients having no corresponding record of treatment from a hospital in the KTO; and of this number, 645 were patients who had not been identified as Gulf War Veterans by the Defense Manpower Data Center.

For the 28,007 inpatient records contained in the database, there are 35,889 corresponding diagnoses. Each U.S. service member's admission, in turn, is linked to an average total of 23,051 unit of assignment locations for the day of admission, and for three, five and seven days prior to each admission. This location data is tied to the patient's unit of assignment location, not the individual's location, and thus provides a general indication of the dispersion of patients in the KTO. This data can be further differentiated and analyzed by other categories such as diagnosis, time, location, service, unit, or hospital. This database is a tremendous data source for

the medical research that is still occurring today. This information was presented at the U.S. Army's Center of Health Promotion and Preventive Medicine Force Health Protection conference held in Albuquerque, New Mexico.

Medical Outreach — Helping Veterans Obtain Care

The means by which we have reached out to Veterans remains unchanged from previous years. However, we have improved our ability to communicate with even greater numbers of Veterans, service members, and their families. DHSD maintains open-channels of communication with VSOs and MSOs through regularly scheduled meetings and electronic mailings. We continue to visit military installations and disseminate information via our Internet portals and correspondence. Starting in July of 2001, we produced our first issue of *Deployment Quarterly*, a publication that provides important deployment health information to service members and their families. Timely and accurate information throughout the deployment cycle is vitally important to understanding the long-term physical and mental well-being of our dedicated fighting forces. We understand this, and have made every effort to reach out to our total force with open, honest, and forthright communications.

Representatives of the DHSD traveled to numerous locations within the Continental United States and overseas in 2001. The purpose of these visits was to reach out and communicate with veterans and their family members about unexplained illnesses that may have resulted from service in the Persian Gulf. We also addressed specific issues and concerns that were repeatedly forwarded to our office from various constituents. By discussing the lessons learned over the past decade, we strive to minimize potential precipitators of unexplained illnesses in future deployments.

As media attention to depleted uranium (DU) grew in 2001, DHSD experts were repeatedly asked to address the health consequences of exposure to DU. DHSD personnel flew to Brussels, Belgium, on short notice to brief members from the North Atlantic Treaty Organization on the use of depleted uranium in various munitions. As the DU issue continued to gain unwarranted notoriety, the office was again asked to brief United Nations staff to answer escalating concerns associated with DU and to characterize and assess the risk from DU exposures in various combat scenarios. The ability to respond rapidly with knowledgeable and experienced professionals

enabled the Department of Defense to effectively handle issues of significant strategic and political sensitivity.

Although the mission of the organization expanded in 2001, we continue to be an advocate for Gulf War veterans and their families, providing health information, contacts, and assistance to veterans or family members in resolving various issues. Outreach travel to San Diego, California; Tampa, Florida; Ft. Leavenworth, Kansas; and Pittsburgh, Pennsylvania, were the result of this continuing endeavor. Major populations of military personnel, VSOs, National Guard and Reserve Units, military staff colleges, family member workshops, and various medical conferences were targeted for DoD's outreach efforts.

An international outreach effort was directed towards the Far East. The outreach was undertaken to emphasize our commitment to service personnel and veterans who served in the Gulf and to focus on the impact of military operations on health and future force protection. Our office targeted Korea, Japan, and Okinawa with the intent of reaching Army, Navy, Air Force, and Marine Corps installations.

In Korea, we canvassed Yongsan, Osan, Taegu, and Kunsan, visiting and communicating with senior commanders, their staffs, medical personnel, and a cross-section of service members and their families. Units visited were the Headquarters, U.S. Forces Korea, the 121st General Hospital and Army garrison at Yongsan, the 8th Fighter Wing Headquarters and medical activity on Kunsan Air Base, the 19th Theater Support Command and health clinic at Camp Walker in Taegu, and the 7th Air Force Headquarters and base hospital at Osan Air Base. In addition, we set up and manned displays at four post-exchanges and commissary shopping areas. This effort enabled DHSD to reach a significant number of military personnel and their family members.

In Japan, DHSD visited major installations in Yokosuka, Yokota, Atsugi, and Misawa. Eight units were contacted and given information briefs: U.S. Forces Japan, the 374th Airlift Wing Headquarters, U.S. Naval Forces Japan, the 7th Fleet staff aboard the USS Blue Ridge, Naval Hospital Yokosuka, U.S. Army Center for Health Promotion and Preventive Medicine Pacific, Headquarters U.S. Army Japan, and the 35th Fighter Wing Headquarters.

In Okinawa, DHSD provided briefings to Headquarters 3rd Marine Expeditionary Force, 3rd Marine Division Headquarters at Camp Courtney, 1st Marine Air Wing at Camp Foster, 3rd Force Service Support Group, 18th Wing Headquarters at Kadena Air Base, and the U.S. Naval Hospital Okinawa.

The visits and discussion with these forward deployed units were well received by service members and their families, and indicated to the Commanders of the various units that DoD continues to place importance on issues related to the Gulf War. Discussions ranged from individual access, to various Gulf War-related medical evaluation programs, to pre- and post-deployment health surveillance policies. The anthrax vaccination program was of great interest at all sites visited.

In our effort to reach the Total Force—Gulf War veterans, those on active duty, those in Reserves and National Guard, retired and separated service members, DoD civilians, and family members—we made a special visit to the Senior Non-Commissioned Officers at the Sergeants Major Academy, Ft. Bliss, Texas. By targeting our educational efforts to these senior enlisted personnel, we, in a sense, created a force multiplier of our efforts. By educating the educators, we exponentially increased the number of persons we can reach within the total force.

Internet web technology has proven to be an excellent avenue in reaching people throughout the United States and overseas. GulfLINK, our web site, continues to be a successful and useful tool for communicating with our veterans of the Gulf War. In April 2001, DeploymentLINK, our newest web site, went on line and is proving equally valuable.

Medical outreach in 2001 provided the Department of Defense numerous opportunities to get the word to Gulf War veterans and their family members about medical evaluation and care, access to available information, and promoting and integrating lessons learned from the Gulf War. We have traveled extensively throughout the United States and overseas, leveraged web-based internet technology to provide a vast amount of information, and started a new publication to reach out to those dedicated individuals who have served in our fighting forces. DHSD continues its efforts to find answers for sick veterans of the Gulf War while moving forward and taking those steps necessary to minimize potential health risks in future deployments.

Summary

The Department of Defense believes that the intensive outreach activities described above have met the intent of Congress to communicate effectively with our Gulf War veterans and to offer compassionate care for those with unexplained illnesses or disabling symptoms. The in-person, printed, and electronic channels of communication established have benefited veterans and their families.

The success of DHSD in establishing a credible process to address the concerns of veterans following the Gulf War and to identify strategies that would improve future medical readiness and military deployments have led to an expanded role for DHSD in exploring the health of all deployments. The office will continue its ongoing communication with veteran and military service organizations to assure that service members and their families understand what is being done on their behalf. The organization is poised to build on the competence gained over the past years in working with veterans to provide proactive support for veterans of future deployments. The Department's established channels of communication—the toll-free phone line, interactive e-mail, website and open forums—are a tested foundation for the future.

The establishment of the VA Registry Program in 1992 and the DoD Comprehensive Clinical Evaluation Program in 1994 transformed the ability of both Departments to work together to assess patient care needs following a deployment by using comparable examination procedures and data fields. The joint DoD, VA, and HHS Research Working Group continues to inform DoD and VA health care providers of the unique clinical characteristics of Gulf War veterans. The professional relationships across the three federal agencies have had a synergistic effect in reaching out to Veterans with the combined strength of the vast professional, clinical, scientific, and communication expertise of the three agencies. DHSD faced the investigation and communication challenges of the aftermath of the Gulf War and prepared the pathway for a systematic approach in support of Force Health Protection, before, during, and after deployments.

Disabling Medical Conditions Rendering Soldiers Unfit

CALENDAR YEARS 1991-2001

ALL SOLDIERS*

SOLDIERS WHO SERVED IN GULF*

V/A Disability Rating Codes	Organ Systems	Disabling Conditions	Disabling Conditions	
5000	5398	Musculoskeletal Disorders	67.1%	63.9%
6000	6298	Organs of Special Sense	1.7%	2.2%
6300	6398	Infectious Disease, Immune Disorders, Nutritional Deficiencies	1.2%	1.3%
6500	6898	Respiratory System	4.5%	4.2%
7000	7198	Cardiovascular System	2.6%	2.6%
7200	7398	Digestive System	2.1%	2.1%
7500	7598	Genitourinary System	1.0%	1.0%
7600	7698	Gynecological Conditions and Disorders of the Breast	0.2%	0.1%
7700	7798	Hemic and Lymphatic Systems	0.7%	0.8%
7800	7898	Skin Disorders	0.8%	1.0%
7900	7998	Endocrine System	1.2%	1.1%
8000	9189	Neuro/Convulsive Disorders	9.1%	9.9%
9200	9598	Mental Disorders	7.7%	9.4%
9900	9998	Dental/Oral Conditions	0.1%	0.0%
		OTHER	0.0%	0.0%
TOTAL DISABLING CONDITIONS		100.0%	100.00%	

* Data normalized to account for soldiers with more than one disabling condition in an organ system.