



GulfNEWS

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

Navy M.D. guides GWI medical team

By Diana Berardocco
Public Affairs

When you are a doctor, your training and education focus on making people well. Dr. Michael Kilpatrick, drawing on a lifetime of distinguished service in the Navy Medical Corps, is applying his expertise to take on the complex question of why some Gulf War veterans are ill.

As the medical advisor to Bernard Rostker and director of medical and health benefits collaboration, Kilpatrick oversees the outreach to veterans and contributes to the medical aspects of all investigations and research related to Gulf War illnesses.

"I'm bringing 24 years worth of Navy experience taking care of patients, doing research, managing research and running hospitals to bear on this," said Kilpatrick, describing the challenge of providing answers to veterans and the public about the controversial illnesses.

Since November 1997, Kilpatrick has directed the effort to provide medical direction and guidance to veterans, to members of the special assistant's team whose mission it is to investigate and explain Gulf War illnesses and to health providers throughout the military services.

"Trying to condense the vast amount of medical knowledge about Gulf War illnesses to usable pieces for veterans and the medical profession is our primary task," he said.

According to Kilpatrick, filtering through the information is an immense task. There was no cataclysmic health experience during or after the Gulf War that indicated the existence of severe illnesses among the troops when they returned from the region. The Department of Veterans Affairs and Department of Defense medical evaluation programs made available to the veterans

were designed to provide diagnostic evaluations, not ongoing health care.

"Today, one of the greatest challenges of our organization is carrying the message to veterans who are ill that we believe they are sick and we are struggling to find out what could be the cause of illnesses," said Kilpatrick.

Kilpatrick draws on his own experiences to communicate this message. He has conducted and managed research during tours of duty in the U.S., Egypt and South America, as well as co-authored more than 70 peer-reviewed publications on the topic of infectious disease and tropical medicine. As commanding officer of the Naval Medical Research Unit Three, he oversaw the deployment of the Navy Forward Lab in

support of Operations Desert Shield and Desert Storm in 1990 and 1991.

Since joining the Gulf War illnesses team, Kilpatrick has traveled to town hall meetings and conferences sponsored by veteran service organizations to advise veterans one-on-one. He has personally met with hundreds of medical providers and civilian physicians to share medical information and expertise and to relay the anxiety experienced by veterans who are discouraged because they are not getting better. More recently, he has become part of an ambitious outreach to major military installations to communicate to the total force how the DoD is applying lessons learned from the Gulf War.

(continued on page 2)

Thousands attend outreach meetings in three states

by Mark Sloman
Public Affairs

Investigators and other specialists from the Gulf War illnesses office in Washington are embarked on a campaign to deliver the latest information directly to the people that need it most — the Gulf War veterans and their families.



(l. to r.) Capt. Michael Kilpatrick, LTG (Ret.) Dale Vesser and Bernard Rostker listen to a concerned citizen at a recent outreach meeting at Fort Riley, Kan.

Recently, members of the Gulf War illnesses outreach team talked to nearly 700 active duty service members, veterans and family members from the Fort Riley, Kan., area during a two-day visit to the post. During the visit they described the status of their investigations and outlined programs available to help Gulf War veterans and their families.

The concept of taking the information to the veterans came about earlier this year says Baxter Ennis, one of the team members.

Ennis, a Gulf War veteran, says the Total Force outreach effort, sponsored by the Office of the Special Assistant for Gulf War Illnesses, is simple.

"Our objective is to provide accurate information, while dispelling possibly harmful rumors, about what we know and have learned about Gulf War illnesses."

(continued on page 4)

DISTRIBUTION STATEMENT A

Approved for Public Release
Distribution Unlimited

Recently, Showtime premiered a film, "Thanks of a Grateful Nation," that was promoted as telling the story of how the Gulf War affected our veterans. As I watched the production for the first time, I was very interested in seeing how the work of the federal government—the investigations and more than 100 million dollars in medical research—would be characterized. I was sadly disappointed that the information was not only left out, but that the factual information that was presented was often out of its historical context and mixed with fictional information made up to dramatize the story. It is clear that the movie was based in part on historical events but it is not clear to the casual viewer where the producers took dramatic license.

There is much to commend in the work of Senator Don Riegle, Senator Alfonse D'Amato and Jim Tuite. They helped focus the nation on the plight of thousands of sick Gulf War veterans and

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



were instrumental in the federal government's reassessment of information regarding the presence of chemical weapons in the Gulf region. However, we know now that much of the information they presented in 1994 turned out to be incorrect in light of further investigation. In 1994, the government's investigation was inadequate, primarily because we did not have the full story. For that I am

truly sorry because the void that resulted was filled by speculation, rumor and innuendo of an immoral and illegal cover-up. We now know better. Claims that there is, or ever was, a cover-up are totally groundless.

The Department of Defense has demonstrated both the commitment and capability to execute a far-reaching, comprehensive investigation into the causes of Gulf War illnesses. The DoD works closely with the Department of Veterans Affairs and Health and Human Services conducting extensive research into possible causes of Gulf War ill-

nesses. Throughout this process, all these government agencies have been subjected to intense oversight—by the media, concerned veterans and veteran's groups, Congress, the GAO and the Presidential Advisory Committee. Currently, a special oversight board provides continued close inspection of all aspects of Gulf War illness investigations, research and outreach.

The omission of the federal government's efforts in the last two years is not only unfair to the dedicated people throughout the government working on behalf of Gulf War veterans, it is unfair to the sick veterans who deserve the full story, but, most of all it is unfair to the American people who need to know that those in the government care, listen, learn and act. The President's direction has been clear—to leave no stone unturned in trying to determine what happened to our Gulf War veterans and to help restore them to full health. The record of our work is readily available. I encourage you to visit our web site, GulfLINK, (<http://www.gulfink.osd.mil>) and make your own conclusion.

(Kilpatrick - from page 1)

Kilpatrick is acutely aware of the frustration some sick veterans experience.

"We recognize that people are sick but we don't know what is making them sick. That makes it hard to say what the appropriate treatment is," he said.

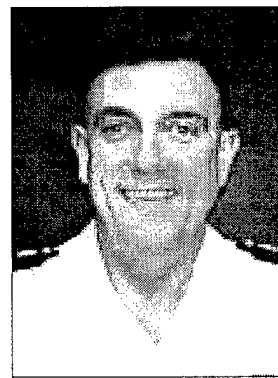
But he doesn't necessarily think that more research is the answer. With 121 research projects coordinated by the VA, DoD and Department of Health and Human Services and funded at \$115 million, he thinks the government needs to assemble the results from the first layer of research before funding further research projects.

"Where we need to focus is providing treatment in a consistent manner," he added explaining where improvements can be made to the process.

Currently, there is neither a centrally controlled or directed treatment of symptoms nor a standardized medical text that describes how doctors treat individuals with symptoms that do not define a recognizable disease. Kilpatrick sees the need for a plan to address a void in medical knowledge – the relationship between suggested toxins and bacteria

and symptoms. Part of his mission is to educate the system and to work with the VA, a major player in this area, in the search for treatment modalities.

Kilpatrick expressed concern over the spectrum of medical beliefs about Gulf War illnesses that contribute to the public's perceptions. While it appears that everyone has a common goal – finding treatment and care for Gulf War illnesses – sometimes the pathways diverge.



*Capt. Michael Kilpatrick
Director, Medical and
Health Benefits
Collaboration*

doesn't use evidence-based medicine but will claim to have answers for Gulf War veterans. Using the media as their peer review, they often raise the hopes of ill patients," said Kilpatrick. "It is our job

to look at assertions and ask how can that be effective. How can that theory be put into a research component so that we have good science."

Kilpatrick clarified the role he plays in the research arena.

"We don't design [the research] but we look at it to make sure there is scientific credibility. We are not going to subject veterans to anything harmful or to inflated expectations that they are getting a cure," he added.

One of the significant ways in which the Department of Defense is learning from the experiences of the war is through improved force medical protection practices, Kilpatrick said. The special assistant's office works closely with counterparts assigned to the Joint Chiefs of Staff and the assistant secretary of defense for health affairs to tightly tie the lessons learned from the Gulf War to newly-drafted guidelines and procedures.

"There have been significant mistakes with people not communicating," Kilpatrick said, summing up the gamut of Gulf War experiences. That is a mistake the special assistant's office doesn't want repeated.

New group studies veterans' health

By Diana Berardocco
Public Affairs

A newly-formed Institute of Medicine committee met for the first time in Washington on May 7 to grapple with the question of how to measure the change in health status of Gulf War veterans over time. The committee is gathering information currently available to researchers studying Gulf War illnesses. Committee members will use the information to develop study designs for its project, *Measuring the Health Status of Persian Gulf Veterans*, says project director Lyla Hernandez. Topics included veterans' health problems, completed population-based studies, and research undertaken in the United Kingdom, an overview of the databases that currently exist for measuring the health of veterans and appropriate research protocols.

Presenters included Col. Bruce Jones, director, epidemiology and disease surveillance, U.S. Army Center for Health Promotion and Prevention and Frances Murphy, M.D., M.P.H., director of Gulf War health programs for the Department of Veterans Affairs. They provided the members an overview of Gulf War veterans' health problems and explained the various DoD and VA programs that provide veterans with clinical evaluation.

Jones said that nearly 75 percent of the 48,000 participants registered with DoD's comprehensive clinical evaluation program have requested examinations. He said the most

common symptoms reported by the veterans include joint pain, fatigue, headache, memory loss, sleep disturbance, difficulty concentrating, rash, muscle pain, depression and shortness of breath.

Murphy focused her remarks on what the VA has learned from their registry program. With more than 68,000 exams completed, the most frequent complaints resemble those reported by the CCEP, she said.

The committee members also looked at the findings of some completed studies. The first, conducted by the Iowa Persian Gulf Study Group, concluded that Gulf veterans report specific medical and psychiatric conditions at higher rates than their military peers who were not deployed. However, researchers say it's difficult to apply the findings to the general population because the research focused only on Iowa veterans.

The VA then discussed their study, *Mortality Among U.S. Veterans of the Persian Gulf War*. Researchers studied mortality rates among U.S. troops stationed in the Gulf region and compared them with those of U.S. troops serving elsewhere during the conflict. The study found that the mortality rate ratio was higher among deployed groups due largely to external causes such as motor vehicle accidents and trauma rather than natural causes.

Presenters also talked about VA and DoD efforts to create a single consolidated database from combined registries. They said that while each database had limitations, the databases were valuable for defining groups of Persian Gulf veterans and had been a starting point for more in-depth research studies. Hernandez says the study will continue until June 1999, when a final report will be released.

Air Force team solicites input, assistance with latest Gulf War registry update

The Air Force's Gulf War Declassification Team is looking for help from Gulf War veterans in completing the Gulf War Personnel Registry of all Air Force members who deployed to the Kuwaiti Theatre of Operations. This includes all veterans who were aircrew members and flew within, into or conducted missions over the operations area, from August 1990 to December 1991.

The registry is based on information provided by each of the armed services after the war. Investigators at the Office of the Special Assistant for Gulf War illnesses say this database helps identify service members who were within the AOR and were possibly exposed to chemical agents or oil well fire fumes.

Service members who were in the theater between August 1990 and December 1991 should send as many of the following documents as possible to the address below:

- deployment/CEM orders (both sides)
- flight orders (note assigned base if only on flights to or over the operations area)
- awards or citations (not orders)
- travel vouchers
- tour certification

- DD Form 214 (Certificate of Release or Discharge from Active Duty)
- AF Form 77 (Supplemental Evaluation Sheet)
- EPR/OPRs

Include the following information with these documents:

Full name, social security number, and date of birth, duty status during the deployment (active, Reserve, National Guard), primary and deploying AFSCs, pay grade at the end of the deployment, and most importantly, deployed unit name and *exact* deployment location(s)/dates in-theater.

Also, please indicate if other members listed on your orders deployed with you to the same location, a different location, or if they did not deploy at all.

Please include a current address, phone number and e-mail address for future contact.

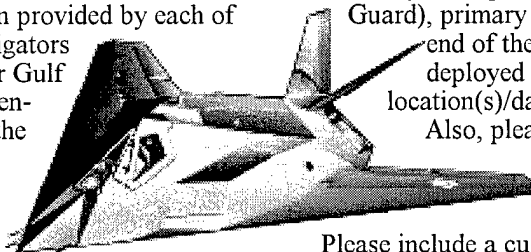
Send information to:

SAF/AAZG c/o AFRHA
600 Chennault Circle

Maxwell AFB, AL 36112-6424

Fax DSN: 493-6356 or comm: 334-953-6356

If you have questions, call Mr. Jim Milster at DSN: 493-6751/6378 or comm: 334-953-6751/6378.



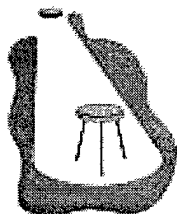
Resources for veterans

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 Persian Gulf Helpline 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 of one) with health problems? Call the DoD Gulf War Veterans Hotline at:
1-800-796-9699



Veteran Spotlight

Since the very first issue of GulfNEWS last year, our goal has been a simple one — to inform and inspire. One of the methods we use, with a certain degree of success, is the “Veteran Spotlight” column.

This column is used to tell the story of Gulf War veterans, what they went through during the war and what they have experienced since then, both good and bad.


In the past, the veterans profiled in this column had been nominated by our veterans contact managers, investigators or other people associated with the Gulf War illnesses investigative team. Now, we would like to hear from the veterans, their friends and their families.

If you know of someone that you think would be a good candidate for this column, or if you feel your story might help the veterans, let us know.

Simply give us the person’s name, a brief summary of why they should be profiled and a method of contacting them and we’ll get in touch with them.

Each of the people we select should be willing to be interviewed by one of our writers, either by telephone or e-mail, and be able to send us a recent photograph.

All submissions can be sent to our GulfNEWS address listed below or sent by e-mail to devans@gwillness.osd.mil.

 GulfNEWS is an authorized publication for past and present members of the Department of Defense. The contents of

GulfNEWS are not necessarily the official views of, or endorsed by, the U.S. Government, the Department of Defense, or the Special Assistant for Gulf War Illnesses.

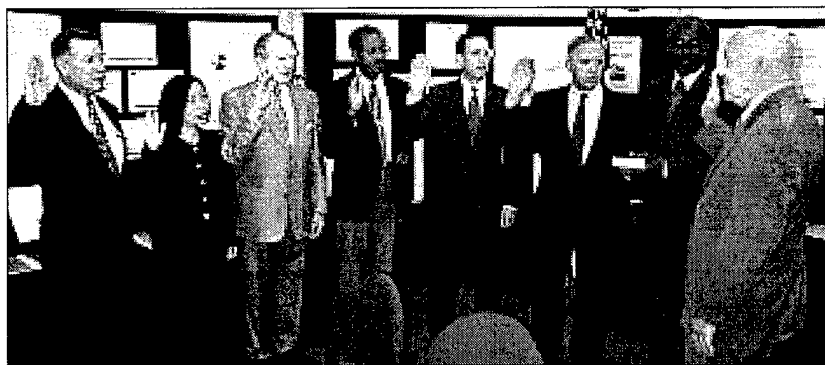
GulfNEWS is produced by the Office of the Special Assistant for Gulf War Illnesses, 5113 Leesburg Pike, Suite 901, Falls Church, VA 22041. Send your comments on this newsletter to David Evans at the above mailing address, or by email to:
brostker@gwillness.osd.mil

(Outreach — from page 1)

The result is a traveling team that spends up to a week at selected military installations briefing a variety of audiences, ranging from active-duty, Reserve, National Guard, retirees, veterans, and family members. The team provides updates on the myriad investigations underway, as well useful points of contact and phone numbers to help veterans access available programs and assistance.

Behind the scenes, analysts and researchers are working to understand what occurred during the war that may be causing veterans’ health problems and what lessons can be learned to safeguard future deployments. During the course of the visit, Bernard Rostker, special assistant for Gulf War illnesses, hosts a public forum and offers the installation and surrounding communities a chance to offer opinions and ask questions of OSAGWI staff members.

To date, the team has visited Fort Sill, Okla., Fort Riley, Kan., and Fort Campbell, Ky., speaking with thousands of interested soldiers and their families. The OSAGWI team is currently scheduled to travel to Camp Pendleton, Calif., in September.



Special Oversight Board sworn in

The Special Oversight Board, appointed by President Clinton earlier this year, was recently sworn into office. The seven person panel is tasked with providing guidance to the Office of the Special Assistant for Gulf War illnesses and is slated to report back to the President through the Secretary of Defense in one year. Board members (l. to r.) are Lt. Gen. Marc A. Cisneros, Dr. Vinh Cam, Adm. Elmo R. Zumwalt, David W. Moore, Rear Adm. Alan M. Steinman, Senator Warren B. Rudman and Jesse Brown. The Pentagon’s David O. Cooke (far right) officiates the ceremony.