

FY17 MilConVA (S.Rpt.114-237):
New Congressional
Guidance on
Gulf War Health &
Benefits

May 2016

Baldwin Gulf War Provisos -- Adopted April 18, 2016

Gulf War Veteran clinical consult

XX y/o pt with h/o diffuse pain following exposure to neurotoxins in Gulf War. He has seen many providers in (another city) VA, and current VA, including neurology and rheumatology, PCP in CBOC and has been to pain specialists.

Pt reports pain is fairly well controlled with tramadol and occasional hydrocodone. He had been on nortriptyline in the past that worked well but was told that he had reached the maximum dose and was switched to pregabalin. He is on a fairly low dose but has concerns about increasing his dose because he is a driver for (X agency) and needs to be alert.

What other options for pain mgmt does pt have? He has declined to use Choice and would like VA pain clinic eval.

Recommendations:

If the Veteran has not had a GW Registry exam, we would recommend that be done, to summarize his exposure concerns and get him in the Registry database.

In terms of clinical assessment and management, I agree that an EMG/NCS would be helpful.

In terms of clinical management of the pain, I concur that non-opioid approaches are preferred, both for safety and efficacy of long term pain management.

Recommendations (cont):

The Veteran has a presentation, with the pain/myalgias, fatigue and cognitive disturbances that may be partially explained by his PTSD and FMS, but he still may meet criteria for Chronic Multi-symptom Illness; I have attached the CMI CPG to assist in clinical management.

Also, new options for treatment, including such things as CoQ10 and Mindfulness approaches, are emerging and are safe and potentially useful. (link/attachment)

A referral to the WRIISC (either e consultation or clinical visit) should be considered depending upon the Veterans preferences.

Recommendations (cont):

From a benefits perspective, the Veteran is 90% SC, but this does not include peripheral neuropathy or ?idiopathic paresthesia or his bowel symptoms, all of which are prevalent in GW Veterans; if he has not submitted a claim for these symptoms/conditions, or for Undiagnosed Illness related to GW service, that should be done.

New Gulf War Guidance from Congress



- Congress has provided VA with substantial added guidance on Gulf War health and benefits issues/
- The Baldwin Gulf War provisos are part of the U.S. Senate's appropriations bill for Fiscal Year 2017 (FY17) for the U.S Department of Veterans Affairs (VA) (FY17 MilConVA).

Report & Bill Name/Number: [S. Rpt. 114-237](#), "Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, 2017," (April 18, 2016) accompanying [S. 2806](#) (114th Congress), the "Military Construction, Veterans Affairs, and Related Agencies Act, 2017."

FY17 MilConVA
(S.Rpt. 114-237):
Baldwin Gulf War
Provisos (2016)

*Gulf War-related provisos included at
the request of U.S. Senator Tammy
Baldwin*

Baldwin Gulf War Provisos (FY17 MilConVA): Gulf War Illness Nomenclature

7. *Gulf War Illness Nomenclature: “The Committee is concerned by VA’s ever-evolving terminology for the signature adverse health outcome of the Persian Gulf War as recognized by the Institute of Medicine (IOM) – Gulf War illness – and encourages the Department [of Veterans Affairs] to utilize the term, ‘Gulf War illness,’ as IOM has recommended.”*⁴

⁴ [S. Rpt. 114-237](#), “Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, 2017” (April 18, 2016), accompanying [S. 2806](#) (114th Congress), the Military Construction, Veterans Affairs, and Related Agencies Act, 2017. (p.58)

Baldwin Gulf War Provisos (FY17 MilConVA): Gulf War Clinician Guide Revision

8. *Gulf War Illness Clinical Guideline Revision:* “The Committee urges the Secretary to consider revising and updating the Clinical Practice Guideline for Chronic Multisymptom Illness (CMI) consistent with the July 2011 Veterans Health Initiative, “Caring for Gulf War Veterans,” that it, “cannot be reliably ascribed to any known psychiatric disorder,” and to focus on recent Gulf War illness treatment research findings and ongoing Gulf War illness treatment research direction.”⁴
9. *Training of clinicians on GWI:* “Furthermore, the Committee encourages the Department [of Veterans Affairs] to strengthen the training of primary, specialty, and mental healthcare providers on the Gulf War illness case definitions recommended by the IOM.”⁴

⁴ [S. Rpt. 114-237](#), “Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, 2017” (April 18, 2016), accompanying [S. 2806](#) (114th Congress), the Military Construction, Veterans Affairs, and Related Agencies Act, 2017. (p.58)

Baldwin Gulf War Provisos (FY17 MilConVA): Gulf War/OIF/OEF Sleep Disorders

16. *Sleep Disorders*: “The Committee recommends the Department [of Veterans Affairs] assign a program manager for sleep disorders, including sleep apnea, that affect at least 200,000 veterans of the Persian Gulf War and Operations Iraqi Freedom and Enduring Freedom.”⁵

⁵ [S. Rpt. 114-237](#), “Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, 2017” (April 18, 2016), accompanying [S. 2806](#) (114th Congress), the Military Construction, Veterans Affairs, and Related Agencies Act, 2017. (p.50)

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237):

Additional Provisos of Interest

FY17 MilConVA (S.Rpt. 114-237):

Functional Gastrointestinal Disorders

- *“Functional Gastrointestinal Disorders and Gulf War Illness.— The Committee continues to monitor the Department’s [of Veterans Affairs] plan to address Gulf War Illness and encourages the Department [of Veterans Affairs] to include research on early intervention for functional gastrointestinal disorders related to Gulf War Illness in veterans and military personnel.”*⁶

⁶ [S. Rpt. 114-237](#), “Military Construction, Veterans Affairs, and Related Agencies Appropriation Bill, 2017” (April 18, 2016), accompanying [S. 2806](#) (114th Congress), the Military Construction, Veterans Affairs, and Related Agencies Act, 2017. (p.45)

Conclusion