Research Advisory Committee on Gulf War Veterans' Illnesses

Draft 2016 Recommendations

The RAC recommends VA:

- **Update the ORD GW Research Strategic Plan for 2018 – 2022, and that it should**:
  - Continue prioritizing the development of effective therapeutic interventions and management strategies for Gulf War illness;
  - Support investigation of potential risk factors, biomarkers and treatments for long-latency health conditions (e.g., neurodegenerative diseases and cancers);
  - Promote the use and/or development of technology for understanding and treating health conditions relevant to GW veterans;
  - Support disaggregation of veteran sub-groups, such as by sex and ethnicity;
  - Facilitate tracking of progress and align with VA resources;
  - Develop in consultation with the RAC-GWVI.

- **Pursue efforts that further integrate research and clinical care. For instance, VA should consider**:
  - Enhancing the use and interoperability of disparate health data sources (e.g., VA, DoD, TriCare, registries, etc.) so that they can be leveraged for disease surveillance, diagnosis, intervention and treatment purposes;
  - Updating the Clinical Practice Guideline for Chronic Multisymptom Illness based on current research evidence;
  - Establishing Centers of Excellence for treating complex, chronic conditions. These Centers should have expertise in GWI; provide primary and consultative care; be accessible from different geographic regions; integrate research, care and education.

- **Actively seek strategic partnerships by raising awareness of or creating mechanisms for non-VA researchers to collaborate with VA investigators in order to increase research capabilities and incorporate cutting-edge methodologies into Gulf War research**

- **Form a working group tasked with identifying barriers to recruiting research participants and develop solutions to overcome these challenges**

- **Develop an approach/guidance to address comparison group (e.g. deployment status) issues and limitations of ICD-9/10 code usage**

Additional recommendations from RAC members for further consideration:

- Evolve VA into a "smart system," whereby clinical practice data can be leveraged to drive research and research findings can feedback into optimizing service delivery
- Further integrate the use of technology to improve management, treatment and access to care
- Research to indirectly inform presumptives and benefits, including:
    - exploring innovative approaches to disability
    - addressing gaps in knowledge