



Federal Health Matters

Advisory Committee Calls for Renewed Commitment to Federal Research on Gulf War Illness

In November, the Research Advisory Committee on Gulf War Veterans' Illnesses issued a 450-page report that affirms Gulf War illness (GWI) as a unique condition caused by toxic exposure, charges that poor federal research efforts are partly to blame for a lack of effective treatments, and advises the federal government to spend at least \$60 million annually on treatment-focused research. *Gulf War Illness and the Health of Gulf War Veterans* is the first major report since 2004 by the committee, which is composed of scientists and veterans appointed by the VA in 2002 in response to a congressional mandate.

The report emphasizes that scientific evidence "leaves no question" about the reality of GWI, which is characterized primarily by memory and concentration deficits, headaches, fatigue, and widespread pain. It says that the illness can be diagnosed with "objective biological measures," that it is experienced by at least 25% of the 675,000 veterans who served in the 1990–1991 Gulf War, and that very few affected veterans have experienced symptom improvements. The report identifies pesticides and pyridostigmine bromide pills—which were given to troops as protection against nerve agents—as deployment-related exposures that have been causally associated with GWI.

According to the report, much of \$440 million in federal funding allocated to Gulf War research since the war's end has been spent unwisely. It says that many studies designated

by the DoD and VA as "Gulf War research" actually had little or no bearing on the health of Gulf War veterans. The report also charges that nine Institute of Medicine (IOM) reports on Gulf War–related health problems were "skewed and limited by a restrictive approach ... directed by [the] VA" and should be redone.

The report's recommendation for annual federal funding for Gulf War–related research represents an increase of about \$25 million over 2007 levels. After peaking at about \$50 million between 1999 and 2001, this funding decreased dramatically due to DoD cutbacks. Expenditures have started to rise over the past several years, however, as the VA has replaced the DoD as the major source of funding. The report praises Congress for voting in 2006 and 2008 to allocate more money and to focus new efforts on identifying GWI treatments. Even so, the report says overall research funding "remains substantially below historical funding levels and far below that warranted by the scope of the problem."

Roberta White, the committee's scientific director, said in a press release that the report will help the incoming Obama administration to "further our understanding of these health problems—most importantly, by funding treatment trials."

GAO Report Tackles VA's RN Staffing Problems

The VA should replace its current tool for determining registered nurse (RN) staffing levels and provide RNs with more options for their work schedules, the Government Accountability Office (GAO) recommended in an October report. The report, *VA Health Care:*

Improved Staffing Methods and Greater Availability of Alternate and Flexible Work Schedules Could Enhance the Recruitment and Retention of Inpatient Nurses, resulted from an online survey of all nurse executives employed at VA medical centers (VAMCs), interviews with various VA officials, and RN focus groups at eight VAMCs.

Nursing leaders told GAO researchers that the patient classification system (PCS) they are supposed to use to set staffing levels is unreliable because it doesn't account for all patient needs or RN tasks. Instead, they use such benchmarks as past levels at their VAMCs or current levels at other VAMCs. The VA has indicated it intends to create a new system to replace the PCS but has not set a detailed plan for doing so.

Requiring RNs to perform non-nursing tasks and failing to provide them with alternate and flexible work options are two factors that discourage RN retention, according to the report. It says that, while VAMCs were authorized in 2004 to offer alternate RN work schedules (such as three 12-hour shifts per week), only about 1% of VAMCs actually offer and fewer than 1% of VA RNs work these schedules. Interviewees described VA hiring freezes and limitations in the RN hiring process—such as delays in securing approvals, poor coordination, and a shortage of well trained human resources officials—as the main factors contributing to RN hiring delays.

The report recommends that the VA provide more flexible RN work schedules and set a detailed plan for developing, testing, and implementing a system to replace the PCS. The VA has expressed agreement with the recommendations and plans to convene a task force on the scheduling issue. ●