Federal Panel Recognizes Gulf War Syndrome

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It's been a long time coming for veterans whose health complaints have been met with skepticism, but a federal committee has determined that Gulf War syndrome is not only real, it is tied to two causes: exposure to pyridostigmine bromide and certain pesticides during the 1990-1991 Persian Gulf War.

Members of the federal Research Advisory Committee on Gulf War Veterans' Illnesses who wrote the 450-plus page report also called for research efforts aimed at shifting away from establishing the existence of a Gulf War syndrome to focus on treatment and diagnostic tests.

"There's no way to say that [Gulf War illness] is not real at this point," said Lea Steele, Ph.D., an epidemiologist and faculty member at Kansas State University, Manhattan, and a member of the committee that prepared the report.

At least a quarter of the nearly 700,000 U.S. military members who served in the Gulf war have experienced some type of chronic, multisymptom illness since returning home. The symptoms are not explained by established medical diagnoses and typically include a combination of memory and concentration problems, chronic headaches, widespread pain, and unexplained fatigue, and can include chronic diarrhea, skin rashes, respiratory problems, and other abnormalities.

The symptoms may vary among individuals, but the overall profile has been consistent across hundreds of reports from Gulf War veterans in the United States and allied countries, the committee found.

Although the evidence is less consistent, the committee could not rule out a number of additional environmental factors as causes including exposure to smoke from the Kuwaiti oil well fires, the receipt of multiple vaccines over a short period of time, exposure to low levels of nerve agents, and combinations of neurotoxic exposures. Despite early assumptions that the symptoms reported by Gulf War veterans were caused by psychological stress, the existing evidence does not show a link, the committee found.

These conclusions are based on an analysis of available evidence on Gulf War illnesses. The committee consulted about 1,600 sources for its current report, said Roberta F. White, Ph.D., the scientific director of the committee and chair of the department of environmental health at the Boston University School of Public Health.

It's the large number of sources reviewed that allowed the committee to reach a conclusion on the existence and causes of Gulf War illness where others have not, Dr. White said. For example, a 2006 report from the Institute of Medicine did not find evidence of a definitive link between reports of multisymptom illness and Gulf War service. The IOM committee cited a lack of objective predeployment health information as one reason why they could not reach a more definitive conclusion about the issue.

But the series of reports from the IOM report were "skewed and limited," the Research Advisory Committee on Gulf War Veterans' Illnesses concluded in its own report. The IOM failed to consider adequately the results of animal studies and did not consider undiagnosed illnesses that were affecting Gulf War veterans at excessive rates.

As a result, advisory committee is calling for the IOM to conduct a repeat investigation that would include animal studies, Dr. White said.

Now that the syndrome's existence has been confirmed, it's time to focus research efforts on the development of diagnostic tests and treatments, according to the committee members.

"We need to be solving the problem now, not debating the problem," Dr. Steele said.

The committee also called on Congress to allocate at least $60 million annually for federal Gulf War research. Since 1994, the federal government has spent more than $440 million on Gulf War research, primarily at the Departments of Defense and Veterans Affairs, but in recent years the budgets in both agencies have been cut. In 2006, DOD spent just $5 million and the VA spent $4 million on research related to the Gulf War.

At press time, officials at the VA and members of the VA committees in Congress were reviewing the report. ■

The full report is available online at http://sph.bu.edu/insider/racreport.