

GULF WAR REGISTRY

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive incorporates provisions from the VHA Handbook 1303.2, Gulf War (Including Operation Iraqi Freedom) Registry (GWR) Program – (Formerly Persian Gulf Registry (GWR) Program), and updates procedures and references related to the Gulf War Registry.

2. SUMMARY OF CONTENT: This Veterans Health Administration (VHA) directive describes the criteria for participation in the VHA Gulf War Registry (GWR) and the GWR program's clinical and administrative requirements, procedures, roles and responsibilities.

3. RELATED ISSUES: VHA Handbook 1303.05 and VHA Directive 1606(1).

4. RESPONSIBLE OFFICE: Chief Consultant, Post Deployment Health Services (10P4Q) within the Office of Patient Care Services, is responsible for the content of this directive. General questions about protocol may be addressed to Post Deployment Health Services at 202-461-1020 or VHA10P4QPostDeploymentAction@va.gov.

5. RESCISSIONS: VHA Handbook 1303.2, dated March 7, 2005.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of June 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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Acting Under Secretary for Health

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GULF WAR REGISTRY

1. PURPOSE

This Veterans Health Administration (VHA) directive outlines the procedures related to the maintenance of the Gulf War Registry (GWR) at all Department of Veterans Affairs (VA) health care facilities for participants of Operation Desert Shield, Operation Desert Storm, Operation Iraqi Freedom (OIF), and Operation New Dawn (OND).

AUTHORITY: Public Law (Pub. L.) 102-585, Pub. L. 103-446 and Title 38 United States Code (U.S.C.) 1117.

2. BACKGROUND

a. More than 650,000 service members served in Operation Desert Shield and Desert Storm from August 2, 1990 to July 31, 1991. By the end of these conflicts, VA medical care personnel became concerned about potential health problems of Servicemembers exposed to oil well fire smoke and/or other toxins. In Operation Iraqi Freedom (OIF), the U.S. began deploying troops to the Gulf region in late 2002. OIF Veterans have been presenting to VA with a wide range of both medical and psychological conditions with rates higher than those found in other young military populations.

b. The VA developed the clinical registry of Gulf War Veterans to evaluate the health problems military personnel were experiencing, to identify possible diseases resulting from service in certain areas of Southwest Asia, and to provide better health care for returning troops. The VA Persian Gulf War Health Examination Registry was authorized in November 1992, by the Persian Gulf War Veterans Health Status Act, Public Law 102-585. The registry, known as the Gulf War Registry is modeled after the Agent Orange and Ionizing Radiation Registries. The Persian Gulf Conflict Supplemental Authorization and Personnel Benefits Act of 1991, Public Law 102-25, established a (Persian) Gulf War period of service that affects persons serving on active duty as of August 2, 1990. The wartime period of service continues until terminated by Presidential proclamation or by law.

c. The GWR contains medical and other data regarding possible health exposures that Veterans may have experienced. The registry signals VA's commitment to address questions concerning possible future effects of air pollutant exposure and other environmental agents, as well as to serve as the basis for future medical surveillance. The Under Secretary for Health administratively established the Uniform Case Assessment Protocol (UCAP) to assist in addressing the unique health concerns of the Gulf War Veterans, in particular those Gulf War Veterans with unexplained illnesses. On November 2, 1994, the Veterans' Benefits Improvements Act, Public Law 103-446, amended title 38 U.S.C. 1117, establishing the uniform and comprehensive medical evaluation protocol for Gulf War Veterans.

3. DEFINITIONS

a. **Environmental Agent Service (EAS) Registries.** The Environmental Agent Service (EAS) Registries are the information system encompassing the Ionizing Radiation Registry (IRR), the Agent Orange Registry (AOR), and the Gulf War Registry (GWR).

b. **Gulf War Registry.** The GWR is a computerized index of Gulf War Veteran participants, managed centrally in the VA Central Office.

c. **Persian Gulf Area of Service.** For eligibility purposes, active military duty in Southwest Asia during the Gulf War included service in one or more of the following areas: Iraq, Kuwait, Saudi Arabia, the neutral zone (between Iraq and Saudi Arabia), Bahrain, Qatar, the United Arab Emirates, Oman, waters of the Persian Gulf, Red Sea, Arabian Sea, and Gulfs of Aden and Oman.

d. **Persian Gulf War Period of Service.** Public Law 102-25 established a (Persian) Gulf War period of service that affects persons serving on active duty as of August 2, 1990. The wartime period of service continues until terminated by Presidential proclamation or by law.

e. **Uniform Case Assessment Protocol (UCAP).** The Uniform Case Assessment Protocol (UCAP) is a follow-up medical examination to evaluate complex or unexplained illnesses after an initial Gulf War Registry examination. (See Appendix H.)

f. **War Related Illness and Injury Study Center.** The War-Related Illness and Injury Study Center (WRIISC) is a national VA program, consisting of multiple sites, focused on the post-deployment health concerns of Veterans. Local VHA physicians can refer Gulf War Veterans to the WRIISC for UCAP examinations after initial GWR registry examinations, evaluation of deployment-related environmental exposures, and other clinical evaluations.

4. POLICY

It is VHA policy that Veterans who served in the Persian Gulf during Operation Desert Shield, Operation Desert Storm, Operation Iraqi Freedom, or Operation New Dawn are eligible for the Gulf War Registry examination. Veterans do not need to be enrolled in VA health care to receive the Gulf War Registry exam.

5. RESPONSIBILITIES

a. **Chief Consultant, Office of Patient Care Services, Post-Deployment Health Service.** The Chief Consultant, VA Central Office Post Deployment Health Service (PDHS) has the responsibility to:

- (1) Develop, coordinate, and monitor VHA activities relating to the GWR and

(2) Maintain listings of the Environmental Health Coordinators within VHA and publish them on the internet and intranet web sites at <http://www.publichealth.va.gov/exposures/coordinators.asp> and <http://vaww.publichealth.va.gov/exposures/>. **NOTE:** The latter is an internal VA Web site that is unavailable to the public.

b. **Director, VHA War Related Illness and Injury Study Center.** The Director of the VHA War Related Illness and Injury Study Center (WRIISC) has the responsibility to ensure that the WRIISC:

(1) Provides consultations to health care providers regarding deployment related illness. **NOTE:** Contact information for the WRIISC is located online at: <http://www.warrelatedillness.va.gov/>.

(2) Provides environmental exposure assessments and comprehensive medical evaluations for Veterans who have chronic, medically unexplained symptoms and/or difficult to diagnose symptoms that Veterans believe are related to their deployment. To refer a patient for either type of evaluation, see the WRIISC Web sites at: <http://www.warrelatedillness.va.gov/WARRELATEDILLNESS/referral/index.asp>. <http://www.warrelatedillness.va.gov/WARRELATEDILLNESS/referral/va-referrals.asp>.

(3) Provides educational services and materials for providers and Veterans (For up-to-date offerings, see <http://www.warrelatedillness.va.gov/WARRELATEDILLNESS/education/index.asp>).

c. **VA Medical Facility Directors.** VA medical facility Directors have the responsibility to:

(1) Ensure that GWR examinations are conducted within 30 calendar days from the date the Veteran wishes to be seen, unless the Veteran requests otherwise. If a VA medical facility fails to meet the appointment scheduling time standard, the Director must explore alternatives, e.g., referrals to other VA medical facilities, or additional staff hours, to bring the medical facility into compliance with the time standard.

(2) Ensure that eligible Gulf War and/or OIF Veterans applying for treatment in a VA medical center and/or outpatient clinic are encouraged to undergo an initial or first time GWR examination.

(3) Notify PDHS of changes as they occur in the appointment or status of EH Clinicians and EH Coordinators at their respective facilities and/or satellite clinics, and send contact information to VHA10P4QPostDeploymentAction@va.gov.

d. **Environmental Health (EH) Clinician.** The EH Clinician is responsible for the GWR program's clinical management and serves in an advisory capacity to the GWR program's administrative management. Major responsibilities of the EH Clinician, or designated alternate, include:

(1) Providing counseling and clinical services related to the GWR Examination:

(a) Counseling and advising Veterans of all aspects of the GWR examination, including the purpose of the examination and its limitations.

(b) Providing the GWR exam, including a thorough medical history, physical examination, interview, and documentation in the Consolidated Health Record (CHR) and/or the CPRS (See Appendix B).

(c) Discussing the results of the examination(s) with the patient and, as appropriate, providing follow-up visits and/or possible referrals to other tertiary medical centers or WRIISCs.

(d) In a manner conforming to the Plain Writing Act of 2010, informing the Veteran how the data from each registry examination will be used, and for what specific types of uses the data may be disclosed in the future. (Guidance can be found at <http://www.plainlanguage.gov/howto/guidelines/FederalPLGuidelines/TOC.cfm>.) The description of GWR data uses, which are strictly limited according to HIPAA, and Privacy Act, and other relevant laws, can be found at the system of records entitled, "Gulf War Registry—VA" (93VA131)", at: <https://www.federalregister.gov/documents/2004/01/21/04-1164/privacy-act-of-1974-system-of-records>. As part of the explanation of data uses, the Veteran must be advised that the information gathered during the GWR examination allows the VHA to:

1. Track patient demographics and medical diagnoses, and
 2. Use related medical data for analysis to assist in budget planning for care of GW Veterans and to generate hypotheses for future research or epidemiological assessments of GW Veteran medical conditions and health status.
- (e) Preparing and signing a follow-up letter to each Veteran explaining the results of the examination and associated laboratory tests. See Appendices E and F for sample letters.
- (f) Referring the Veteran for the Uniform Case Assessment Protocol (UCAP), if a diagnosis is not readily apparent after conducting routine medical evaluations (See Appendix H.).
- (g) Consulting and/or referring to one of the WRIISCs if, following the UCAP, the Veteran's health problems are still unexplained and the clinician deems it appropriate.

(2) Disseminating information:

(a) Emailing VHA10P4QPostDeploymentAction@va.gov to provide contact information to facilitate enrollment in the electronic mail distribution group entitled "VHA Environmental Health Coordinators."

(b) Responding to inquiries about the GWR from Veteran and medical facility staff, and, as necessary, forwarding inquiries to the VISN for response.

(c) Educating primary care services at the medical facility level to ensure primary care teams are aware of registry programs and EH Clinician subject matter expertise.

e. **Environmental Health (EH) Coordinator.** The EH Coordinator at each VA medical facility has the responsibility for delivering the administrative aspects of the exam, including:

(1) Providing each Veteran with a brief oral explanation of the purposes of the GWR and the examination process, and responding to any questions the Veteran might have. This can be accomplished during the EH Coordinator's initial contact with the Veteran.

(2) Ensuring every effort is made to schedule Veterans GWR examinations within 30 days of the request date. If numerous consultations are required for the examination, attempt to schedule them on the same day. When it is not possible to provide all consultations on the same day, the EH Coordinator or the scheduler needs to work with the Veteran and consultants to minimize the number of disruptions to the Veteran's schedule;

(3) Completing Registry Worksheets and related data;

(4) Establishing and updating the CHR and/or CPRS;

(5) Sending follow-up letters (written and signed by the EH Clinician) to Veterans after the GWR examination and ensuring the appropriate procedures for post-exam communication are followed (See Appendices E and F).

(6) Submitting data to the registry database:

(a) Completing the GWR data worksheets to include facility number and county and state codes.

(b) Transmitting the worksheet data to [VA Web portal for Environmental Agent Service \(EAS\) Registry data](#). **NOTE:** *This is an internal VA website and is not available to the public.*

6. REPORTING, RECORDS CONTROL, AND RETENTION REQUIREMENTS

a. No later than 10 working days after the GWR examination, results of the registry examination must be completed on the data worksheet, reviewed and transmitted to the on the [VA Web portal for Environmental Agent Service \(EAS\) Registry data](#). **NOTE:** *This is an internal VA Web site and is not available to the public.*

b. Additional diagnostic tests and specialist examinations recommended by the EH Clinician as follow-up from the GWR examination must be recorded within 10 working days of their completion.

c. **Reporting Requirements.** Reporting requirements include the following:

(1) If a Veteran receives an GWR examination and a medical record for this Veteran does not exist, the Environmental Health Coordinator or Clinician must ensure one is established in the CHR and/or CPRS.

(2) The Veteran's current address must be updated and maintained in the Veteran's electronic health record and in the Veterans Health Information Systems and Technology Architecture (VistA) computerized information system.

d. **Records Retention.** Following are retention requirements for the GWR worksheet and the medical examination documents:

(1) Completed GWR worksheets (formerly called code sheets). After data are entered into the GWR (EAS) master database and verified for accuracy, the originals of the completed GWR worksheets may be scanned into VistA Imaging with access through CPRS and then either destroyed or maintained with the permanent patient record. Any duplicate hard copies of the GWR worksheet must be destroyed. For further information, please see VA Records Control Schedule 10-1.

<https://www.va.gov/vhapublications/RCS10/rcs10-1.pdf>

(2) Documents associated with the medical examination become part of the patient's medical records; once filed with the veterans' health record folder, the originals will take on the records schedule for the veteran's health records. Any duplicates must be destroyed. These documents include:

- (a) Dated follow-up letters;
- (b) Progress notes;
- (c) Ancillary test reports; and
- (d) Any other documentation that may have been part of a GWR examination.

7. REFERENCES

- a. Pub. L. 111-274, Plain Writing Act of 2010.
- b. Pub. L. 103-446, Veterans' Benefits Improvements Act of 1994.
- c. Pub. L. 102-585, Persian Gulf War Veterans' Health Status, § 702. Persian Gulf War Veterans Health Registry.
- d. 38 U.S.C. 101 Note.
- e. 38 U.S.C 1117.VA Web site: Public Health: Military Exposures: Gulf War
<http://www.publichealth.va.gov/exposures/gulfwar/>

f. VA Web Portal for Environmental Agent Service (EAS) Registry Data.
<https://vaww.registries.aac.va.gov/eas/>. **NOTE:** *This is an internal VA Web site and is not available to the public.*

GULF WAR REGISTRY ELIGIBILITY CRITERIA**1. ELIGIBILITY CRITERIA.**

The Department of Veterans Affairs (VA) must provide a Gulf War Registry (GWR) examination to any Veteran who requests the examination and who served on active military duty in Southwest Asia in the Gulf War Registry Service Area, from the Gulf War, which began in 1990, through Operation Desert Shield, Operation Desert Storm, Operation Iraqi Freedom (OIF), and Operation New Dawn, to the present. When eligibility for the GWR examination is in question, consult the VA Central Office Post Deployment Health Services (PDHS).

a. **Service Area.** The GWR service area includes the following areas:

- (1) Iraq;
- (2) Kuwait;
- (3) Saudi Arabia;
- (4) The neutral zone (between Iraq and Saudi Arabia);
- (5) Bahrain;
- (6) Qatar;
- (7) The United Arab Emirates;
- (8) Oman;
- (9) Gulf of Aden;
- (10) Gulf of Oman;
- (11) Waters of the Persian Gulf;
- (12) The Arabian Sea; and,
- (13) The Red Sea.

b. Veterans who served solely in Afghanistan (Operation Enduring Freedom) are not eligible for GWR examinations. Information on Afghanistan or other combat areas can be accessed on web site <http://www.publichealth.va.gov/exposures/>.

c. Eligible Gulf War and/or OIF Veterans applying for treatment in a VA medical center and/or outpatient clinic must be encouraged to undergo an initial or first time GWR examination.

d. Veterans may call the national toll-free number for Veterans Health Eligibility and/or Enrollment: 1-877-222-VETS (8387).

2. FOLLOW-UP EXAMINATIONS.

Veterans are also eligible for follow-up registry examinations if requested by an Environmental Health (EH) Clinician or if a Veteran reports new symptoms. The follow-up exams are not routine, but need to be provided to concerned Veterans with new symptoms. During the examination process, these exposures and health conditions are identified and documented in the Veteran's health record.

3. DISTINCTION FROM COMPENSATION APPLICATION PROCESS.

Veterans must be advised that the registry examination and associated diagnostic tests do not constitute a formal claim for compensation; the Veterans Benefits Administration (VBA) compensation claims process is separate from the registry examination. If a Veteran who is registered in the GWR submits a VBA compensation claim, however, the Veteran may choose to include the GWR exam results in the documentation submitted for the claim. If a Gulf War Veteran has had a compensation examination and requests inclusion in the GWR, the EH Clinician may review the compensation examination results and accept them as a GWR exam if they are sufficient to complete the GWR data sheets.

4. INCARCERATED VETERANS.

GWR examinations may be provided to incarcerated Veterans, with the following considerations.

a. The examination may be provided in a prison or jail if the penal institution has acceptable medical facilities and the safety of VA personnel can be guaranteed.

b. The VA may conduct such an examination in a VA facility, but only if the Veteran is accompanied by officials of the releasing agency who are responsible for custodial restraint and safe return of the inmate. The VA is encouraged to work with the penal institution to avoid potential disruptions at the VA medical center upon reporting for the examination. For example, the wearing of prison uniforms and restraints are to be discouraged.

c. The clinic director, or designee, must notify the prison authorities when the GWR examination is completed.

d. A bill is not issued to the penal institution for the GWR examination of an incarcerated Veteran conducted at a VA facility. VA will not reimburse the penal authorities when they conduct these GWR examination.

e. For purposes of entry into the GWR, VA medical facilities can provide assistance to penal authorities or institutions agreeable to conducting examinations to Veterans.

f. Copies of GWR examinations provided at their institutions are to be returned to the VA facility of jurisdiction for inclusion, on the Veteran's behalf, in VA's GWR.

g. A recommendation can be made to the penal institution to retain a copy of the examination documents submitted to VA. Such documents need to be maintained by penal authorities and provided to the individual upon release from the penal institution.

5. ACTIVE DUTY MILITARY PERSONNEL

a. When an active duty member of the uniformed services wishes to apply for a GWR exam, that Servicemembers may make the request by Email at VHA10P4QPostDeploymentAction@va.gov. Post-Deployment Health Services coordinates GWR examinations for active duty Servicemembers.

b. Following a GWR exam of an active duty Servicemembers, that member's military health facility can request the results with a signed release of information (ROI) from an active duty member or other legal authority. Following such a request and ROI, the VA will supply a copy of these medical records to the military facility.

PROTOCOL FOR CONDUCTING THE PHYSICAL EXAMINATION AND ORDERING DIAGNOSTIC STUDIES

a. It is essential that a complete medical history, physical examination, and interview be performed and documented on appropriate forms. The required forms that must be fully completed are: Department of Veterans Affairs (VA) Form 10-9009a, Gulf War Registry (GWR) Worksheet; dated follow-up letters which must be maintained, as well as scanned documents attached to appropriately titled Computerized Patient Record System Progress Notes (CPRS); and all medical records of the registry examination, i.e., Standard Form (SF) 88, Report of Medical Examination, and SF 509, Medical Record Progress Report (for follow-up) which must be maintained within CPRS.

NOTE: This needs to be accomplished by, or under, the direct supervision of the Environmental Health (EH) Clinician. Examination data must be recorded in the Veteran's medical record as is done for any other medical examination.

b. The complete medical history needs to address the following:

- (1) Family history;
- (2) Occupational history;
- (3) Social history including tobacco, alcohol, and drug use;
- (4) Civilian exposure(s) history to possible toxic agents;
- (5) Psychosocial history; and
- (6) Review of systems

c. The person actually performing the physical examination must be identified by name, signature, and title (i.e., Doctor of Osteopathy (D.O.), Doctor of Medicine (MD), or Physician's Assistant (PA)).

d. The physician needs to be aware of the environmental exposures endemic to the Gulf War area, which can be found at <http://www.publichealth.va.gov/exposures/>. There has been a wide distribution of major categories of diagnosis reported by VA EH Clinicians; however, no significant variation in occurrence of major categories of medical problems has been identified.

**INSTRUCTIONS FOR COMPLETING DEPARTMENT OF VETERANS AFFAIRS (VA)
FORM 10-9009A, GULF WAR REGISTRY WORKSHEET**

All information from the Gulf War Registry (GWR) examination is entered on the Department of Veterans Affairs (VA) Form 10-9009A (June 2005), known as the GWR Worksheet. The Worksheet data must be entered into the GWR database located at the VA Web portal for the Environmental Agents Service (EAS) Registries: <https://vaww.registries.aac.va.gov/eas/>. **NOTE:** *This is an internal VA Website that is not available to the public.* This Web portal includes a User Guide that provides instructions for obtaining access to the secured registry databases. Its contents include:

- a. How to Get Access to EAS Registries
- b. EAS Registries Logon
- c. Main Page
- d. Patients
- e. Agent Orange Exam
- f. Depleted Uranium Exam

GULF WAR REGISTRY (GWR) POST-EXAMINATION PROCEDURES

1. LETTERS

a. Letters are to be mailed to the Veteran within two weeks of the initial examination appointment. For any examination where there is a new diagnosis, another letter is to be mailed within two weeks. The only exception to this timeframe is when a consultation at a specialty clinic is requested as part of the initial examination process. This exception suspends, but does not remove, the requirement for the follow-up letter. The follow-up letter is to be sent no later than two weeks after the consultation.

b. A copy of this dated and signed letter must be filed and/or scanned into the Veteran's health record.

c. It is essential that this letter be written in language that can be easily understood by the Veteran and includes the following:

d. If the Veteran who was examined has no detectable medical problems, the follow-up letter needs to so indicate and suggest that the Veteran contact the nearest VA health care facility if health problems appear later.

e. If it is determined upon examination that the Veteran does have medical problems, it is not necessary to specify the problems in the letter; however, the Veteran must be advised if the recent examination indicated a health condition or problem which may require further examination and/or treatment.

f. If the Veteran is eligible for Department of Veterans Affairs (VA) medical treatment, the letter needs to so advise and recommend that the Veteran seek follow-up medical care at the VA medical facility.

g. If the Veteran is not eligible for treatment, the letter needs to recommend that the Veteran seek appropriate medical care elsewhere.

h. The examination does not automatically initiate a claim for VA benefits. For information relating to claims, refer the Gulf War (GW) Veterans to the nearest VA medical center or regional office (RO).

i. The results of the examination must be maintained by VA and must be available for future use, as needed.

j. If the Veteran changes place of residence, the Veteran needs to provide the new address to the EH Coordinator whose address and phone number are provided.

2. DATA ENTRY AND MAINTENANCE

a. Completing data entry: The Environmental Health (EH) Coordinator, or designee, must:

(1) Complete the demographic sections of the GWR worksheet and ensure that all information is entered into the VA Web portal for the Environmental Agent Service (EAS) Registry data at <https://vaww.registries.aac.va.gov/eas/> before the Veteran is referred to the clinician for the examination.

(2) Complete the Symptoms and Exams Section of the GWR worksheet. This data may be entered by the EH Clinician or EH Coordinator.

b. In the event that a Veteran requests a Gulf War examination, but does not wish to be included in the registry database, perform a registry examination. In the "remarks," indicate the current date and note that the Veteran chose not to participate in the registry. This Gulf War worksheet needs to be filed in the Veteran's electronic health record. Do not enter the data from the worksheet into the EAS Registry data web portal.

c. Establishing, updating, retaining, and ensuring appropriate disposition of health records.

(1) The EH Coordinator must establish a health record on each registry participant, if one does not already exist. VA Form 10-9009B, Gulf War Identification Sticker, must be affixed to the front of the paper health record, if appropriate, or post "Gulf War Registry Examination," in the Computerized Patient Record System (CPRS).

(2) These GWR records are subject to the same retention and disposition policies as other medical record files. The GWR examination information (registry worksheet, progress notes, laboratory reports, and other pertinent examination documentation) must be made part of the perpetual medical record.

3. APPOINTMENT TRACKING

a. Listings of the EH Clinicians and EH Coordinators are maintained within VHA and published on the internet and intranet web sites at <http://www.publichealth.va.gov/exposures/> and <https://vaww.publichealth.va.gov/exposures/>. **NOTE:** *The latter is an internal VA Web site that is not available to the public.*

b. In an effort to keep these listings current, facilities are mandated to notify PDHS of changes as they occur in the status of EH Clinicians and Coordinators at their respective facilities and/or satellite clinics.

c. As changes in appointments occur, the name, title, mail routing symbol, telephone and facsimile (FAX) numbers including area code must be submitted to the Environmental Health Coordinator, Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420. To provide current Gulf War information to concerned VA Registry Staff, it is important that any changes in appointments of EH Clinicians and Coordinators at VA facilities are provided to VA Central Office Post Deployment Health Services (10P4Q) as they occur.

SAMPLE FOLLOW-UP LETTER FOR GULF WAR REGISTRY (GWR) EXAM

(Date) (Name/Address)

Dear (Name):

You recently completed a Gulf War Registry exam through the Department of Veterans Affairs (VA). This helps us serve you and other Veterans who are concerned about health problems that might have resulted from military service.

The results of your exam and/or lab tests showed the need for a follow up appointment. We have scheduled an appointment for you with your VA health care provider to discuss the findings. If you cannot keep this appointment, please call (phone number) as soon as possible.

If you have questions or concerns about your exam, please contact the Environmental Health Coordinator at (phone number). If you see a provider outside of VA, please provide VA with any additional health care information. Remember, this exam does not start a claim for VA benefits. If you want to file a claim, contact your nearest VA Regional Office at (address). Their telephone number is (phone number).

You are now automatically included in our Gulf War Registry and will get updates from VA when there is new information.

We hope this information is helpful to you. Thank you for your service to this country and for taking part in the Gulf War Registry exam.

Sincerely,

Signature

Name with Degree(s)

Title (for example) Environmental Health Clinician

Location

Contact – e-mail and/or phone number

SAMPLE GULF WAR REGISTRY EXAM (WITHOUT MEDICAL CONDITIONS)

(Date)

(Name/Address)

Dear:

You recently completed a Gulf War Registry exam through the Department of Veterans Affairs (VA).

The results of your exam and lab tests did not show medical issues that relate to possible exposures.

Although the results of your exam and lab tests did not show a medical condition at this time, if you believe you do have a medical condition in the future, I encourage you to seek help from your nearest VA medical center or outpatient clinic. You may reach us at telephone number (phone number). You may also call a Veterans Benefits Representative at 1-800-827-1000. Gulf War exposure information is also available at VA's website, <http://www.publichealth.va.gov/exposures/gulfwar/>.

If you see a provider outside of the VA about your health problems, please have the provider provide VA with any additional health care information.

We hope this information is helpful to you. Thank you for your service to this country and for taking part in the Gulf War Registry exam.

Sincerely,

Signature

Name with Degree(s)

Title (for example) Environmental Health Clinician

Location

Contact – e-mail and/or phone number

GULF WAR UNIFORM CASE ASSESSMENT PROTOCOL (UCAP)

a. While most of the health problems of Gulf War Veterans have been diagnosed as conditions that are readily definable, some Veterans have persistent unexplained illnesses or disabling symptoms that developed after their Gulf War service. These Gulf War Veterans seen by Department of Veterans Affairs (VA) Environmental Health (EH) Clinicians have complex, multifaceted health problems that provide difficult diagnostic challenges. VA primary care providers examining eligible enrolled combat Veterans with undiagnosed illnesses can request an evaluation at one of the VA's War Related Illness & Injury Study Centers (WRIISCs).

b. VA and the Department of Defense (DoD) have cooperatively developed a Uniform Case Assessment Protocol (UCAP) for the evaluation of Gulf War Veterans who, after a thorough routine medical evaluation, are determined to have unexplained illnesses.

c. The UCAP includes a group of supplemental baseline laboratory tests and consultations which needs to be provided to every Veteran with debilitating unexplained illness. It gives guidelines for the minimum diagnostic work-up for the most frequent complaints experienced by Gulf War or Operation Iraqi Freedom (OIF) Veterans with unexplained illnesses. This protocol utilizes validated and readily available diagnostic tests to thoroughly evaluate each of the common symptoms reported by Gulf War and OIF Veterans.

d. The goal for the protocol is to identify previously unrecognized major diagnostic entities which could provide an explanation for the symptoms commonly reported in Gulf War Veterans with unexplained illnesses. The information gathered by this process is to be entered into the VA Web portal for the Environmental Agent Service Registry database at <https://vaww.registries.aac.va.gov/eas/>. **NOTE:** *This is an internal VA website and is not available to the public.*

CONDUCTING THE UNIFORM CASE ASSESSMENT PROTOCOL (UCAP), PHASE II

a. **Phase I-Level Laboratory Evaluations.** Even though the following base-line studies were completed during the Phase I-level laboratory evaluations, they must be repeated in a Phase II examination:

- (1) Complete Blood Count (CBC) and
- (2) Comprehensive metabolic panel or blood chemistries and enzyme studies; and
- (3) Urinalysis.

b. **Phase II-Level Evaluation Protocol.** Phase II-Level Evaluations are available for Veterans whose symptoms or illness remain unexplained (i.e., without a clearly-defined diagnosis) despite a complete clinically-indicated evaluation and/or Phase I registry examination. The UCAP (Phase II) must include the following supplemental baseline laboratory tests and consultations.

- (1) Supplemental Baseline Laboratory Tests
 - (a) CBC;
 - (b) Erythrocyte Sedimentation Rate (ESR);
 - (c) C-Reactive Protein;
 - (d) Rheumatoid Factor;
 - (e) Anti-Nuclear Antibody (ANA);
 - (f) Liver Function;
 - (g) Creatine Phosphokinase (CPK);
 - (h) Hepatitis Serology;
 - (i) Human Immunodeficiency (HIV);
 - (j) Venereal Disease Research Laboratory (VDRL);
 - (k) B-12 and Folate;
 - (l) Thyroid Function Test,
 - (m) Urinalysis; and
 - (n) Tuberculosis (TB) skin test Purified Protein Derivative (PPD).
- (2) Consultations, to include:
 - (a) Dental, but only if participant's annual screening is not done;
 - (b) Infectious Disease; and

(c) Psychiatry, but only with physician-administered instruments such as:

1. Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Revised (DSM IV and DSM IV-TR). **NOTE:** *Delete modules for mania and psychosis.*

2. Clinician Administered Post-Traumatic Stress Disorder (PTSD) Scale (CAPS).

(d) Neuropsychological testing, but only as indicated by a psychiatry consult.

(3) Symptom-specific Examination. Individuals who have the following symptoms need to have the listed minimum work-up.

(a) **Diarrhea**, to include:

1. Gastrointestinal (GI) consult;

2. Stool for Ova and Parasites (O&P);

3. Stool Leukocytes;

4. Stool culture;

5. Stool volume;

6. Colonoscopy with biopsies; and

7. Esophagastroduodenoscopy (EGD) with biopsies and aspiration.

(b) **Abdominal Pain**, to include:

1. GI consult;

2. EGD with biopsy and aspiration;

3. Colonoscopy with biopsy,

4. Abdominal Ultrasound;

5. Upper Gastrointestinal (UGI) series with small bowel follow-through; and

6. Abdominal Computed Tomography (CT) Scan.

(c) **Headache**:

1. Magnetic Resonance Imaging (MRI) of the head;

2. Lumbar Puncture (LP) to include:

a. Glucose;

- b. Protein;
- c. Cell Count;
- d. Venereal Disease Research Laboratory (VDRL);
- e. Oligoclonal (IgG);
- f. Myelin basic protein;
- g. Opening pressure; and
- h. Neurology.

(d) **Muscle Aches and/or Numbness**

- 1. Electromyogram (EMG), and
- 2. Nerve Conduction Velocity (NCV).

(e) **Memory Loss.** Memory loss only if verified by neuropsychological testing, to include:

- 1. MRI;
- 2. LP (**NOTE:** See tests on headache evaluation.);
- 3. Neurology consult; and
- 4. Neuro-psychological testing.

(f) **Vertigo and/or Tinnitus** to include:

- 1. Audiogram;
- 2. Electronystamogram (ENG); and
- 3. Brainstem Auditory Evoked Response (BAER).

(g) **Chronic Fatigue**, to include:

- 1. Polysomnography, and
- 2. Multiple Sleep Latency Test (MSLT).

(h) **Chronic Cough and/or Shortness of Breath**, to include:

- 1. Pulmonary Consult;

2. Pulmonary Function Test (PFT) with exercise and Arterial Blood Gases (ABG);
3. If routine PFT's are negative, perform Methacholine challenge test; and
4. Bronchoscopy with biopsy and/or lavage which is to be considered if PFTs are normal.

(i) **Chest Pain and/or Palpitations**, to include:

1. Electrocardiogram (ECG);
2. Exercise Stress Test; and
3. Holter monitor.

(j) **Skin Rash**, to include:

1. Dermatology consult, and
2. Consider a biopsy.

(k) **Reproductive concerns, e.g.,**

1. For males, a urology consult.
2. For females, a gynecology (GYN) consult.
3. Additional elements recommended for the evaluation of Gulf War Veterans with complaints of Reproductive Health Problems (RHP):

(l) **Detailed genitourinary history and/or problems**, including:

1. Sexual,
2. Genitourinary symptoms,
3. Menstrual,
4. Contraceptive practices,
5. Pregnancy-related,
6. Conception,
7. Birth defects,
8. Congenital disorders,
9. Menopause,

10. Prior infections, and

11. Prior surgery.

(m) **Exposures to toxic agents**, etc.

(n) **Detailed genital and/or pelvic examination.**

(o) **Laboratory and ancillary testing**, including:

1. Pap tests, and

2. Tests for genitourinary infection.

(p) **Urologist consultation** for male veterans who have RHP that cannot be diagnosed or managed successfully by primary care practitioners.

(q) **Gynecology consultation** for female veterans who have RHP that cannot be diagnosed or managed successfully by primary care practitioners.

(r) Additional elements for evaluation of Gulf War Veterans with complaints of infertility:

1. Detailed menstrual and reproductive history (such as the Infertility Questionnaire utilized by Walter Reed National Military Medical Center).

2. Semen analysis, including:

a. Volume,

b. pH,

c. Liquefaction,

d. Sperm concentration,

e. Motility,

f. Progressive motility,

g. Sperm viability,

h. Leukocytes, and

i. Morphology.

3. Referral to an infertility specialist or program.

(s) Additional elements for evaluation of Gulf War veterans with complaints related to birth defects or genetic disorders in offspring conceived during or after Gulf War service:

1. Detailed history of congenital or genetic disorders (such as the Patient Genetic Screen Questionnaire utilized by Walter Reed National Military Medical Center).
2. Detailed occupational exposures questionnaire (such as Worker and Supervisor Questionnaires utilized by Walter Reed National Military Medical Center).
3. Referral to a genetic disease specialist or program.

c. **Instructions for Completing Gulf War Worksheet, Phase II, (Part 3), Uniform Case Assessment Protocol (UCAP).**

(1) General Instructions for Completing Department of Veterans Affairs (VA) Gulf War Registry Examination Worksheet, Phase II, Uniform Case Assessment Protocol (UCAP).

(a) The Phase II examination needs to be offered to all eligible Gulf War (including Operation Iraqi Freedom) veterans with unexplained illnesses. The Phase II examination needs to be performed after the completion of the Phase I registry examination, and a thorough clinically-based evaluation of the veteran's symptoms, as deemed necessary, by the examining physician.

(b) Phase II needs to be performed at the local VA medical facility or, if the medical expertise is unavailable, local referral must be made to the nearest regional tertiary care center or War-Related Illness and Injury Study Center (WRIISC). See <http://www.warrelatedillness.va.gov/>.

(2) Instructions for Completing Phase II, (Part 3), Tests and Consultations. Only those entries which are related to the veteran's symptoms and deemed necessary by the examining physicians need to be completed; leave test and consult questions that are not applicable blank. Select either Yes (Y) or No (N) from the pull-down menu.

NOTE: Refer to the User Guide at the [VA Web portal for Environmental Agent Service \(EAS\) Registry database](#) for Environmental Agent Service Registry data: for instructions. The User Guide provides instructions for obtaining access to the secured registry databases. **NOTE:** It is an internal VA Web site and is not available to the public.