

PERSIAN GULF WAR VETERANS HEALTH CARE AND
RESEARCH ACT OF 1998

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JULY 15, 1998.—Committed to the Committee of the Whole House on the State of
the Union and ordered to be printed
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Mr. STUMP, from the Committee on Veterans' Affairs,
submitted the following

R E P O R T

[To accompany H.R. 3980]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 3980) to amend title 38, United States Code, to extend the authority for the Secretary of Veterans Affairs to treat illnesses of Persian Gulf War veterans, to provide authority to treat illnesses of veterans which may be attributable to future combat service, and to revise the process for determining priorities for research relative to the health consequences of service in the Persian Gulf War, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

The amendment is as follows:

Strike out all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Persian Gulf War Veterans Health Care and Research Act of 1998".

SEC. 2. HEALTH CARE FOR VETERANS OF WAR.

(a) **AUTHORITY TO PROVIDE PRIORITY CARE.**—Section 1710(e) of title 38, United States Code, is amended—

(1) by adding at the end of paragraph (1) the following new subparagraph:

“(D) Subject to paragraphs (2) and (3), a veteran who served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war after the Vietnam era, or in combat

against a hostile force during a period of hostilities (as defined in section 1712A(a)(2)(B) of this title) after the date of the enactment of this subparagraph, is eligible for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any illness, notwithstanding that there is insufficient medical evidence to conclude that such condition is attributable to such service.”;

(2) in paragraph (2)(B), by inserting “or (1)(D)” after “paragraph (1)(C)”;

(3) in paragraph (3)—

(A) by striking out “and” at the end of subparagraph (A);

(B) by striking out “December 31, 1998.” in subparagraph (B) and inserting in lieu thereof “December 31, 2001; and”; and

(C) by adding at the end the following new subparagraph:

“(C) in the case of care for a veteran described in paragraph (1)(D), after a period of five years beginning on the date of the veteran’s discharge or release from active military, naval, or air service.”; and

(4) by adding at the end the following new paragraph:

“(5) When the Secretary first provides care for veterans using the authority provided in paragraph (1)(D), the Secretary shall submit to Congress a report on the experience under that authority. The report shall cover the period of the first three years during which that authority is used and shall be submitted not later than nine months after the end of that three-year period. The Secretary shall include in the report any recommendations of the Secretary for extension of that authority.”.

(b) ENROLLMENT PRIORITY.—Section 1705(a)(4) of such title is amended—

(1) by striking out “and” after “permanently housebound” and inserting in lieu thereof a comma; and

(2) by inserting “, and veterans described in subparagraph (F) of section 1710(a)(2) of this title” after “disabled”.

SEC. 3. NATIONAL CENTER FOR THE STUDY OF WAR-RELATED ILLNESSES.

(a) IN GENERAL.—(1) Chapter 73 of title 38, United States Code, is amended by inserting after section 7322 the following new section:

“§ 7323. National Center for the Study of War-Related Illnesses

“(a) ESTABLISHMENT.—The Secretary, acting through the Under Secretary for Health, shall establish and operate in the Veterans Health Administration a National Center for the Study of War-Related Illnesses (hereinafter in this section referred to as the ‘Center’). The Center shall, as appropriate, coordinate its activities with those of the National Center on Post-Traumatic-Stress Disorder established pursuant to section 110(c) of the Veterans’ Health Care Act of 1984 (Public Law 98–528).

“(b) PURPOSES.—The purposes of the Center shall be to promote improvement of clinical, research, and educational activities of the Veterans Health Administration with respect to war-related illnesses, including medically unexplained illnesses.

“(c) FUNCTIONS.—In carrying out the purposes of the Center, the Under Secretary shall ensure that the Center—

“(1) promotes the training of health care and related personnel in, and research into, the causes, mechanisms, and treatment of war-related illnesses;

“(2) serves as a resource center for, and promotes and seeks to coordinate the exchange of information regarding, research and training activities carried out by the Department, the Department of Defense, and other Federal and non-Federal entities; and

“(3) coordinates with the Department of Defense and other interested Federal departments and agencies in the conduct of research, training, and treatment and the dissemination of information pertaining to war-related illnesses.

“(d) STAFF.—The Under Secretary shall ensure that the staff of the Center has an appropriate range and breadth of expertise so as to enable the Center to bring an interdisciplinary approach to the study and treatment of war-related illnesses.

“(e) COORDINATION BETWEEN DEPARTMENTS.—(1) In order to ensure needed coordination between the Department and the Department of Defense in carrying out the mission of the Center, the officials identified in subparagraphs (A) and (B) of section 8111(b)(2) of this title shall—

“(A) meet regularly to review pertinent policies, procedures, and practices of their respective departments relating to such coordination and to identify actions that could be taken to change policies, procedures, and practices to improve such coordination; and

“(B) take all appropriate steps to carry out those actions identified under paragraph (1).

“(2) The Secretary and the Secretary of Defense shall submit to the appropriate committees of Congress an annual joint report, not later than April 1 each year, on the activities under paragraph (1) during the preceding year.”.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7322 the following new item:

“7323. National Center for the Study of War-Related Illnesses.”.

(b) EFFECTIVE DATE.—The National Center for the Study of War-Related Illnesses required to be established by section 7323 of title 38, United States Code, as added by subsection (a), shall be established not later than October 1, 1999.

SEC. 4. ASSESSMENT OF EFFECTIVENESS OF CARE OF PERSIAN GULF WAR VETERANS.

(a) ASSESSMENT BY NATIONAL ACADEMY OF SCIENCES.—Not later than November 1, 1998, the Secretary of Veterans Affairs shall enter into a contract with the National Academy of Sciences for the conduct of a review of a methodology which could be used by the Department of Veterans Affairs for determining the efficacy of treatments furnished to, and health outcomes (to include functional status) of, Persian Gulf War veterans who have been treated for illnesses which may be associated with their service in the Persian Gulf War.

(b) ACTION ON REPORT.—Not later than 180 days after receiving the final report of the National Academy of Sciences under subsection (a), the Secretary shall—

(1) if scientifically feasible, develop an appropriate mechanism to monitor and study the effectiveness of treatments furnished to, and health outcomes of, Persian Gulf War veterans who suffer from diagnosed and undiagnosed illnesses which may be associated with their service in the Persian Gulf War; and

(2) submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the implementation of this subsection.

SEC. 5. CONTRACT FOR INDEPENDENT RECOMMENDATIONS ON RESEARCH AND FOR DEVELOPMENT OF CURRICULUM ON CARE OF PERSIAN GULF WAR VETERANS.

Section 706 of the Persian Gulf War Veterans' Health Status Act (title VII of Public Law 102–585; 38 U.S.C. 527 note) is amended by adding at the end thereof the following new subsection:

“(d) RESEARCH REVIEW AND DEVELOPMENT OF MEDICAL EDUCATION CURRICULUM.—(1) In order to further understanding of the health consequences of military service in the Persian Gulf theater of operations and of new research findings with implications for improving the provision of care for veterans of such service, the Secretary of Veterans Affairs and the Secretary of Defense shall seek to enter into an agreement with the National Academy of Sciences under which the Institute of Medicine of the Academy would—

“(A) develop a curriculum pertaining to the care and treatment of veterans of such service who have ill-defined or undiagnosed illnesses for use in the continuing medical education of both general and specialty physicians who provide care for such veterans; and

“(B) periodically review and provide recommendations regarding the research plans and research strategies of the Departments relating to the health consequences of military service in the Persian Gulf theater of operations during the Persian Gulf War, including recommendations that the Academy considers appropriate for additional scientific studies to resolve areas of continuing scientific uncertainty relating to the health consequences of any aspects of such military service.

“(2) Not later than six months after the Institute of Medicine provides the Secretaries the curriculum developed under paragraph (1), the Secretaries shall provide for the conduct of continuing education programs using the curriculum developed under paragraph (1). Such programs shall include instruction which seeks to emphasize use of appropriate protocols of diagnosis, referral, and treatment of such veterans.”.

SEC. 6. REVISION TO PROCESS FOR DETERMINING PRIORITIES FOR HEALTH-RELATED RESEARCH ON THE PERSIAN GULF WAR.

Section 707 of the Persian Gulf War Veterans' Health Status Act (title VII of Public Law 102–585; 38 U.S.C. 527 note) is amended by striking out subsection (b) and inserting in lieu thereof the following:

“(b) PUBLIC ADVISORY COMMITTEE.—Not later than January 1, 1999, the head of the department or agency designated under subsection (a) shall establish an advisory committee consisting of members of the general public, to include Persian Gulf War veterans and representatives of such veterans, to provide advice to the head of that department or agency on proposed research studies, research plans, or research strategies relating to the health consequences of military service in the Per-

sian Gulf theater of operations during the Persian Gulf War. The department or agency head shall consult with such advisory committee on a regular basis.

“(c) REPORTS.—(1) Not later than March 1 of each year, the head of the department or agency designated under subsection (a) shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on—

“(A) the status and results of all such research activities undertaken by the executive branch during the previous year;

“(B) research priorities identified during that year; and

“(C) recommendations of the public advisory committee established under subsection (b) that were not adopted during that year and the reasons for not adopting each such recommendation.

“(2)(A) Not later than 120 days after submission of the epidemiological research study conducted by the Department of Veterans Affairs entitled ‘VA National Survey of Persian Gulf Veterans—Phase III’, the head of the department or agency designated under subsection (a) shall submit to the congressional committees specified in paragraph (1) a report on the findings under that study.

“(B) With respect to any findings of that study which identify scientific evidence of a greater relative risk of illness or illnesses in family members of veterans who served in the Persian Gulf War theater of operations than in family members of veterans who did not so serve, the head of the department or agency designated under subsection (a) shall seek to ensure that appropriate research studies are designed to follow up on such findings.

“(d) PUBLIC AVAILABILITY OF RESEARCH FINDINGS.—The head of the department or agency designated under subsection (a) shall ensure that the findings of all research conducted by or for the executive branch relating to the health consequences of military service in the Persian Gulf theater of operations during the Persian Gulf War (including information pertinent to improving provision of care for veterans of such service) are made available to the public through peer-reviewed medical journals, the Internet World Wide Web, and other appropriate media.”.

SEC. 7. DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER IN ASPINWALL, PENNSYLVANIA.

The Department of Veterans Affairs medical center in Aspinwall, Pennsylvania, is hereby designated as the “H. John Heinz III Department of Veterans Affairs Medical Center”. Any reference to that medical center in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the “H. John Heinz III Department of Veterans Affairs Medical Center”.

SEC. 8. DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER IN GAINESVILLE, FLORIDA.

The Department of Veterans Affairs medical center in Gainesville, Florida, is hereby designated as the “Malcom Randall Department of Veterans Affairs Medical Center”. Any reference to that medical center in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the “Malcom Randall Department of Veterans Affairs Medical Center”.

INTRODUCTION

On February 5, 1998, the Committee on Veterans’ Affairs held a hearing to receive updates on research, investigations and programs involving Persian Gulf War veterans’ illnesses. Those testifying at that hearing included Dr. Arthur Caplan, a member of the Presidential Advisory Committee on Gulf War Veterans’ Illnesses; Dr. Donald Mattison, Chairman of the Institute of Medicine’s Board of Health Promotion and Disease Prevention, accompanied by Dr. Dan G. Blazer, Chairman of the Institute of Medicine’s Committee on the Comprehensive Clinical Evaluation Program; Dr. Kenneth W. Kizer, the VA’s Under Secretary for Health; Dr. Bernard Rostker, Special Assistant to the Deputy Secretary of Defense for Gulf War Illnesses; and Dr. Donna Heivilin, Director of Planning and Reporting at the U.S. General Accounting Office’s National Security and International Affairs Division, accompanied by Dr. Kwai Chan, the Division’s Director of Special Studies and Evaluation.

On April 23, 1998, the Subcommittee on Health received testimony on draft legislation to extend and expand VA's authority to treat Persian Gulf War veterans, to provide authority to treat illnesses of veterans which may be attributable to future combat service, and to establish a center for study of war-related illnesses. Among those testifying at that hearing were Dr. Thomas Garthwaite, the VA's Deputy Under Secretary for Health, who was accompanied by Dr. Frances Murphy, Director of the VA's Environmental Agents Service; Captain Craig Hyams, M.D., U.S.N., head of the Infectious Diseases Threat Assessment Division of the Naval Medical Research Institute; Dr. Richard Miller, Director of the Medical Follow-Up Agency of the Institute of Medicine; and Mr. Matthew Puglisi, Assistant Director for Gulf War Veterans of the National Veterans Affairs and Rehabilitation Commission, The American Legion.

H.R. 3980, legislation incorporating provisions of the draft legislation discussed on April 23rd, was introduced on June 3, 1998.

On June 4, 1998, the Subcommittee on Health met and ordered H.R. 3980, the Persian Gulf War Veterans Health Care and Research Act, and two other bills that would rename Department of Veterans Affairs medical centers, reported favorably to the full Committee by unanimous voice vote.

The full Committee met on June 24, 1998 and ordered H.R. 3980, as amended, reported favorably to the House by unanimous voice vote.

SUMMARY OF THE REPORTED BILL

H.R. 3980, as amended, would:

1. Establish authority for VA to provide priority health care to treat illnesses that may be attributable to a veteran's service in combat during any period of war after the Vietnam War or during any other future period of hostilities (notwithstanding that there is insufficient medical evidence to conclude that such illnesses are attributable to such service). Treatment would be available under this special authority for a period of five years after such veteran's discharge from service. VA would be required to report to Congress on the first three years' use of that authority and on any recommendations to extend it;
2. Extend the VA's special authority to provide care to Persian Gulf veterans through December 31, 2001;
3. Elevate the level of priority for access to VA health care to be afforded to Persian Gulf veterans (as well as Vietnam veterans and others eligible for care by virtue of exposure to a toxic substance, radiation, or environmental hazards), and to assign veterans made eligible for care under this bill that same high priority;
4. Require VA to establish a multi-disciplinary National Center for the Study of War-Related Illnesses to carry out and foster research, education and improved clinical care of war-related illnesses;
5. Require VA (a) to enter into an agreement with the National Academy of Sciences to determine whether there is a meth-

odology by which VA could determine the efficacy of treatments provided Persian Gulf War veterans for illnesses which may be associated with their Persian Gulf War service; and (b) if scientifically feasible, develop a mechanism to monitor and study the effectiveness of such treatments and health outcomes;

6. Require VA and DoD to enter into an agreement with the National Academy of Sciences to (a) develop a curriculum (to take account of new research findings relating to care of veterans with illnesses that may be associated with Persian Gulf War service) for use in continuing education of VA and DoD physicians; and (b) periodically review and provide recommendations regarding the Departments' research plans relating to Persian Gulf illnesses;
7. Require establishment of a public advisory committee (to include Persian Gulf War veterans and their representatives) to provide advice to the (VA-DOD-HHS) Persian Gulf War Veterans Coordinating Board on proposed research studies, plans, and strategies relating to Gulf War vets illnesses;
8. Require the Persian Gulf War Veterans Coordinating Board to include in its annual report to Congress any new research priorities it has established and those recommendations made by the new public advisory committee which were not adopted (along with the reasons for non-adoption);
9. Require, in the event VA's ongoing survey of Persian Gulf War veterans identifies scientific evidence of a greater relative risk of illness in families of Persian Gulf War veterans than in families of non-deployed vets, the Gulf War Coordinating Board to ensure that appropriate studies are designed to follow up on such findings;
10. Require publication on the World Wide Web (and elsewhere) of the findings of all Persian Gulf War research conducted by or for the Government; and
11. Designate the Aspinwall, PA VA Medical Center as the "H. John Heinz III Department of Veterans Affairs Medical Center" and the Gainesville, FL VA Medical Center as the "Malcom Randall Department of Veterans Affairs Medical Center".

BACKGROUND AND DISCUSSION

The House Veterans' Affairs Committee has conducted ongoing oversight since concerns regarding health problems among Persian Gulf War veterans were first voiced in 1991. The Committee has held sixteen hearings, and initiated the passage of unprecedented legislation, to address health care problems experienced by Persian Gulf veterans and risk factors associated with such service.

TREATING WAR-RELATED ILLNESSES

Although Congress has done much to address these problems, this Committee is concerned that Congress both continue to tackle unresolved questions regarding Persian Gulf veterans' health problems, and that it apply lessons learned from the Persian Gulf expe-

rience to assist veterans who may deploy overseas in the future. Earlier this year, for example, the country faced anew the possibility of committing our armed forces to military intervention in Iraq in response to its leader's breach of United Nations' weapons inspection agreements. With the potential for renewed combat operations in the Persian Gulf theater, some questioned what provision would be made for treating such future combatants for possible war-related illnesses. At the same time, chronic health problems still afflict many veterans of Gulf service seven years ago. Awareness of this nagging problem heightens the importance of Congress addressing the "sunset" this December 31st of the special health-care authority provided these veterans in law.

That law was first enacted in 1993, some two years after the cessation of Persian Gulf hostilities. With that enactment, Congress sought to ensure that Persian Gulf veterans could get access to needed VA health care for health problems which may have had their origin in service. In doing so, it sought to free these veterans of any need, for health care purposes, of having to obtain an adjudication of service-connection or of having to satisfy a financial need test to establish eligibility. Congress enacted a special eligibility provision relatively soon after becoming aware of the scope of the problem affecting these veterans. Subsequent hearings on Persian Gulf veterans' health care, however, have highlighted the importance of early intervention in treating the kind of unexplained health problems experienced by many Persian Gulf War veterans. The lack of even earlier treatment avenues as well as some clinicians' lack of understanding of these often complex illnesses may, in many cases, have played a role in acute health care problems of Persian Gulf War veterans becoming chronic.

Our hearing record provides powerful support for the view that early, effective treatment is important not only in understanding the Persian Gulf War experience, but as a model for intervention for veterans of any future combat operations. Each of our wars has been unique. Yet medical literature suggests that war has had a similar effect on combatants serving more than a century apart. Testifying before the Subcommittee on Health, Dr. Craig Hyams described his peer-reviewed study of the medical literature of our country's wartime experience, where he found that "poorly understood war syndromes have recurred at least since the Civil War These syndromes have been characterized by similar symptoms (fatigue, shortness of breath, headache, sleep disturbance, forgetfulness, and impaired concentration)." Another recent study on World War II veterans suggests a strong link between participation in combat and both subsequent decline in physical health and early death. In essence, medical literature provides considerable evidence that the combat experience is a significant risk factor in the development of subsequent illness, and that early treatment of war-related illness is important in avoiding chronic illness.

The implications of these findings underscore the importance both of increasing understanding of war-related illnesses generally, and of ensuring that the Department of Veterans Affairs is better prepared to treat veterans of future wars or military combat. To that end, on April 23rd, the Subcommittee on Health heard testi-

mony on draft legislation which sought to foster those objectives. The draft bill proposed the establishment of a special eligibility provision to ensure VA care of veterans of future combat deployments; creation of a national center on war-related illnesses; extension of VA's special authority for care of Persian Gulf War veterans; and elevation of the priority for care assigned those and other veterans.

NATIONAL CENTER FOR STUDY OF WAR-RELATED ILLNESSES

Witnesses at that session expressed strong support for the concept of VA's establishing a national center for the study of war-related illnesses. The Director of the Medical Follow-up Agency at the National Academy of Sciences, Dr. Richard Miller, characterized the proposed center as "an excellent and long overdue effort to elucidate the causes of a major portion of veteran illnesses." Miller testified that a "center organized around the phenomenon of war-related illnesses, rather than a single discipline or disease, can bring together the appropriate mix of expertise and foster appropriate collaborations." He expressed the view that such a center should fund studies of the causes of war-related illness, and described as "essential" epidemiologic studies of risk factors for developing war-related illness with the goal of preventing them or at least ameliorating their effects. Attesting to the benefit of such a center, Miller also stated that, "The lack of a ready answer to the cause of these illnesses exhibited by Persian Gulf veterans suggests the need to look at the problem in new ways. He advised that such a center could have major implications for health care generally "since it is clear that medically unexplained illnesses are by no means limited to veteran populations."

Echoing the broad support for establishing such a center, VA's Deputy Under Secretary for Health, Dr. Thomas Garthwaite, cited such a center as one that would "enhance our ability to create a comprehensive program for post-war clinical care, medical education, health risk communication and research We believe a Center such as the one proposed has the potential to significantly enhance the medical community's ability to address the needs of future wartime veterans."

As several witnesses testified, such a center should be multi-disciplinary, and active partnership and collaboration with the Department of Defense are essential. The Committee recognizes that VA cannot mount such an effort alone. As described by one expert, Dr. Matthew Friedman, Director of the National Center for Post-Traumatic Stress Disorder, "the best chance for prevention, early detection, and rapid treatment of war-related illnesses is while men and women are still in uniform. To defer proactive medical strategies until after completion of military service is to wait much too long." Such a center must, for example, become a repository of deployment health and environmental surveillance data. To achieve the greatest effectiveness, VA and DoD must coordinate closely to ensure timely transfer of such DoD data, which is critical to the conduct of future research.

While requiring that a center employ an interdisciplinary approach to the study of war-related illnesses, the reported bill vests discretion in the VA regarding the structure of such center. There

is no requirement, for example, that such a “center” be located in a single site. Its establishment could conceivably involve recruiting experts in all key medical specialties from VA medical centers across the country and linking them to create a “virtual center”. That “structure” could conceivably change over time with incorporation of new researchers for time-limited periods. Appropriately designed, such a center offers the promise of reducing the risk for war-related illnesses and increasing the likelihood of success in treating veterans of future combat service, according to the witnesses testifying on this concept.

The reported bill would call for the establishment of such a center, as envisioned in the draft bill. The reported measure also incorporates each of the other provisions of the draft bill, to include authorizing VA to treat illnesses that may be attributable to a veteran’s service in combat during any period of war after the Vietnam War or after service in any future period of hostilities (notwithstanding that there is insufficient medical evidence to conclude that such illnesses are attributable to such service). That important measure would ensure that medical care is available to veterans of future military conflicts at the earliest time, and obviate any need for Congress to act after each such conflict.

IMPROVING CARE FURNISHED TO PERSIAN GULF VETERANS

While key elements of the reported bill offer the promise of improved VA care for veterans of future combat deployments, its provisions also reflect ongoing concern regarding provision of needed care to Persian Gulf veterans.

To that end, the reported bill would extend through 2001 VA’s special treatment authority for Persian Gulf War veterans. To ensure that the promise of “priority health care” is not compromised, the reported bill would also elevate the “enrollment priority” afforded these veterans under section 1705 of title 38, United States Code.

The Committee recognizes that health care issues for Persian Gulf veterans are not simply issues of access. In oversight hearings on Persian Gulf illnesses last year, the Subcommittee on Health found that VA had given very little priority to designing programs aimed specifically at treating Persian Gulf veterans or at helping them manage their symptoms. The Committee also found that VA’s record of follow-up treatment after providing these veterans a registry examination appeared uneven from facility to facility, with many instances of veterans “falling through the cracks” and little evidence that complex cases are being managed. Lack of understanding of the illnesses reported by Persian Gulf veterans and lack of tools available to medicine to resolve the array of their symptoms has certainly fueled the perception in many veterans that VA health care professionals lack empathy for their conditions, and many veterans appear to believe that the treatment they receive suffers as a result.

Following the Subcommittee’s hearings last year, VA has taken steps to foster the establishment of specialized treatment programs for the care of Persian Gulf veterans and to provide better case-management for veterans with complex health problems.

There remain questions, however, regarding the effectiveness of VA care and the need to ensure that physicians who treat these veterans understand their health care problems. In a June 23, 1997 report on Gulf War Illnesses (GAO/NSIAD-97-163), the General Accounting Office found, in pertinent part, that “although efforts have been made to diagnose veterans’ problems and care has been provided to many eligible veterans, neither DOD nor VA has systematically attempted to determine whether ill Gulf War veterans are any better or worse today than when they were first examined.” GAO’s recommendation that the Departments develop and implement a plan, to include the establishment of a centralized database, to monitor the clinical progress of veterans in order to identify appropriate and effective treatments, provoked a sharp debate. VA, for example, responded that GAO’s recommendation “fails to address the inherent problems involved in monitoring health outcomes in the absence of a single, well-defined illness....If the purpose of establishing a centralized database is to monitor the clinical progress of veterans, the question must be asked: Progress for what medical condition? How is clinical progress to be measured? Against what scientific standard should the clinical outcomes of Gulf War veterans be compared?”

The Committee does not presume to propose answers to these rhetorical questions. But it does believe the underlying GAO concern—that the effectiveness of care afforded Persian Gulf veterans should be monitored, if possible—is meritorious. Accordingly, the reported bill would require VA to enter into a contract with the National Academy of Sciences under which the Academy would seek to develop a methodology to determine the efficacy of treatments furnished to, and health outcomes (including functional status) of, veterans who have been treated for illnesses which may be linked to their Persian Gulf service. (The Committee envisions that, to the extent possible, such outcome measures would include improvements in interpersonal relationships; involvement in productive activity, including employment; and improvement in perceptions of health status.) If the Academy determines and reports to VA that such a task is scientifically feasible, the reported bill would require VA to mount such a study. The reported bill is intentionally silent as to the means or scope of such an undertaking and has intentionally not required that VA establish a national database.

While this measure provides important assurance that long unresolved concerns about assessing care delivery can be bridged, the reported bill also recognizes that VA care is only as good as the caregiver’s knowledge about and sensitivity to his or her patients and their health problems. Given the critical role of education in providing that understanding, the reported bill would also require VA to contract with the National Academy of Sciences to develop a curriculum for use in the continuing medical education of physicians who provide care to these veterans. The Committee envisions that VA will sponsor educational programs for generalist and specialist physicians to further their understanding of the health consequences of service in the Gulf and of any pertinent new research findings which may have implications for improving their care.

RESEARCH

Numerous scientific and oversight entities have reviewed the body of Federally sponsored research and research plans related to the health consequences of military service in the Persian Gulf War. Among those scientific reviews, the Institute of Medicine was charged under Public Law 102-585 to make recommendations as to whether there is a sound, scientific basis for an epidemiologic study or studies of the health consequences of service in the Persian Gulf War and the nature of the study or studies. In its October 1996 report, the IOM recommended further studies to identify risk factors for stress-related psychiatric disorders; continued follow-up of the mental health of deployed veterans; and continued monitoring of the mortality experience of Persian Gulf veterans.

In a December 31, 1996 report, the Presidential Advisory Committee on Gulf War Veterans' Illnesses concluded that the government's research portfolio was appropriately weighted toward epidemiological studies and studies on stress-related disorders. To close gaps in current knowledge, the advisory committee recommended additional research on: (1) long-term health effects of low-level exposures to chemical warfare agents; (2) the synergistic effects of pyridostigmine bromide, a chemical warfare agent pretreatment, with other Gulf War risk factors; and (3) more emphasis on basic and applied research on the body's physical response to stress. In a follow-up report issued on October 31, 1997, the advisory committee noted that the government "has made commendable progress" in implementing its prior recommendations, and "particularly commend[ed] the government for its new initiatives targeted on health effects of low-level exposure to CW [chemical warfare] agents. As noted in the Final Report, 'the amount of data from either human or animal research on low-level exposures [to CW agents] is minimal,' but we believe the planned research may address any uncertainties and inconclusiveness identified in our December 1996 report."

While it is noteworthy that independent scientific reviews have helped shape the government's research agenda, that agenda has not been free from controversy. In its June 1997 report on Gulf War Illnesses, the General Accounting Office criticized the federal research effort as lacking a "coherent approach" and as having been too slow to begin. GAO questioned the emphasis federal departments have given epidemiological research rather than research on diagnosis, treatment and prevention of Gulf War illnesses. GAO also contrasted what it viewed as extensive funding devoted to the role of stress in veterans' illnesses, while "basic toxicological questions regarding the substances to which they were exposed remain unanswered."

While the VA and DoD as well as the Presidential advisory committee disagreed with some of the conclusions in this GAO report, others have cited the report in criticizing the Federal Persian Gulf research program. Such critics have proposed changes ranging from establishing an independent body to review the Federal research program to structural changes aimed at vesting Persian Gulf research decision-making authority in an entity other than VA or DoD. The Committee is mindful of the Presidential advisory com-

mittee's assessment that the Government's research agenda is on sound footing but that an independent advisory role would lend credibility to future research activities. This perspective attempts to be responsive to the many ill Persian Gulf veterans, who are frustrated that research has not provided sought-after answers and who may have lost confidence in the Departments managing that research.

The Committee attaches significance to veterans' concerns and to the importance of restoring veterans' confidence that Persian Gulf research will be relevant, vigorous, and responsive. The reported bill would address these concerns directly. It would provide both for independent expert oversight of the Federal research program relating to Gulf War illnesses and a complementary mechanism for "consumer" participation in such research agenda-setting.

The reported bill would effectively carry out the recommendation that Congress provide for independent oversight. It would do so by requiring VA and DoD to enter into a contract with the National Academy of Sciences under which the Academy's Institute of Medicine would periodically review and provide recommendations to the Departments on their plans and strategies for research relating to the health consequences of Persian Gulf War service. Such review would involve both assessing and making recommendations on the Departments' research plans as well as recommendations on additional research avenues which the Departments should consider.

The reported bill would also provide for the establishment of a public advisory committee which would be tasked to provide advice—on a regular basis—on plans and strategies for research relating to the health consequences of Persian Gulf War service, and on proposed avenues for future research. In carrying out that role, the Committee would report to the secretary of the department designated to chair the Research Working Group (currently the Department of Veterans Affairs). In providing for the establishment of such an advisory committee, the Committee is seeking to restore confidence and trust, and to help create a constructive dialogue between Government scientists and veterans. It is hoped that that process can help achieve consensus on sound directions that research on Persian Gulf illnesses should take. Thus, the reported bill envisions a committee which would have a meaningful consultative role in helping shape a research agenda and a membership which would include Persian Gulf veterans and representatives of such veterans. It is hoped that as a public advisory body, such committee would be reasonably balanced, to include women and minority participation.

The reported bill would not alter the role or structure of the Persian Gulf Veterans Coordinating Board which was established to ensure coordination among the respective agencies; nor would it directly change the role or structure of the Research Working Group (established under section 707 of Public Law 102-585) within that coordinating entity. It is hoped, however, that new avenues of communication under the reported bill would yield a stronger, more responsive research effort.

RENAMING VA MEDICAL CENTERS

Finally, the reported bill would change the designation of two of the Department's medical centers. The Department of Veterans Affairs Medical Center in Aspinwall, Pennsylvania would be renamed for the late Senator H. John Heinz.

Senator Heinz made a priority of ensuring that the federal government maintained its commitment to our veterans. As a native of southeastern Pennsylvania, an area with a high rate of participation in our armed forces, the Senator recognized the important role that VA facilities have for years played in these communities, and also that VA benefits and services have played in improving the lives of countless families. His commitment to Pennsylvania's veterans and his recognition of the critical need for VA health care services in Pittsburgh led to the construction of the VA medical center's Aspinwall facility. It is fitting that, in recognition of his work for Pennsylvania's veterans and in acknowledgment of his tragic death in 1991, the Aspinwall VA facility be designated the H. John Heinz III Veterans Affairs Medical Center. H.R. 2775, a bill to so redesignate that facility, was endorsed by the major veterans organizations in the State and was co-sponsored by the entire Pennsylvania congressional delegation.

The reported bill would also change the name of the Gainesville, Florida VA Medical Center in honor of its former director, Malcom Randall, who stepped down after a 31-year stewardship of that facility. A veteran of naval service in the Pacific in World War II, Randall has had a distinguished 59-year career of Federal service. Randall's contributions as an administrator, teacher, and community leader have been widely recognized and honored. The VA has given him its two highest awards, the Meritorious Service Award and the Exceptional Service Award. He himself has given much of his life to the service of veterans and to bringing innovation and excellence to the medical center which, fittingly, would bear his name. H.R. 3336, a bill to redesignate that center as the Malcom Randall Department of Veterans Affairs Medical Center, received the endorsement of the major veterans organizations in Florida, and was co-sponsored by the entire Florida congressional delegation.

SECTION-BY-SECTION ANALYSIS

Section 1 would name the Act as the "Persian Gulf War Veterans Health Care and Research Act of 1998".

Section 2(a) would—

- (1) amend section 1710(e)(1) by adding a new subparagraph (D) which would provide eligibility for VA care for any illness to a veteran who served on active duty in a theater of combat operations during a period of war after the Vietnam era, or in combat against a hostile force during a period of hostilities after the date of enactment of this provision (notwithstanding insufficient evidence to conclude that the condition is attributable to such service);
- (2) amend section 1710(e)(2)(B) to provide that VA may not furnish care to such a veteran for a condition that is found to have resulted from a cause other than that combat service.

- (3) amend section 1710(e)(3) by adding a new subparagraph (C) to provide that in the case of a veteran of such combat service, care may be furnished for up to five years following the veteran's discharge or release from service, and providing in the case of a veteran eligible for care based on service in the Persian Gulf War, that care may be furnished through December 31, 2001;
- (4) amend section 1710(e) by adding a new paragraph (5) to provide that the Secretary of Veterans Affairs is to report to Congress within three years of first providing care under new section 1710(e)(1)(D) on the experience under that authority and any recommendations for extending that authority.

Section 2(b) would amend section 1705(a)(4) of title 38, U.S. Code, to elevate the priority (from level 6 to level 4 of the priority list)—for purposes of enrollment for VA health care—assigned those veterans eligible for VA care based on Persian Gulf War service, presumed exposure to herbicides during the Vietnam War, and exposure to ionizing radiation. It would assign the same priority to veterans of combat service under new section 1710(e)(1)(D).

Section 3(a) would amend chapter 73 of title 38, U.S. Code, to add a new section 7323 calling for the Secretary of Veterans Affairs to establish and operate a National Center for the Study of War-Related Illnesses to promote improvement of VA's clinical, research and educational activities with respect to war-related illnesses. The center is to promote training in, and research into, the causes and treatment of war-related illnesses, and to coordinate with the Department of Defense and other Federal agencies in the conduct of research, training, treatment, and dissemination of findings.

Section 3(b) would require the center to be established not later than October 1, 1999.

Section 4(a) would require the Secretary of Veterans Affairs to enter into a contract with the National Academy of Sciences not later than November 1, 1998, under which the Academy would develop a methodology for determining the efficacy of treatments furnished to, and the health outcomes of, Persian Gulf War veterans who have been treated for illnesses which may be associated with that war service.

Section 4(b) would require the Secretary, not later than 180 days after receiving the final National Academy report, to develop an appropriate mechanism, if scientifically feasible, to monitor and study the effectiveness of such treatments and outcomes, and to report to the Congress on the steps taken in response to the Academy's report.

Section 5 would require the Secretaries of Defense and Veterans Affairs to attempt to contract with the Academy (1) for the development of a curriculum for use in continuing medical education of both general and specialty physicians who provide care to veterans who have ill-defined or undiagnosed illnesses, and (2) to periodically review and provide recommendations regarding the research plans and strategies of the Federal government relating to the health consequences of service in the Persian Gulf War, including recommendations for additional scientific studies. The section

would require the Secretaries to provide for the conduct of continuing education programs using the curriculum developed by the Academy.

Section 6 would amend section 707 of the Persian Gulf War Veterans' Health Status Act (title VII of Public Law 102-585) by striking subsection (b) and adding provisions calling for—

- (1) establishment of a public advisory committee to provide advice to the lead Federal agency on proposed research studies, research plans or research strategies relating to the health consequences of Persian Gulf War service;
- (2) annual reporting to Congress on the status of all such research activity during the previous year, research priorities that have been identified, and those recommendations of the public advisory committee which were not adopted and the reasons for not adopting each such recommendation;
- (3) submission of a report to Congress on the findings of the research study entitled "VA National Survey of Persian Gulf Veterans—Phase III";
- (4) development of appropriate research studies to follow up on any findings of the National Survey study which identify scientific evidence of a greater relative risk of illness or illnesses in family members of veterans who served in the Persian Gulf War theater of operations than in family members who did not so serve;
- (5) publication—through peer-reviewed medical journals, the Internet, and other appropriate media—of the findings of all research conducted by or for the Federal government relating to the health consequences of Persian Gulf War service.

Section 7 would designate the VA Medical Center in Aspinwall, PA as the "H. John Heinz III Department of Veterans Affairs Medical Center".

Section 8 would designate the VA Medical Center in Gainesville, FL as the "Malcom Randall Department of Veterans Affairs Medical Center".

OVERSIGHT FINDINGS

The Committee on Government Reform and Oversight issued a report entitled "Gulf War Veterans' Illnesses: VA, DOD Continue to Resist Strong Evidence Linking Toxic Causes to Chronic Health Effects" on November, 7, 1997.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

The following letter was received from the Congressional Budget Office concerning the cost of the reported bill:

U.S. CONGRESS,
 CONGRESSIONAL BUDGET OFFICE,
 Washington, DC, July 6, 1998.

Hon. BOB STUMP,
 Chairman, Committee on Veterans' Affairs,
 House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office (CBO) has prepared the enclosed cost estimate for H.R. 3980, the Persian Gulf War Veterans Health Care and Research Act of 1998.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Shawn Bishop, who can be reached at 226-2840.

Sincerely,

JUNE E. O'NEILL,
 Director

Enclosure

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

H.R. 3980—Persian Gulf War Veterans Health Care and Research Act of 1998

As ordered reported by the House Committee on Veterans' Affairs on June 24, 1998

SUMMARY. —H.R. 3980 would temporarily extend the eligibility of certain veterans of the Persian Gulf War for priority medical care from the Department of Veterans Affairs (VA). It would also extend similar benefits to certain veterans of future wars or hostilities. H.R. 3980 would require VA to contract with the National Academy of Sciences (NAS) for several studies relating to the care and treatment of Persian Gulf veterans and the health consequences of service in the Persian Gulf War. CBO estimates that these provisions would result in outlays of \$76 million in 1999 and \$369 million over the 1999–2003 period, assuming appropriation of the necessary amounts.

Because the bill would not affect direct spending or receipts, pay-as-you-go procedures would not apply. The bill contains no inter-governmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would not affect the budgets of state, local, or tribal governments.

ESTIMATED COST TO THE FEDERAL GOVERNMENT. —The estimated budgetary impact of H.R. 3980 over the 1999–2003 period is shown in the following table. The costs of this legislation would fall within budget function 700 (veterans affairs).

Table 1. Budgetary Impact of H.R.3980 as ordered reported by the House Veterans' Affairs Committee

[By fiscal year, in millions of dollars]

	1998	1999	2000	2001	2002	2003
Spending Under Current Law for Veterans' Medical Care						
Estimated authorization level ¹	17,739	17,739	17,739	17,739	17,739	17,739
Estimated outlays	17,615	18,122	17,763	17,739	17,739	17,739

Table 1. Budgetary Impact of H.R.3980 as ordered reported by the House Veterans' Affairs Committee—Continued
[By fiscal year, in millions of dollars]

	1998	1999	2000	2001	2002	2003
Proposed Changes						
Eligibility for Priority Care						
Estimated authorization Level	0	74	101	105	27	0
Estimated outlays	0	66	98	104	35	4
National Center for the Study of War-Related Illnesses						
Estimated authorization level	0	8	13	12	13	13
Estimated outlays	0	7	13	12	13	13
Studies by the National Academy of Sciences						
Estimated authorization Level	0	3	0	1	0	1
Estimated outlays	0	3	0	1	0	1
<hr/>						
Subtotal—Proposed Changes						
Estimated authorization Level	0	85	115	118	40	14
Estimated outlays	0	76	111	117	48	17
<hr/>						
Total Spending Under H.R. 3980 for Veterans' Medical Care						
Estimated authorization level ¹	17,739	17,824	17,854	17,857	17,779	17,753
Estimated outlays	17,615	18,198	17,874	17,856	17,787	17,756

NOTE: Details may not add to totals because of rounding.

¹ The 1998 level is the amount appropriated for that year. The current law amounts for 1999–2003 assume that appropriations remain at the 1998 level. If they are adjusted for inflation, the base amounts would rise by about \$600 million a year, but the estimated changes would remain as shown.

Eligibility for Priority Care.—Under current law, veterans with compensable service-connected disabilities or income below a certain threshold have priority status for VA medical care. In addition, current law grants all veterans who served in the Southwest Asia theater during the Persian Gulf War (PGW) priority status for medical care until December 31, 1998. Section 2 would extend eligibility for priority care to these PGW veterans until December 31, 2001. (Eligibility based on disability and income would remain part of permanent law.)

CBO estimates that the cost of extending priority care under this bill would be \$66 million in 1999 and \$306 million over the three-year extension, assuming appropriation of the necessary amounts. CBO estimates that about 136,000 PGW veterans would seek priority medical care annually under this bill. This estimate is based on the number of PGW veterans who received outpatient care from the VA through April 30, 1998, according to an analysis of VA's Patient Treatment File. But many of these veterans would already be eligible for priority-level care based on service-connected disabilities or income. CBO assumes that 40 percent would qualify for priority care for those reasons, based on the proportion of PGW patients that VA treated in 1996 who met those conditions. We estimate that the other 60 percent—roughly 80,000 veterans per year—would receive additional care costing about \$1,300 per person each year.

In addition, section 2 would grant priority status for five years after the date of military discharge to veterans who served in theater during future wars or in combat during future periods of hostilities. As with Persian Gulf veterans, those veterans would be eli-

gible for priority care for any illness, notwithstanding insufficient medical evidence linking such illness to military service. This estimate does not include any medical costs that may result from this provision because CBO cannot predict future wars and conflicts.

National Center for the Study of War-Related Illnesses.—Section 3 would require the Veterans Health Administration (VHA) to establish a National Center for the Study of War-Related Illnesses. CBO estimates the new center would cost \$7 million in 1999 and \$58 million over the 1999–2003 period. This estimate assumes the new center would operate like the VA’s Geriatric Research, Education, and Clinical Center (GRECC) because it would have a similar mission—coordinating clinical, research, and educational activities of the VA. Although GRECC operates at 26 sites now, it began with eight sites when it was established in 1975. This estimate assumes the new center would operate four sites in 1999 and eight sites in 2000 and thereafter. CBO assumes that its more limited focus would not require the new center to expand beyond eight sites. The estimate assumes start-up costs of about \$1 million at each site and annual recurring costs of about \$1.5 million per site, comparable to GRECC’s costs.

Studies by the National Academy of Sciences.—Sections 4 and 5 would require VA to contract with the National Academy of Sciences (NAS) for three studies related to Persian Gulf War veterans. The first study would be directed toward developing a methodology that VA could use to assess treatments provided to Persian Gulf War veterans. The second study would develop a curriculum for the care and treatment of Persian Gulf Veterans who have undiagnosed illnesses. The third study would provide periodic review of and recommendations for federally funded research on the health consequences of service in the Persian Gulf theater. CBO assumes the third study would entail a report from NAS every two years beginning in 1999. CBO estimates the three studies would cost a total of \$3 million in 1999 and \$5 million over the 1999–2003 period.

PAY-AS-YOU-GO CONSIDERATIONS. —None.

INTERGOVERNMENTAL AND PRIVATE-SECTOR IMPACT. —The bill contains no intergovernmental or private-sector mandates as defined in UMRA and would not affect the budgets of state, local, or tribal governments.

ESTIMATE PREPARED BY:

Federal Costs: Shawn Bishop

Impact on state, local, and tribal governments: Marc Nicole
(225–3220)

Impact on the Private Sector: Rachel Schmidt (226–2910)

ESTIMATE APPROVED BY:

Robert A. Sunshine, Deputy Assistant Director for Budget
Analysis

INFLATIONARY IMPACT STATEMENT

The enactment of the reported bill would have no inflationary impact.

DEPARTMENT VIEWS

The Department testified at an April 23, 1998 hearing on a draft bill which was subsequently incorporated into H.R. 3980, and expressed strong support for the concepts proposed in that measure.

APPLICABILITY TO LEGISLATIVE BRANCH

The reported bill would not be applicable to the legislative branch under the Congressional Accountability Act, Public Law 104-1, because it would apply only to certain Department of Veterans Affairs programs and activities.

STATEMENT OF FEDERAL MANDATES

The reported bill would not establish a federal mandate under the Unfunded Mandates Reform Act, Public Law 104-4.

STATEMENT OF CONSTITUTIONAL AUTHORITY

Pursuant to Article I, section 8 of the U.S. Constitution, the reported bill would be authorized by Congress' power to "provide for the common Defence and general Welfare of the United States."

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3 of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

TITLE 38, UNITED STATES CODE

* * * * *

**CHAPTER 17—HOSPITAL, NURSING HOME,
DOMICILIARY, AND MEDICAL CARE**

* * * * *

SUBCHAPTER I—GENERAL

* * * * *

§ 1705. Management of health care: patient enrollment system

(a) In managing the provision of hospital care and medical services under section 1710(a) of this title, the Secretary, in accordance with regulations the Secretary shall prescribe, shall establish and operate a system of annual patient enrollment. The Secretary shall manage the enrollment of veterans in accordance with the following priorities, in the order listed:

(1) * * *

* * * * *

(4) Veterans who are in receipt of increased pension based on a need of regular aid and attendance or by reason of being permanently housebound **[and]**, other veterans who are catastrophically disabled, *and veterans described in subparagraph (F) of section 1710(a)(2) of this title.*

* * * * *

SUBCHAPTER II—HOSPITAL, NURSING HOME OR DOMICILIARY CARE AND MEDICAL TREATMENT

§ 1710. Eligibility for hospital, nursing home, and domiciliary care

(a) * * *

* * * * *

(e)(1)(A) * * *

* * * * *

(D) Subject to paragraphs (2) and (3), a veteran who served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war after the Vietnam era, or in combat against a hostile force during a period of hostilities (as defined in section 1712A(a)(2)(B) of this title) after the date of the enactment of this subparagraph, is eligible for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any illness, notwithstanding that there is insufficient medical evidence to conclude that such condition is attributable to such service.

(2)(A) * * *

(B) In the case of a veteran described in paragraph (1)(C) or (1)(D), hospital care, medical services, and nursing home care may not be provided under subsection (a)(2)(F) with respect to a disability that is found, in accordance with guidelines issued by the Under Secretary for Health, to have resulted from a cause other than the service described in that paragraph.

(3) Hospital care, medical services, and nursing home care may not be provided under or by virtue of subsection (a)(2)(F)—

(A) in the case of care for a veteran described in paragraph (1)(A), after December 31, 2002; **[and]**

(B) in the case of care for a veteran described in paragraph (1)(C), after **[December 31, 1998.] December 31, 2001; and**

(C) in the case of care for a veteran described in paragraph (1)(D), after a period of five years beginning on the date of the veteran's discharge or release from active military, naval, or air service.

* * * * *

(5) When the Secretary first provides care for veterans using the authority provided in paragraph (1)(D), the Secretary shall submit to Congress a report on the experience under that authority. The report shall cover the period of the first three years during which that authority is used and shall be submitted not later than nine months after the end of that three-year period. The Secretary shall include

in the report any recommendations of the Secretary for extension of that authority.

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**CHAPTER 73—VETERANS HEALTH ADMINISTRATION—
ORGANIZATION AND FUNCTIONS**

SUBCHAPTER I—ORGANIZATION

Sec.

* * * * *

SUBCHAPTER II—GENERAL AUTHORITY AND ADMINISTRATION

7311. Quality assurance.

* * * * *

7323. *National Center for the Study of War-Related Illnesses.*

* * * * *

§ 7323. *National Center for the Study of War-Related Illnesses*

(a) *ESTABLISHMENT.*—The Secretary, acting through the Under Secretary for Health, shall establish and operate in the Veterans Health Administration a National Center for the Study of War-Related Illnesses (hereinafter in this section referred to as the “Center”). The Center shall, as appropriate, coordinate its activities with those of the National Center on Post-Traumatic-Stress Disorder established pursuant to section 110(c) of the Veterans’ Health Care Act of 1984 (Public Law 98–528).

(b) *PURPOSES.*—The purposes of the Center shall be to promote improvement of clinical, research, and educational activities of the Veterans Health Administration with respect to war-related illnesses, including medically unexplained illnesses.

(c) *FUNCTIONS.*—In carrying out the purposes of the Center, the Under Secretary shall ensure that the Center—

(1) promotes the training of health care and related personnel in, and research into, the causes, mechanisms, and treatment of war-related illnesses;

(2) serves as a resource center for, and promotes and seeks to coordinate the exchange of information regarding, research and training activities carried out by the Department, the Department of Defense, and other Federal and non-Federal entities; and

(3) coordinates with the Department of Defense and other interested Federal departments and agencies in the conduct of research, training, and treatment and the dissemination of information pertaining to war-related illnesses.

(d) *STAFF.*—The Under Secretary shall ensure that the staff of the Center has an appropriate range and breadth of expertise so as to enable the Center to bring an interdisciplinary approach to the study and treatment of war-related illnesses.

(e) *COORDINATION BETWEEN DEPARTMENTS.*—(1) In order to ensure needed coordination between the Department and the Department of Defense in carrying out the mission of the Center, the officials identified in subparagraphs (A) and (B) of section 8111(b)(2) of this title shall—

(A) meet regularly to review pertinent policies, procedures, and practices of their respective departments relating to such coordination and to identify actions that could be taken to change policies, procedures, and practices to improve such coordination; and

(B) take all appropriate steps to carry out those actions identified under paragraph (1).

(2) The Secretary and the Secretary of Defense shall submit to the appropriate committees of Congress an annual joint report, not later than April 1 each year, on the activities under paragraph (1) during the preceding year.

PERSIAN GULF WAR VETERANS' HEALTH STATUS ACT

TITLE VII—PERSIAN GULF WAR VETERANS' HEALTH STATUS

SEC. 701. SHORT TITLE.

This title may be cited as the "Persian Gulf War Veterans' Health Status Act".

* * * * *

SEC. 706. AGREEMENT WITH NATIONAL ACADEMY OF SCIENCES FOR REVIEW OF HEALTH CONSEQUENCES OF SERVICE DURING THE PERSIAN GULF WAR.

(a) * * *

* * * * *

(d) *RESEARCH REVIEW AND DEVELOPMENT OF MEDICAL EDUCATION CURRICULUM.*—(1) In order to further understanding of the health consequences of military service in the Persian Gulf theater of operations and of new research findings with implications for improving the provision of care for veterans of such service, the Secretary of Veterans Affairs and the Secretary of Defense shall seek to enter into an agreement with the National Academy of Sciences under which the Institute of Medicine of the Academy would—

(A) develop a curriculum pertaining to the care and treatment of veterans of such service who have ill-defined or undiagnosed illnesses for use in the continuing medical education of both general and specialty physicians who provide care for such veterans; and

(B) periodically review and provide recommendations regarding the research plans and research strategies of the Departments relating to the health consequences of military service in the Persian Gulf theater of operations during the Persian Gulf War, including recommendations that the Academy considers appropriate for additional scientific studies to resolve areas of continuing scientific uncertainty relating to the health consequences of any aspects of such military service.

(2) Not later than six months after the Institute of Medicine provides the Secretaries the curriculum developed under paragraph (1), the Secretaries shall provide for the conduct of continuing education

programs using the curriculum developed under paragraph (1). Such programs shall include instruction which seeks to emphasize use of appropriate protocols of diagnosis, referral, and treatment of such veterans.

SEC. 707. COORDINATION OF GOVERNMENT ACTIVITIES ON HEALTH-RELATED RESEARCH ON THE PERSIAN GULF WAR.

(a) * * *

[(b) REPORT.—Not later than March 1 of each year, the head of the department or agency designated under subsection (a) shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the status and results of all such research activities undertaken by or the Executive Branch of the Federal Government during the previous year.]

(b) PUBLIC ADVISORY COMMITTEE.—*Not later than January 1, 1999, the head of the department or agency designated under subsection (a) shall establish an advisory committee consisting of members of the general public, to include Persian Gulf War veterans and representatives of such veterans, to provide advice to the head of that department or agency on proposed research studies, research plans, or research strategies relating to the health consequences of military service in the Persian Gulf theater of operations during the Persian Gulf War. The department or agency head shall consult with such advisory committee on a regular basis.*

(c) REPORTS.—(1) *Not later than March 1 of each year, the head of the department or agency designated under subsection (a) shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on—*

(A) *the status and results of all such research activities undertaken by the executive branch during the previous year;*

(B) *research priorities identified during that year; and*

(C) *recommendations of the public advisory committee established under subsection (b) that were not adopted during that year and the reasons for not adopting each such recommendation.*

(2)(A) *Not later than 120 days after submission of the epidemiological research study conducted by the Department of Veterans Affairs entitled "VA National Survey of Persian Gulf Veterans—Phase III", the head of the department or agency designated under subsection (a) shall submit to the congressional committees specified in paragraph (1) a report on the findings under that study.*

(B) *With respect to any findings of that study which identify scientific evidence of a greater relative risk of illness or illnesses in family members of veterans who served in the Persian Gulf War theater of operations than in family members of veterans who did not so serve, the head of the department or agency designated under subsection (a) shall seek to ensure that appropriate research studies are designed to follow up on such findings.*

(d) PUBLIC AVAILABILITY OF RESEARCH FINDINGS.—*The head of the department or agency designated under subsection (a) shall ensure that the findings of all research conducted by or for the executive branch relating to the health consequences of military service in the Persian Gulf theater of operations during the Persian Gulf War (including information pertinent to improving provision of care for veterans of such service) are made available to the public*

through peer-reviewed medical journals, the Internet World Wide Web, and other appropriate media.

* * * * *

