

105TH CONGRESS
2D SESSION

H. R. 3661

To require the Secretary of Veterans Affairs and the Secretary of Defense to give greater priority to research on the exposure of veterans of Operation Desert Shield and Operation Desert Storm to biological agents or chemical weapons, other toxic agents such as depleted uranium and organophosphates, pyridostigmine bromide, vaccines, oil well fire pollution, and other potentially hazardous substances, to require the Director of the National Institutes of Health to monitor, through a comprehensive database, the resulting effects of such exposure on those veterans' health and their clinical progress in order to identify and provide appropriate and effective medical treatment, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 1, 1998

Mr. KENNEDY of Massachusetts (for himself, Mr. SHAYS, Mr. FILNER, Mr. QUINN, Mr. MOAKLEY, Mr. SANDERS, Mr. GUTIERREZ, Mr. PETERSON of Minnesota, Ms. BROWN of Florida, Ms. CARSON, Mr. OLVER, Ms. RIVERS, Mr. MARKEY, Mr. FRANK of Massachusetts, Mr. KENNEDY of Rhode Island, Mr. NEAL of Massachusetts, Mr. WAXMAN, Mr. MCGOVERN, Mr. BURTON of Indiana, Mr. TIERNEY, Mrs. MALONEY of New York, Mr. DELAHUNT, Mr. LANTOS, Mr. UNDERWOOD, Mr. ROMERO-BARCELÓ, Mr. CLEMENT, Mr. FROST, Ms. SLAUGHTER, Mr. MORAN of Virginia, Mr. HASTINGS of Florida, Mr. MCINTOSH, Mr. MEEHAN, Mr. RODRIGUEZ, Mr. DAVIS of Illinois, and Ms. VELÁZQUEZ) introduced the following bill; which was referred to the Committee on Veterans' Affairs, and in addition to the Committees on National Security, and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To require the Secretary of Veterans Affairs and the Secretary of Defense to give greater priority to research

on the exposure of veterans of Operation Desert Shield and Operation Desert Storm to biological agents or chemical weapons, other toxic agents such as depleted uranium and organophosphates, pyridostigmine bromide, vaccines, oil well fire pollution, and other potentially hazardous substances, to require the Director of the National Institutes of Health to monitor, through a comprehensive database, the resulting effects of such exposure on those veterans' health and their clinical progress in order to identify and provide appropriate and effective medical treatment, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
 2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
 5 “Persian Gulf War Veterans’ Health and Medical Re-
 6 search Act of 1998”.

7 (b) TABLE OF CONTENTS.—

Sec. 1. Short title; table of contents.

Sec. 2. Management by National Institutes of Health of research on illnesses of Gulf War veterans.

Sec. 3. Database for tracking the health status, clinical progress, and medical treatment of Gulf War veterans.

Sec. 4. Semiannual report on research programs.

Sec. 5. General Accounting Office annual assessment and report.

Sec. 6. Research protocol and training.

Sec. 7. Outreach.

Sec. 8. Definitions.

8 **SEC. 2. MANAGEMENT BY NATIONAL INSTITUTES OF**
 9 **HEALTH OF RESEARCH ON ILLNESSES OF**
 10 **GULF WAR VETERANS.**

11 (a) NATIONAL INSTITUTES OF HEALTH.—The Direc-
 12 tor of the National Institutes of Health shall establish and

1 manage research activities within the Department of De-
2 fense and Department of Veterans Affairs in order to en-
3 sure that a greater priority is given to—

4 (1) research on finding effective treatment for
5 ill Gulf War veterans; and

6 (2) research on exposure to all potentially haz-
7 ardous substances and diseases encountered by
8 members of the Armed Forces mobilized or deployed
9 in support of combat operations in the areas of re-
10 sponsibility of the United States Central Command
11 and the United States European Command during
12 the period beginning on August 2, 1990, and ending
13 on December 31, 1991, including (among others)
14 chemical and biological warfare agents,
15 pyridostigmine bromide, vaccinations, and any other
16 manmade or naturally occurring toxic substances or
17 disease vectors to which Gulf War veterans were ex-
18 posed.

19 (b) RESEARCH TIMETABLE.—The Director shall de-
20 velop a plan for the research to be carried out pursuant
21 to subsection (a). The Director shall begin to develop the
22 plan not later than 60 days after the date of the enact-
23 ment of this Act and shall implement the plan not later
24 than 60 days after the completion of the development of
25 the plan.

1 (c) IDENTIFICATION OF SUBSTANCES TO WHICH
2 VETERANS MAY HAVE BEEN EXPOSED.—Research to be
3 carried out pursuant to subsection (a) shall include identi-
4 fication of all potentially hazardous substances, natural or
5 manmade (including biological or chemical agents, other
6 toxic agents (including, among others, depleted uranium
7 and organophosphates), pyridostigmine bromide, and vac-
8 cines), to which members of the Armed Forces may have
9 been exposed by reason of service in the areas of respon-
10 sibility of the United States Central Command and the
11 United States European Command during the period be-
12 ginning on August 2, 1990, and ending on December 31,
13 1991.

14 (d) IDENTIFICATION OF ILLNESSES.—Research to be
15 carried out pursuant to subsection (a) shall include identi-
16 fication of all illnesses (diagnosed and undiagnosed) that
17 Gulf War veterans are experiencing. The Director shall re-
18 view and summarize the relevant scientific evidence re-
19 garding the occurrence of such illnesses among Gulf War
20 veterans and among other populations considered appro-
21 priate for comparison. Matters to be reviewed and com-
22 pared with respect to those illnesses include symptoms,
23 mortality rates, and reproductive health problems (includ-
24 ing birth defects).

1 (e) LIST OF CHRONIC ILLNESSES THAT PROVIDE
 2 VALID MODELS OF SUCCESSFUL TREATMENT.—As part
 3 of the management of research under this section, the Di-
 4 rector shall compile a list of chronic illnesses for which
 5 valid models of successful treatment are provided, as iden-
 6 tified by—

7 (1) scientific data and literature;

8 (2) the views of Gulf War veterans of the effi-
 9 cacy of the treatment;

10 (3) the views of private-sector medical special-
 11 ists involved in researching Gulf War illnesses; and

12 (4) the views of private-sector medical clinicians
 13 treating Gulf War veterans.

14 (f) INTERAGENCY AGREEMENTS.—The Secretary of
 15 Defense and the Secretary of Veterans Affairs shall each
 16 enter into an agreement with the Secretary of Health and
 17 Human Services to provide for the implementation of this
 18 section. The agreements shall ensure that the Director of
 19 the National Institutes of Health has the authority nec-
 20 essary to carry out the responsibilities of the Director
 21 under this section.

22 **SEC. 3. DATABASE FOR TRACKING THE HEALTH STATUS,**
 23 **CLINICAL PROGRESS, AND MEDICAL TREAT-**
 24 **MENT OF GULF WAR VETERANS .**

25 (a) ESTABLISHMENT OF THE DATABASE.—

1 (1) ESTABLISHMENT.—The Director of the Na-
2 tional Institutes of Health shall establish a single
3 comprehensive database and monitoring system for
4 the collection, storage, and analysis of data covering
5 all Gulf War veterans in order to monitor the health
6 status and clinical progress of those veterans for the
7 purpose of identifying appropriate and effective
8 treatment needed to improve their health.

9 (2) SEPARATE TRACKING FOR VETERANS RE-
10 CEIVING MEDICAL CARE.—In the database under
11 paragraph (1), the Director shall identify and track
12 separately those Gulf War veterans who—

13 (A) are receiving medical care from the
14 Secretary of Veterans Affairs;

15 (B) are receiving medical care from the
16 Secretary of Defense; and

17 (C) are receiving medical care in the pri-
18 vate sector.

19 (3) PUBLIC AVAILABILITY OF INFORMATION IN
20 DATABASE.—With the exception of information pro-
21 tected under section 552b of title 5, United States
22 Code (popularly known as the “Privacy Act”), infor-
23 mation in the database shall be made available to
24 the public through the Internet World Wide Web
25 and other appropriate electronic and printed means.

1 (4) REQUIRED CONSULTATION.—The Director
2 shall establish the database in consultation with the
3 Secretary of Veterans Affairs and the Secretary of
4 Defense.

5 (5) AUTHORIZATION OF APPROPRIATIONS.—
6 There are authorized to be appropriated such sums
7 as may be necessary to establish and carry out the
8 database under paragraph (1).

9 (b) MATTERS TO BE INCLUDED IN DATABASE.—The
10 database shall include—

11 (1) all diagnosed and undiagnosed illnesses,
12 symptoms, and syndromes of Gulf War veterans, in-
13 cluding fibromyalgias, rheumatic ailments, skin ul-
14 cers, sinus diseases, gastrointestinal or digestive dis-
15 eases (especially Crohn's colitis, ulcerative colitis,
16 and inflammatory bowel disorders), respiratory dis-
17 eases, neurocognitive disorders, kidney stones, repro-
18 ductive illnesses, abnormalities, and birth defects;

19 (2) relevant medical data on illnesses reported
20 by the spouses and children of Gulf War veterans,
21 including, among other matters, reports of reproduc-
22 tive illnesses, abnormalities, and birth defects since
23 1990; and

24 (3) the medical treatment provided Gulf War
25 veterans for—

1 (A) any undiagnosed illness; and

2 (B) any illness for which the Director of
3 the National Institutes of Health (pursuant to
4 section 2) identified a valid model of treatment.

5 (c) TRACKING CAPACITY.—The database shall be de-
6 veloped so that it has the capacity to track and analyze—

7 (1) the illnesses referred to in subsection (b)(1);

8 (2) the treatments referred to in subsection
9 (b)(3); and

10 (3) the progress of the treatments as viewed by
11 Gulf War veterans.

12 (d) DATA TO BE INCLUDED.—The database shall in-
13 clude the following:

14 (1) Information in the Persian Gulf War Veter-
15 ans Health Registry established under section 702 of
16 the Persian Gulf War Veterans' Health Status Act
17 (title VII of Public Law 102–585; 38 U.S.C. 527
18 note).

19 (2) Information in the Comprehensive Clinical
20 Evaluation Program for Veterans established under
21 section 734 of the National Defense Authorization
22 Act for Fiscal Years 1992 and 1993 (10 U.S.C.
23 1074 note).

24 (3) Information derived from other examina-
25 tions and treatment provided to veterans who served

1 in the Southwest Asia theater of operations during
2 the period specified in section 8(1).

3 (4) Information derived from other examina-
4 tions and treatment provided current members of
5 the Armed Forces (including members on active
6 duty and members of the reserve components) who
7 served in that theater of operations during that pe-
8 riod.

9 (5) Information derived from other examina-
10 tions and treatment provided to Gulf War veterans
11 who receive medical care in the private sector.

12 (6) Information derived from physicians' Cur-
13 rent Procedure Terminology (CPT) and the Depart-
14 ment of Health and Human Services-approved Inter-
15 national Classification of Diseases with Clinical
16 Modification (ICD-9-CM) codes in the Persian Gulf
17 veterans' medical charges and medical bills, from
18 any medical treatments and examinations provided
19 to Persian Gulf veterans, even if they are not reg-
20 istered in the registry referred to in paragraph (1)
21 and are not covered by the Comprehensive Clinical
22 Evaluation Program for Veterans referred to in
23 paragraph (2).

24 (7) Information pertaining to causes of death,
25 health claims, and diagnoses of Gulf War veterans

1 contained in the Department of Veterans Affairs'
2 Beneficiary Identification and Records Locator Sub-
3 system (BIRLS).

4 (8) Such other information as the Secretary of
5 Veterans Affairs or the Secretary of Defense consid-
6 ers appropriate for inclusion in the database, includ-
7 ing information regarding persons who underwent
8 preparations to deploy to the Southwest Asia theater
9 of operations but were not deployed.

10 (9) Such other information as the Director of
11 the National Institutes of Health, based upon the
12 advice of health professionals, scientists, and epi-
13 demologists, considers appropriate for inclusion in
14 the database, including information regarding per-
15 sons who underwent preparations to deploy to the
16 Southwest Asia theater of operations but were not
17 deployed.

18 (e) IMPLEMENTATION OF DATABASE.—(1) Not later
19 than 90 days after the date of the enactment of this Act,
20 the Director of the National Institutes of Health shall sub-
21 mit for comment and evaluation a plan for the develop-
22 ment of the database to the following:

23 (A) The Comptroller General.

24 (B) The designated congressional committees.

1 (C) Representatives of Gulf War veterans, in-
2 cluding (among others) the veterans' service organi-
3 zations, with special emphasis on those organizations
4 formed on behalf of Persian Gulf veterans.

5 (2) The Director of the National Institutes of Health
6 shall modify the database plan according to the evalua-
7 tions received from the entities specified in subparagraphs
8 (A), (B), and (C) of paragraph (1) and shall, not later
9 than 60 days after receiving the evaluations, implement
10 the plan as modified.

11 (3) The Director shall carry out paragraphs (1) and
12 (2) in consultation with the Secretary of Veterans Affairs
13 and the Secretary of Defense.

14 (4) The database shall become operational no later
15 than six months after the date of the enactment of this
16 Act.

17 (f) COMPILATION AND ANALYSIS OF INFORMATION
18 IN DATABASE.—The Director of the National Institutes
19 of Health shall compile and analyze, on an ongoing basis,
20 all clinical data in the database under subsection (a) that
21 is likely to be scientifically useful in determining the asso-
22 ciation, if any, between the illnesses (including diagnosed
23 illnesses and undiagnosed illnesses) of Gulf War veterans
24 covered by such data and exposure to biological or chemi-
25 cal agents, other toxic agents (including depleted uranium

1 and organophosphates), pyridostigmine bromide, vaccines,
2 and any other potentially hazardous substance.

3 (g) ANNUAL REPORT.—Not later than January 31
4 of each year after the database is operational, the Director
5 of the National Institutes of Health shall submit to the
6 designated congressional committees a report contain-
7 ing—

8 (1) with respect to the data compiled in accord-
9 ance with subsection (b) during the preceding year—

10 (A) an analysis of the data;

11 (B) a discussion of the types, incidence,
12 and prevalence of the disabilities and illnesses
13 identified through such data;

14 (C) an explanation for the incidence and
15 prevalence of such disabilities and illnesses;

16 (D) other reasonable explanations for the
17 incidence and prevalence of such disabilities and
18 illnesses; and

19 (E) an analysis of the scientific validity of
20 drawing conclusions from the incidence and
21 prevalence of such disabilities and illnesses, as
22 evidenced by such data, about any association
23 between such disabilities and illnesses, as the
24 case may be, and exposure to biological or
25 chemical agents, other toxic agents (including

1 depleted uranium and organophosphates),
2 pyridostigmine bromide, vaccines, and any other
3 potentially hazardous substance; and

4 (2) with respect to the most current informa-
5 tion regarding treatment models identified under
6 section 2(e)—

7 (A) an analysis of the information;

8 (B) the results of any consultation between
9 such Secretaries regarding the implementation
10 of such treatment models in the health care sys-
11 tems of the Department of Veterans Affairs
12 and the Department of Defense; and

13 (C) in the event either such Secretary de-
14 termines not to implement such treatment mod-
15 els, an explanation for such determination and
16 the views of the Director of the National Insti-
17 tutes of Health regarding such determination.

18 **SEC. 4. SEMIANNUAL REPORT ON RESEARCH PROGRAMS.**

19 The Secretary of Defense and Secretary of Veterans
20 Affairs shall submit to the designated congressional com-
21 mittees a semiannual joint report on their research
22 progress concerning the health of Gulf War veterans and
23 the health status of the veterans being tracked in the data-
24 base under section 3.

1 **SEC. 5. GENERAL ACCOUNTING OFFICE ANNUAL ASSESS-**
2 **MENT AND REPORT.**

3 (a) ANNUAL ASSESSMENTS.—(1) The Comptroller
4 General shall carry out—

5 (A) an assessment each year of the establish-
6 ment and management of research during the pre-
7 ceding calendar year by the Director of the National
8 Institutes of Health under section 2;

9 (B) an assessment each year to determine
10 whether the Secretary of Veterans Affairs and the
11 Secretary of Defense are effectively and efficiently
12 allocating funds toward research protocols required
13 by the Director of the National Institutes of Health;
14 and

15 (C) an assessment each year of the establish-
16 ment, maintenance, and use during the preceding
17 calendar year of the database established under sec-
18 tion 3.

19 (2) If the Comptroller General finds under paragraph
20 (1)(B) that funds are not being allocated according to the
21 Director's guidelines, the Comptroller General shall make
22 recommendations to the Congress to reappropriate funds
23 or to take such other action as is appropriate and nec-
24 essary to ensure that the research protocols are carried
25 out. The recommendations of the Comptroller General

1 shall be stated each year in the annual report under sub-
2 section (b).

3 (b) REPORT.—Not later than March 15 each year,
4 the Comptroller General shall submit to the designated
5 congressional committees a report on the assessments
6 under subsection (a) for the preceding calendar year.

7 **SEC. 6. RESEARCH PROTOCOL AND TRAINING.**

8 (a) TREATMENT PROTOCOLS.—The Director of the
9 National Institutes of Health shall review the research
10 findings under section 2, and the database findings under
11 section 3, as those findings become available or not less
12 often than annually. The purpose of those reviews shall
13 be to develop new treatment protocols for individual and
14 multiple toxic exposures. The Director shall provide the
15 treatment protocols so developed—

16 (1) to the Secretary of Veterans Affairs and the
17 Secretary of Defense, who shall ensure that those
18 protocols are made available to attending physicians
19 in their respective departments; and

20 (2) to attending physicians in the private sector
21 as provided in section 7(d)(1).

22 (b) TRAINING PROGRAM.—

23 (1) IN GENERAL.—The Director of the National
24 Institutes of Health shall provide a program of
25 training for physicians of the Department of Veter-

1 ans Affairs and Department of Defense to train
2 those physicians in treatment protocols for persons
3 exposed to acute and low-level toxic substances. The
4 Director shall carry out the program through the
5 Director of the National Institute of Environmental
6 Health Sciences.

7 (2) TRAINING ENTITY.—The training program
8 shall be conducted by an appropriate entity outside
9 the Government which is experienced in treating per-
10 sons exposed to toxic substances.

11 (3) CONTENT OF PROGRAM.—The Director
12 shall ensure that the training program includes
13 training for the entire range of medical and sci-
14 entific disciplines in the course curricula as they per-
15 tain to diagnosing and treating individual and mul-
16 tiple toxic exposures, with special emphasis placed
17 on understanding the effects of repeated low-level
18 exposures to single and multiple toxic substances.

19 (4) GOAL FOR TRAINING.—The Secretary of
20 Veterans Affairs and the Secretary of Defense shall
21 seek to ensure that not less than 15 percent of the
22 attending physicians within their respective depart-
23 ments participate in the training program.

24 (5) TIMETABLE FOR PROGRAM.—The training
25 program shall be implemented not later than one

1 year after the date of the enactment of this Act. Not
2 later than 90 days after the date of the enactment
3 of this Act, the Director shall identify the course
4 content for the training program and not later than
5 30 days thereafter shall issue a request for proposals
6 for a contract for the training program. The Direc-
7 tor shall enter into such a contract not later than
8 120 days after issuing the request for proposals.

9 (c) RENEWAL OF TRAINING PROGRAM.—Whenever
10 the Director determines that there have been new research
11 results that warrant additional training as described in
12 subsection (b), the Director shall provide for an additional
13 training program to be made available in the same manner
14 as provided in subsection (b).

15 (d) CONTINUING EDUCATION PROGRAM.—The Direc-
16 tor shall ensure that the training program contains a con-
17 tinuing education component in order to provide training
18 for new attending physicians of the Department of Veter-
19 ans Affairs and the Department of Defense.

20 (e) REIMBURSEMENT.—A training program under
21 this section shall be conducted on a reimbursable basis.

22 **SEC. 7. OUTREACH.**

23 (a) OUTREACH PROGRAM BY DIRECTOR OF NA-
24 TIONAL INSTITUTES OF HEALTH.—

1 (1) REQUIRED OUTREACH PROGRAM.—The Di-
2 rector of the National Institutes of Health shall
3 carry out an ongoing program to provide Gulf War
4 veterans the information described in subsection (c).

5 (2) REQUIRED CONSULTATION.—The Director
6 shall carry out the outreach program in consultation
7 with—

8 (A) the Secretary of Veterans Affairs and
9 the Secretary of Defense; and

10 (B) representatives of Gulf War veterans.

11 (b) OMBUDSMAN.—

12 (1) IN GENERAL.—As part of the outreach pro-
13 gram under subsection (a), the Director shall estab-
14 lish an ombudsman program to facilitate addressing
15 complaints of Gulf War veterans regarding treat-
16 ment for health risks described in subsection (c)(1).

17 (2) AUTHORIZATION OF APPROPRIATIONS.—
18 There are authorized to be appropriated such sums
19 as may be necessary to carry out the ombudsman
20 program under paragraph (1).

21 (c) COVERED INFORMATION.—Information under
22 this subsection is information relating to—

23 (1) the health risks, if any, resulting from expo-
24 sure to biological or chemical agents, other toxic
25 agents (including depleted uranium and

1 organophosphates), pyridostigmine bromide, vac-
2 cines, and any other potentially hazardous substance
3 due to service in, or mobilization in support of, com-
4 bat operations in the areas of responsibility of the
5 United States Central Command and the United
6 States European Command during the period begin-
7 ning on August 2, 1990, and ending on December
8 31, 1991; and

9 (2) any health services, medical care, or bene-
10 fits that are or become available with respect to such
11 health risks.

12 (d) PUBLIC AVAILABILITY OF RESEARCH FIND-
13 INGS.—

14 (1) PUBLIC AVAILABILITY.—The Director of
15 the National Institutes of Health shall ensure that
16 all research findings from research activities covered
17 by this Act, and all treatment protocols developed
18 pursuant to section 6, are made available to the pub-
19 lic through the Internet World Wide Web, peer-re-
20 viewed medical journals, and other appropriate medi-
21 cal channels. The Director shall publish reliable, rel-
22 evant, and objective medical data regarding diseases
23 of Gulf War veterans. Peer review of that research
24 shall include at least one representative from each of
25 the veterans' service organizations.

1 (2) REQUIRED CONSULTATION.—The Director
2 shall carry out paragraph (1) in consultation with
3 the Secretary of Veterans Affairs and the Secretary
4 of Defense.

5 **SEC. 8. DEFINITIONS.**

6 For the purposes of this Act:

7 (1) The term “Gulf War veteran” means a vet-
8 eran or member of the Armed Forces who during
9 the period beginning on August 2, 1990, and ending
10 on December 31, 1991, while serving on active
11 duty—

12 (A) served in the area of responsibility of
13 the United States Central Command or the
14 United States European Command; or

15 (B) while outside either such area of re-
16 sponsibility—

17 (i) received an inoculation in anticipa-
18 tion of deployment to either such area of
19 responsibility; or

20 (ii) handled equipment or supplies re-
21 turned from either such area of respon-
22 sibility after Operation Desert Storm.

23 (2) The term “designated congressional com-
24 mittees” means the following:

1 (A) The Committee on Veterans' Affairs
2 and the Committee on Armed Services of the
3 Senate.

4 (B) The Committee on Veterans' Affairs
5 and the Committee on National Security of the
6 House of Representatives.

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