

March 15, 2018

The Honorable Kay Granger, Chairwoman
House Committee on Appropriations
Subcommittee on Defense
H305, The Capitol
Washington, D.C. 20515

The Honorable Peter Visclosky, Ranking Member
House Committee on Appropriations
Subcommittee on Defense
H305, The Capitol
Washington, D.C. 20515

Dear Chairwoman Granger and Ranking Member Visclosky:

Thank you for your continued support for the Gulf War Illness Research Program (GWIRP) within the Department of Defense (DOD) Congressionally Directed Medical Research Programs (CDMRP), including the \$20 million provided in previous years. As your Subcommittee begins work on its FY 2019 appropriations bill, we write to request that you continue to properly fund the GWIRP's successful work on behalf of Gulf War veterans.

Successive reports by the congressionally-mandated Research Advisory Committee on Gulf War Veterans' Illnesses (RAC) and the National Academy of Sciences (NAS) have shown that Gulf War Illness (GWI) is a physical condition, likely caused by toxic exposures, that affects as many as one third of the nearly 700,000 veterans who served in the 1991 Persian Gulf War. Debilitating symptoms include "some combination of widespread pain, headache, persistent problems with memory and thinking, fatigue, breathing problems, stomach and intestinal symptoms, and skin abnormalities."^[1] Studies also have found an elevated incidence of amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease, among Gulf War veterans as well as significantly elevated rates of death due to brain cancer among those who were most exposed to nerve gas released by the destruction of the Khamisiyah Iraqi arms depot.

The positive news is that treatment research for veterans afflicted by GWI has increased significantly, a direct result of clear treatment-focused congressional direction and stable appropriations for the GWIRP. The GWIRP has identified preliminary treatments that have now advanced to further clinical investigation. For example, the ubiquinone version of Coenzyme Q10 (CoQ10) was found through a GWIRP-funded study to relieve 19 of 20 GWI symptoms in pilot study participants. Another form of CoQ10 will soon be tested in a double-blind, placebo-controlled Phase III clinical trial at multiple Department of Veterans Affairs Medical Centers.

GWIRP-funded studies are testing an array of other potential treatments. Most significantly, GWIRP-funded consortia at Boston University and Nova Southeastern University are closing in on testing treatments that have been *identified and predicted* through their interdisciplinary and preclinical computational biology research projects funded by the GWIRP. In the past year, publications of GWIRP-funded studies in peer-reviewed scientific journals have highlighted numerous advances toward the GWIRP's triple goals aimed squarely at improving the health and lives of GWI veterans — a better understanding of GWI's pathophysiology, identifying biomarkers of GWI, and developing treatments for GWI.

Recognizing the program's progress, the RAC report's recommendations remain instructive: "Congress should maintain its funding to support the effective treatment-oriented

[GWIRP].”^[2] These gradually building scientific results continue to represent encouraging steps toward achieving the 2010 NAS treatment goals “to speed the development of effective treatments, cures, and, it is hoped, preventions.”^[3] Indeed, the GWIRP has served as a model of how to conduct treatment-oriented research to address a challenging illness and is succeeding where earlier programs failed. By congressional design, the program is narrowly focused on identifying treatments and diagnostic markers. Its highly competitive, peer-reviewed process is open to all researchers, thus ensuring the independence and value of the results produced.

We respectfully request that you provide the necessary resources to continue this vital and effective program in the DOD appropriations bill for FY 2019. Furthermore, it is critical to the program’s success and accountability that it remains a stand-alone program within the CDMRP and not be combined as a topic area within broader, less-targeted research programs.

Thank you for your consideration of our request, which is supported by the undersigned organizations.



Veterans of Foreign Wars of the United States



Paralyzed Veterans of America



Vietnam Veterans of America



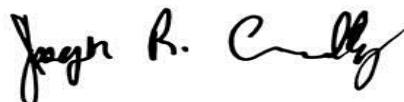
Fleet Reserve Association



Enlisted Association of the National Guard of the United States



DAV (Disabled American Veterans)



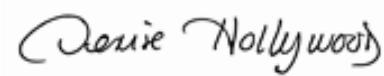
AMVETS



Jewish War Veterans of the USA



Military Order of the Purple Heart



Air Force Association

^[1]Research Advisory Committee on Gulf War Veterans’ Illnesses, “Research Update and Recommendations, 2009-2013,” *Gulf War Illnesses and the Health of Gulf War Veterans*, (2014): 5.

^[2] Research Advisory Committee on Gulf War Veterans Illnesses, “Research Update and Recommendations, 2009-2013,” *Gulf War Illnesses and the Health of Gulf War Veterans*, (2014): 14.

^[3] Institute of Medicine, National Academy of Sciences, “Update of Health Effects of Serving in the Gulf War,” *Gulf War and Health*, no. 8 (2010): ix.