

The Gulf War Illness Research Program (GWIRP) (DoD-CDMRP)

PREPARED BY: VETERANS FOR COMMON SENSE. Last Updated February 11, 2020

By congressional design, the Congressionally-directed **Gulf War Illness Research Program (GWIRP)**, created by Congress as a Congressionally Directed Medical Research Program (CDMRP) within the Department of Defense, is a unique medical research program narrowly focused on identifying treatments and diagnostic markers for Gulf War Illness (GWI).^{1,4}

“GWI is characterized by multiple, diverse symptoms that typically include chronic headache, widespread pain, cognitive difficulties, debilitating fatigue, gastrointestinal problems, respiratory symptoms, sleep problems, and other abnormalities that could not be explained by established medical diagnoses or standard laboratory tests. The population of Veterans affected by GWI is a subset of the nearly 700,000 U.S. Warfighters who served during the 1990-1991 Gulf War. Studies indicate that approximately 25-32% of Gulf War Veterans continue to experience symptoms associated with their deployment.”¹ “Scientific research... supports and further substantiates... that Gulf War illness is a serious physical disease, affecting at least 175,000 veterans of the 1990-1991 Gulf War, that resulted from hazardous exposures in the Gulf War theater.”^{3 (p.1)}

The GWIRP is unique in the federal government. The GWIRP’s unprecedented vision is, *“Improved health and lives of Veterans who have Gulf War Illness.”¹* The GWIRP aims to achieve that vision by its **mission** to, *“Fund innovative Gulf War Illness research to identify effective treatment and accelerate their clinical application, improve definition and diagnosis, and better understand pathobiology and symptoms of disease.”¹*

No other federal program has ever existed with a similar, bench-to-bedside, narrow focus. In 2018, ten major VSO’s wrote, *“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.”⁴* Important discoveries made by the GWIRP **may also help protect current and future U.S. military service members at risk of similar toxic exposures.** ^{2(pp. 10, 260-64); 3(pp. 1, 4, 5, 13, 78, 83)} The GWIRP may also be a **model for developing treatments relevant to other military toxic exposures.**¹⁰

The GWIRP is unique in several other ways. It **emphasizes collaboration** to solve GWI’s multi-symptom, multi-system complexities by funding multiple interdisciplinary and inter-institutional research collaborations (“consortia”). And, while VA’s research program is “intramural” (it only funds VA researchers), the GWIRP is an **“extramural”** program and is not similarly constrained as it seeks to find and fund the best research proposals by any government, academic, or private-sector researchers. While the GWIRP’s two-tier peer-reviewed funding is open to all researchers, it is **highly competitive**, thus ensuring the **independence** and **value** of the results produced.^{1,4}

The GWIRP and all CDMRP’s include **“consumer reviewers”**, a state-of-the-science practice that includes afflicted patients at every level of program development and proposal review. This ensures that ill Gulf War veteran consumer reviewers – who offer unique insight, focus, and urgency – have equal footing in identifying the impact of and helping to determine which research proposals are funded.

The GWIRP is a stand-alone, military-related program funded since FY2006 by **congressionally-directed annual appropriations** under the Congressionally Directed Medical Research Program (CDMRP), within the U.S. Department of Defense (DoD) health program.^{1,9}

NEED FOR THE GWIRP. The landmark National Academy of Medicine (NAM) report on GWI stated, *“Veterans who continue to suffer from these discouraging symptoms deserve the very best that modern science and medicine can offer to delineate the true underlying cause of these*

symptoms in order to **speed the development of effective treatments, cures, and, it is hoped, preventions.** The committee suggests a path forward to accomplish these goals and we believe that, **through a concerted national effort and rigorous scientific input, answers can likely be found.**"² (pp. 10, 260-64). That recommended effort is embodied in the GWIRP.

The most recent formal report of the RAC also noted excess rates of Lou Gehrig's disease (ALS), migraines, repeated seizures, neuralgia/neuritis, stroke, lung cancer, sleep dysfunction, gastrointestinal conditions, respiratory conditions, and skin disorders among Gulf War veterans – and doubled brain cancer death rates among veterans potentially exposed to chemical warfare agents detonated at an Iraqi munitions complex at Khamisiyah, Iraq.³(pp.23-26)

SUPPORT FOR THE GWIRP. For FY2020, a bipartisan group of **94 U.S. House Members** (including the House Veterans' Affairs Committee Chair, Ranking Member, and many HVAC members)¹¹ and **21 U.S. Senators** (including the Ranking Member of the Senate Veterans' Affairs Committee and many SVAC members)¹² cosigned letters in support of continued GWIRP funding. The RAC,³ more than 50 Veterans' Service Organizations (VSO's),^{4,5,6} and numerous scientist and consumer reviewers serving with the GWIRP^{7,8,9} have publicly expressed strong support for the GWIRP.

FY20 GWIRP Funding was Supported by: *Veterans of Foreign Wars (VFW), Veterans for Common Sense, Disabled American Veterans (DAV), Vietnam Veterans of America (VVA), Iraq and Afghanistan Veterans of America (IAVA), Paralyzed Veterans of America (PVA), AMVETS, Blinded Veterans Association (BVA), TREA: The Enlisted Association, Military Officers Association of America (MOAA), Fleet Reserve Association (FRA), Association of the U.S. Navy (AUSN), Air Force Sergeants Association (AFSA), National Gulf War Resource Center (NGWRC), Burn Pits 360, Sergeant Sullivan Circle, National Vietnam & Gulf War Veterans Coalition (NVGWVC).*

GWIRP (CDMRP-DHP-DOD) APPROPRIATIONS:¹

FY19-FY20 \$22m, FY18 \$21m, FY13-FY17 \$20m, FY12 \$10m, FY09-FY11 \$8m, FY08 \$10m, FY06 \$5m

¹ Gulf War Illness Research Program (GWIRP) website, Congressionally Directed Medical Research Program (CDMRP), U.S. Department of Defense (DoD): <http://cdmrp.army.mil/GWIRP>

² National Academy of Sciences (NAS), "Gulf War and Health, Volume 8: Update of Health Effects of Serving in the Gulf War," Washington, DC: The National Academies Press, 2010. www.nap.edu/catalog/12835/gulf-war-and-health-volume-8-update-of-health-effects

³ Research Advisory Committee on Gulf War Veterans' Illnesses (RAC), U.S. Department of Veterans Affairs, "Gulf War Illness and the Health of Gulf War Veterans: Research Update and Recommendations, 2009-2013." Washington, D.C.: U.S. Government Printing Office, May 2014. www.va.gov/RAC-GWVI/RACReport2014Final.pdf

⁴ Letter, dated March 15, 2018, from 10 veterans service organizations to House Subcommittee on Defense Appropriations Chair Kay Granger and Ranking Member Peter Visclosky.

⁵ Independent Budget Veterans Service Organizations, "The Independent Budget for the Department of Veterans Affairs: Fiscal Year 2015." www.independentbudget.org/2015/IB_2015.pdf.

⁶ IBVSO's, "The Independent Budget Veterans' Agenda for the 115th Congress: Policy Recommendations for Congress and the Administration." http://www.independentbudget.org/2015/IB_2015.pdf

⁷ GWIRP program booklet, "Gulf War Illness Research Program," April 2014. <http://cdmrp.army.mil/gwirp/pbks/gwirppbk2014.pdf>.

⁸ GWIRP program booklet, April 2016. <http://cdmrp.army.mil/gwirp/pbks/gwirppbk2016.pdf>

⁹ GWIRP program booklet, April 2018. <http://cdmrp.army.mil/gwirp/pbks/gwirppbk2018.pdf>

¹⁰ Veterans of Foreign Wars, testimony before the U.S. House Subcommittee on Veterans' Health, June 7, 2018: <https://docs.house.gov/meetings/VR/VR03/20180607/108367/HHRG-115-VR03-Wstate-Wisemank-20180607.pdf>

¹¹ Sablan-Bergman-Takano-Roe Letter, dated April 1, 2019, from 94 House Members to House Appropriations Committee Subcommittee on Defense Chair Peter Visclosky and Ranking Member Ken Calvert.

¹² Baldwin-Tester Letter, dated April 8, 2019, from 21 Senators to Senate Appropriations Committee Subcommittee on Defense Chair Richard Shelby and Ranking Member Richard Durbin.