Dear Chair McCollum and Ranking Member Calvert,

As your Subcommittee begins work on the Fiscal Year 2022 Defense Appropriations Bill, we respectfully request adequate funding for the Gulf War Illness Research Program (GWIRP) within the Department of Defense (DoD) Congressionally Directed Medical Research Programs (CDMRP). We thank you for providing the program $22 million in FY 2021.

By congressional design, the GWIRP is a unique medical research program narrowly focused on improving the health and lives of Veterans with Gulf War Illness (GWI). Reports by the National Academy of Sciences (NAS) and government committees have shown that GWI typically includes "some combination of widespread pain, headache, persistent problems with memory and thinking, fatigue, breathing problems, stomach and intestinal symptoms, and skin abnormalities," that it affects up to one-third of the nearly 700,000 Veterans who served in the 1990-91 Gulf War, and that it was likely caused by Gulf War toxic exposures.1 Recent GWIRP-funded research has provided further evidence that GWI remains a serious, debilitating, and unrelenting health issue, having worsened over time among these veterans, including female Gulf War veterans.2,3

The treatment-focused GWIRP funds research to unravel GWI’s underlying pathobiology, improve its definition and diagnosis, and develop treatments. The growing body of GWIRP-funded results published in peer-reviewed scientific journals demonstrates encouraging progress. Despite the challenges of the COVID-19 pandemic, a first-ever Gulf War Illness State of the Science Conference was held entirely online last August with 67 presentations of GWIRP-funded GWI research, 42 presentations on GWI and other health issues by VA, a Gulf War veteran panel, and hundreds of researcher and Veteran attendees.4 Promising pilot studies funded by the GWIRP are now progressing to larger-scale clinical trials, including by the GWIRP-funded Gulf War Illness Clinical Trials and Interventions Consortium (GWICTIC). This positive progress is the direct result of clear, treatment-focused congressional direction, stable appropriations, and effective management. Some recent results funded by the GWIRP include:

- The persistence of GWI symptoms may be explained in part by elevated intracellular calcium levels in brain cells (neurons), found in a rat model of Gulf War toxic exposures; analysis showed promising new treatment targets for GWI-related neurological problems.5

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Prior GWIRP-funded research found evidence of increased autoantibodies of central nervous system proteins in GWI; that earlier finding was confirmed and validated in a much larger sample, providing evidence to support a blood test as an objective measurement of GWI.⁶

Some GWI symptoms appear to be reduced by new treatments tested in successfully completed high-risk/high-reward pilot studies funded by the GWIRP.⁷,⁸

The discoveries through the GWIRP continue to represent encouraging steps toward achieving the goals articulated by the NAS “to speed the development of effective treatments, cures, and, it is hoped, preventions,” which are also important for current and future U.S. forces at risk of similar exposures and outcomes. Indeed, the GWIRP is a model of how to conduct treatment-oriented research to address complex toxic exposure health outcomes and is succeeding where earlier programs failed. Its two-tier peer-reviewed and highly competitive research funding process ensures the independence and value of the results produced. Unlike the VA’s intramural research program, which only funds VA researchers, the GWIRP seeks out and funds research led by any combination of government, academic, or private-sector researchers and research teams.

We respectfully request you provide the necessary resources in the FY 2022 Defense Appropriations Bill to continue this vital and effective program and to support its progress into more advanced, larger-scale clinical trials. It remains critical to the program’s success and accountability that the GWIRP is retained as a stand-alone program within the CDMRP and is not combined within broader, less-targeted programs with multiple topic areas.

Thank you for your consideration of our request, which is supported by DAV, Veterans of Foreign Wars, Blinded Veterans Association, Burn Pits 360, California Communities Against Toxics, Cease Fire Campaign, Fleet Reserve Association, Iraq and Afghanistan Veterans of America, Jewish War Veterans of the USA, Military Order of the Purple Heart, Military-Veterans Advocacy, National Veterans Legal Services Program, National Vietnam & Gulf War Veterans Coalition, Paralyzed Veterans of America, the Quinism Foundation, Reserve Organization of America (ROA), Sergeant Sullivan Circle, Service Women’s Action Network (SWAN), Tragedy Assistance Program for Survivors (TAPS), United Soldiers and Sailors of America, Veterans for Common Sense, Veterans and Military Families for Progress, Veteran Warriors, VetsFirst, and Vietnam Veterans of America.

Sincerely,

GREGORIO KILLILI CAMACHO SABLAN
Member of Congress

JACK BERGMAN
Member of Congress

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⁶ Abou-Donia M et al, “Using Plasma Autoantibodies of Central Nervous System Proteins to Distinguish Veterans with Gulf War Illness from Healthy and Symptomatic Controls,” Brain Sciences, 2020, 10(9), 610: https://doi.org/10.3390/brainsci10090610

