



Returning Heroes: Chronic Disease and Overseas Deployment

By: William Norton, Vice President, International Foundation for Gastrointestinal Disorders (IFFGD)

Medical and health needs of veterans who have served in the Gulf War regions of Iraq and Afghanistan were explained by four advocates who spoke at a briefing in Washington, DC on October 27, 2011. The briefing was co-sponsored by the Digestive Health Alliance (DHA, the grassroots arm of IFFGD), the American Thoracic Society (ATS), and Friends of VA Medical Care and Health Research. Gary Ewart from ATS moderated.

Attendees included U.S. House and Senate legislative staff members, officials from the VA, and representatives from a number of veterans' advocacy organizations. They were briefed on how service in the Gulf War regions impacts the health of our returning soldiers, the current state of care and research, and what can be done to help improve the lives of these service men and women.

Advocates Brian Bird, U.S. Army (ret.) and Brennan Spiegel, M.D. spoke about functional gastrointestinal disorders. J.D. Williams, U.S. Army (ret.) and Robert Miller, M.D. talked about chronic pulmonary conditions.



Robert Miller, MD; J.D. Williams; Brian Bird; Brennan Spiegel, MD



Gary Ewart, ATS; Brennan Spiegel, MD



Attendees gather



Brennan Spiegel, MD; William Norton, IFFGD; Brian Bird

Dr. Brennan Spiegel is Associate Professor of Medicine, VA Greater Los Angeles Health Care System, Division of Digestive Diseases, UCLA School of Medicine and Division of Gastroenterology. He provided an overview of

functional gastrointestinal disorders (FGIDs). In the general population, these disorders make up the majority of GI conditions diagnosed by physicians in primary care and in gastroenterology – and the incidence is even higher in deployed veterans.

Over two dozen FGIDs have been identified; examples include irritable bowel syndrome (IBS), dyspepsia, chronic abdominal pain, and cyclic vomiting syndrome (CVS).

FGIDs are characterized by symptoms not explained by routine diagnostic tests. No single cause has been identified. Long-term or repeated exposure to high levels of stress can cause physical changes in the brain and the intestines. Combined with exposure to other environmental factors, such as gastrointestinal infections from food or water, long-term debilitating functional GI disorders may occur. Long after a soldier's tour is over, and the stress or infection subsides, the functional GI disorders remain.

Brian Bird related his own experience of returning from service in Iraq with painful and disabling symptoms. After repeated visits to ERs in community hospitals, multiple exposures to unneeded and potentially harmful tests, and misdiagnoses, he was finally diagnosed at a VA Hospital with CVS. He was surprised to learn that he is not alone with this condition and that many others suffer, often in silence. His story highlighted the lack of awareness and need for education about FGIDs in the community, both among people afflicted and health care providers.

Another group of disorders afflicting deployed veterans as a result of service connected exposures in Iraq and Afghanistan involve unexplained shortness of breath and, in some, severe respiratory disease. Dr. Robert Miller is Associate Professor of Pulmonary and Critical Care Medicine, Vanderbilt University Medical Center/Nashville VA Medical Center. He explained these chronic pulmonary conditions and their link to deployment in the Gulf War regions.

J.D. Williams, U.S. Army (ret.) related his personal experience with severe respiratory disease after being deployed to Iraq. As with FGIDs, otherwise healthy veterans are incurring these conditions at higher rates than the general population.

The briefing concluded with a discussion among the attendees and participants. Among the take-away messages were:

- The prevalence and seriousness of these conditions are a revelation to many attendees.
- There is a need for more streamlined logistics to harmonize Department of Defense (DOD) and Veterans Administration (VA) records to better understand patient needs, and disease manifestations and changes over time (the DOD and VA are now actively collaborating to harmonize records).
- There is a need for education and increased awareness of these conditions among care providers to facilitate prompt, accurate diagnoses and treatments.
- There is a need for more facilities available to treat soldiers with these disorders.
- There is a need for continued research to gather information about health conditions affecting our soldiers returning from wars, to learn about what conditions they are experiencing, how to detect symptoms early, understand the disorders, and develop effective treatments.
- Functional GI and respiratory disorders are important diseases impacting veterans in need of additional research attention. These diseases are not alone. There are many diseases impacting veterans that warrant additional research from the obvious war wounds of limb loss to internal scars of PTSD.
- There are many health issues our nation's veterans have that only research can address.

In the U.S., our elected Members of Congress legislate government spending. In this era of budget constraints and worries, the economic implications of adding to our nation's medical research portfolio and medical delivery system is an expressed concern among legislators. We will always spend to equip our military to defend our country. Now we must also spend to defend our returning veterans from the chronic diseases that result from their service. They need and deserve the best possible medical care. Put simply by briefing advocate J.D. Williams, "It ought to be about the soldiers, not anything else."