WRIISC
War Related Illness & Injury Study Center
Office of Public Health and Environmental Hazards
Department of Veterans Affairs

CA WRIISC
VA Palo Alto Health Care System
3801 Miranda Ave.
Mailcode 151Y
Palo Alto, CA 94304-1290

Phone: 1-888-482-4376

www.warrelatedillness.va.gov

DISTRIBUTION COPY

Dates of CA WRIISC evaluation: 08/01-08/05/22

Dear Ms. Boyd,

It was a pleasure meeting and talking with you during your CA WRIISC evaluation. This letter contains an overview of the findings and our recommendations. During your evaluation we discussed many issues, including your top 3 health concerns which you listed as:

1. Concerns about anthrax vaccine and smallpox vaccine she received prior to Korea deployment and if they could have caused some of her symptoms
2. Postural tachycardia symptoms
3. Many concerns regarding endometriosis, chronic pain, and thrombocytopenia

Below, we have separated out our recommendations into clinical recommendations for your primary health care team to accomplish and lifestyle recommendations for you to accomplish.

Clinical recommendations for PCP

- Referral to Recreational Therapy for aquatic therapy for pain management related to fibryomyalgia
- Referral to cardiology
- Referral to PM&R, consider PT, LESI, Tens unit, Hwave therapy
- Referral to endocrinology related to multinodular goiter.
- Referral to Rheumatology for elevated autoantibodies
- Referral to CBT-I for insomnia
- Referral to ID
- Order CBC with diff, LFTs, HPV, STD panel, TFTs, ferritin, ANA, CRP, ESR, UA, Lyme titer, PCR Covid
- Order thyroid ultrasound related to multinodular goiter

Self-guided recommendations for Veteran

- Complimentary Alternative Medicine for Pain management:
  Continue with floor yoga
  Start back with aquatic therapy when able
- Improve sleep via CBT-insomnia treatment
  www.veterantraining.va.gov/insomnia/index.asp, sleep hygiene

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- Registry Exam Airborne Hazards and Burn Pits
- Increase water intake to 64oz per day
- Continue with small, frequent meals and increase mindfulness around including protein-rich foods at each meal
- Try chia seeds for both fiber and omega-3 fatty acids
- Dr. Katz recommends genetic testing which can be done through 23 & me and is not a test that the VA covers
- Schedule primary care provider appointment for when you return from CA WRIISC to discuss recommendations

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SUMMARY OF CLINICAL DISCUSSIONS

Discussions of your medical, environmental/exposure, neuropsychology, nutrition, and neurology evaluations are summarized below.

Medical Evaluation by Angela Malenfant, MSN, RNP:

//Fibromyalgia- According to ACR fibromyalgia guidelines Treatment of fibromyalgia is directed at reducing the major symptoms of this disorder, including chronic widespread pain, fatigue and insomnia. Ideally, treatment should include an integrated, multidisciplinary nonpharmacologic and pharmacologic approach. Treatment plan should include An exercise program, including aerobic conditioning, stretching, and strengthening. Exercise can be of significant benefit for pain and function, and may be of benefit for sleep; (GRADE 1A). Referral for a supervised physical therapy evaluation and treatment program. Referral for psychological interventions for pain management, including cognitive behavioral therapy and other interventions. Encourage sleep hygiene, refer for CBT-I. CAM. She is interested in Aquatic therapy.
//Endometriosis- she is in the midst of discussing hysterectomy with her OB-GYN
//Degenerative disc disease -Pmr consult - physical therapy(please evaluate for lumbar stabilization, core strengthening, soft tissue work, pelvic/SI mobilization, strengthening of gluteal and lower ext muscles, HEP) , LESI, Tens unit, hwave therapy. Veteran not interested in topical lidocaine or voltaren at this point and wants to continue to use CBD oil instead.
//Mild leukopenia and thrombocytopenia- monitor per heme consult. Reconsult if platelets less than 50
//Degenerative disc disease -Pmr consult - physical therapy(please evaluate for lumbar stabilization, core strengthening, soft tissue work, pelvic/SI

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mobilization, strengthening of gluteal and lower ext muscles, HEP) , LESI, Tens unit, hwave therapy. Veteran not interested in topical lidocaine or voltaren at this point and wants to continue to use CBD oil instead.
//Establish care with VA Michigan for PACT team/PCP and case management.

Environmental Exposure Evaluation by Dr. Ronit Katz, MD:

ASSESSMENT/IMPRESSION:
1.42 yo female non deployed Army Veteran ,MOS Counter Intelligence (desk work/review),with chronic derangement of multiple organ systems (ITTP,dysautonomia/POTS, fibromyalgia, chronic pelvic pain, chronic bladder dysfunction, IBS, etc) that she believes started 2-4 months after Anthrax and small pox military vaccinations.
R/O GWI vs possible vaccine related symptoms.
R/O untreated Lyme disease(since patient was very active/ "outdoors activity").
Also, patient states she has persistent enlarged neck lymph nodes and fibromyalgia,.

We talked about your exposures during your military service including your service in Korea You indicated that you were exposed to :

* Anthrax vaccine
* Multiple vaccinations-Small Pox vaccine
* Possible brief exposure Diesel Fuels.

You would like to know whether your exposures are related to development of :
* POTS
*Fibromyalgia
*Interstitial cystitis
*Endometriosis

Neuropsychology Evaluation by Dr. Marina Veltkamp, PhD :

SUMMARY/IMPRESSIONS:
Veteran's cognitive status remains stable. She describes her mood and sleep as well-managed at this time and is not currently in treatment or receiving counseling. Her sleep is somewhat improved but not fully restorative, and she is

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likely to benefit from non-drug treatment to reduce the need for sleep aids.

RECOMMENDATIONS:
1. No further testing indicated at this time
2. Veteran is referred for CBTI

Nutrition Evaluation by Lindsey Proctor, MS, RDN, LDN:

NUTRITION DIAGNOSIS
Nutrition problem #1:
Altered GI function related to IBS, gastroparesis, and likely undiagnosed food allergies/intolerances (that may also be contributing to hx vitamin deficiencies) as evidenced by Veteran report of GI symptoms, some improvement with avoiding certain foods (eg animal meat, onions, garlic), and dietary recall.

Nutrition problem #2:
Impaired ability to prepare food/meals related to chronic medical conditions and fatigue as evidenced by Veteran report and dietary recall of simple meals.

Writer first discussed anti-inflammatory nutrition recommendations to that can likely help reduce pain and fibromyalgia symptoms. Importance of fruits/vegetables and omega-3 fatty acids were discussed, including plant-based sources and fish sources of omega-3 fatty acids.

Writer reviews the two types of fiber and recommendation to increase/decrease each type depending on bowel habits. Given Veteran has already tried the low-FODMAP diet in the past and found many foods she is intolerant, writer briefly reviews these handouts and points out sample meal and snack ideas, most of which do not require much cooking (which will be helpful for the Veteran in her limited ability).

Discuss avoiding high-fat foods in large amounts at one time (eg nuts) to help reduce gastroparesis symptoms, and encouraged Veteran to continue with her smaller, more frequent meals. Also discouraged drinking too much, if any, fluids during meals to not become too full and not have capacity for nutrients in food.

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Neurology Evaluation by Dr. Joseph Cheng, MD:

DIAGNOSTIC IMPRESSION:
1. Autonomic neuropathy manifesting as POTS.
2. Vertigo riding elevator or walking up and down the steps, likely BPPV, mistaken as sign of POTS.
3. Chronic lymphedema per report.
4. Chronic wide-spread ache and pain, causing difficulty with exercise.
5. Chronic insomnia.

1. Follow up with PCP.
2. Encourage aquatic therapy which may benefit her lymphedema, pain, and insomnia, the main barriers for better health.

Psychiatry Evaluation by Dr. Wes Ashford, MD, PhD:

ASSESSMENT:

Veteran has numerous medical problems. According to her history, the problems began after vaccinations in 1998, first lymphedema, then Raynaud's phenomenon, then in 2000, bronchospasms. Also had bladder problems, pain, then dysmenorrhea. Got pregnant 1999, had miscarriage in 2001, second pregnancy 2003, need steroids to control RH reaction (she is neg, both children pos). In 2007 had several vaccinations (anthrax, small pox, several others) in preparation for deployment to Korea. After than, endometriosis began (in 2007), severe pain, led to medical d/c, laproscopy confirmed 2008. Also, has had thyroid nodules.

Immune reaction, injuring lymph nodes causing lymphedema, injuring peripheral neurons, causing dysautonomia and POTS, and other reactions against other organs, such as the thyroid problems.

Unclear how endometriosis developed, unclear if development of excess estrogen production.

AXIS III:
May 04, 2022 Postural orthostatic tachycardia syndrome (disorder) ACTIVE
May 04, 2022 Endometriosis (disorder) ACTIVE N/A PUG
Feb 04, 2022 Vaccines adverse reaction (disorder) ACTIVE N/A PUG
Feb 04, 2022 Backache (finding) ACTIVE N/A PUG
Feb 04, 2022 Fibromyalgia (disorder) ACTIVE N/A PUG
Jan 12, 2022 Platelet count below reference range (finding) ACTIVE N/A

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Sep 16, 2021 Vitamin K deficiency (disorder) ACTIVE N/A BAC
Aug 16, 2021 Thrombocytopenic disorder (disorder) ACTIVE N/A BAC
Jun 11, 2021 Disorder of autonomic nervous system (disorder) ACTIVE N/A
Jun 10, 2021 Lymphedema (disorder) ACTIVE N/A BAC
May 20, 2021 Ascorbic acid deficiency (disorder) ACTIVE N/A BAC
May 19, 2021 Irritable bowel syndrome (disorder) ACTIVE N/A BAC
May 19, 2021 Chronic fatigue syndrome (disorder) ACTIVE N/A BAC
May 17, 2021 Vitamin D deficiency (disorder) ACTIVE N/A BAC
May 06, 2021 Multinodular goiter (disorder) ACTIVE N/A BAC
Mar 24, 2021 Photophobia (finding) ACTIVE N/A BAC
Mar 24, 2021 Old keratitis (disorder) ACTIVE N/A BAC
Mar 24, 2021 Adverse effect of other bacterial vaccines, sequela ACTIVE
Jan 28, 2021 Urge incontinence of urine (finding) ACTIVE N/A BAC
Jan 28, 2021 Raynaud's phenomenon (finding) ACTIVE N/A BAC
Jan 04, 2021 Degeneration of lumbar intervertebral disc (disorder) ACTIVE
Jan 04, 2021 Imaging of abdomen abnormal (finding) ACTIVE N/A BAC
Jan 04, 2021 Mitral valve regurgitation (disorder) ACTIVE N/A BAC
Jan 21, 2020 Trigeminal neuralgia (disorder) ACTIVE N/A BAC
Jan 21, 2020 Tremor (finding) ACTIVE N/A BAC
Dec 05, 2019 Bruxism (teeth grinding) (disorder) ACTIVE N/A BAC
Jan 19, 2016 Chronic interstitial cystitis (disorder) ACTIVE N/A
Mar 20, 2014 Keratitis (disorder) ACTIVE N/A PUG
Nov 20, 2013 Allergic purpura (disorder) ACTIVE N/A CTX
Sep 11, 2013 Dermatitis (ICD-9-CM 692.9) ACTIVE N/A CTX
Mar 29, 2013 Degeneration of lumbar or lumbosacral intervertebral disc (ICD-9-CM 722.52)
Oct 22, 2012 Fasciitis (disorder) ACTIVE N/A CTX
Aug 24, 2012 Tear film insufficiency (disorder) ACTIVE N/A CTX

AXIS IV: worst problem is autonomic neuropathy, inclding gastroparesis, POTS

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Thank you for your participation! We hope that the evaluation and recommendations from each clinician you met with will provide a framework for your continued efforts to improve your health.

Your primary care and other VA providers can view your WRIISC evaluation medical records via the VA's Joint Longitudinal Viewer (JLV) and/or computerized medical record system (CPRS). You may access the same information electronically via your VA myhealthevet account (myhealth.va.gov).

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We appreciate the opportunity to assist in your health care. We hope that you found your evaluation helpful. For further clarification of these recommendations, the CA WRIISC main number is (888) 482-4376.

We would once again like to thank you for your service to our country. We wish you all the best for the future.

Sincerely,

Dr. Wes Ashford, MD, PhD
Medical Director
Clinical Consult Lead Physician
CA WRIISC | VAPAHCS
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