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Chapter 2 **Qualifying Chronic Disabilities**

It was not long after getting the law passed that set up the VA paying veterans for Gulf War Illness that a loop hole was found. The doctors started to say the veterans had a diagnosed illness. These illness are of an ill-defined type that half every problem the veterans had could fall into the definition. In 1998 the NGWRC went about to get the laws changed to add chronic fatigue syndrome, fibromyalgia, and irritable bowel syndrome and other autoimmune disease to fix the problem. With our hard work, the NGWRC was able to get the law changed and in 2001 a new section was added to the CFR that read:

Qualifying chronic disability, under [38 CFR 3.317](#), means a chronic disability resulting from any of the following or any combination of the following:

- an undiagnosed illness
- a medically unexplained chronic multi-symptom illness, such as chronic fatigue syndrome, fibromyalgia, and irritable bowel syndrome, that is defined by a cluster of signs or symptoms, and/or
- any diagnosed illness that is determined by VA regulation to warrant a presumption of service connection.

Later the Secretary of the VA added amyotrophic lateral sclerosis (ALS) and brain cancers.

Fibromyalgia and Chronic Fatigue Disease Overlapping Symptoms

Fibromyalgia and chronic fatigue syndrome are very similar illnesses. In fact, up to 70% of their symptoms overlap. Overlapping symptoms include:

- [muscle pain](#)
- [fatigue](#)
- [irritable bowel](#) symptoms
- [cognitive dysfunction](#)
- [sleep disorders](#)

: Concurrent Disorders

It is possible to suffer from both fibromyalgia and chronic fatigue syndrome at the same time. In fact, between 20% and 30% of fibromyalgia sufferers have chronic fatigue. 35% of chronic fatigue patients also have fibromyalgia. It has been theorized that chronic fatigue syndrome is actually a sub-disorder of the fibromyalgia syndrome.



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A. Chronic Fatigue Syndrome (CFS):

Chronic fatigue syndrome, sometimes called CFS, is a condition that makes you feel so tired that you can't do all of your normal, daily activities. There are other symptoms too, but being very tired for at least 6 months is the main one.

Chronic fatigue syndrome (CFS) is an illness characterized by prolonged, debilitating fatigue and a characteristic group of accompanying symptoms, particularly problems with memory and concentration, unrefreshing sleep, muscle and joint pain, headache and recurrent sore throat. It is marked by a dramatic difference in pre- and post-illness activity level and stamina.

CFS shares various symptoms with many illnesses, including fibromyalgia, lupus, Lyme disease, sleep apnea, narcolepsy, untreated hypothyroidism, chronic hepatitis and depression.

The disease is not well understood. Most experts now believe that it is a separate illness with its own set of symptoms. But some doctors do not believe this.

There are no tests for CFS. Because of this, many people have trouble accepting their disease or getting their friends and family to do so. Having people who believe your diagnosis and support you is very important. Having a doctor you can trust is critical.

Your tiredness is real. It's not "in your head." It is your body's reaction to a combination of emotional and physical factors.

Diagnostic Resources

Several resources have been created to assist health care professionals in diagnosing and managing CFS. Print out these resources for your care giver and your claim. These resources can be accessed below:

- [CFS Toolkit: Fact Sheets for Health Care Professionals](#)
- [Provider Resource Guide](#)
PDF (2 Pages / 136 KB)

B. What causes CFS?

By Mayo Clinic staff

Of all chronic illnesses, chronic fatigue syndrome is one of the most mysterious. Several possible causes have been proposed, including:

- Depression
- Iron deficiency anemia
- Low blood sugar (hypoglycemia)

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- History of allergies
- Virus infection, such as Epstein-Barr virus or human herpesvirus 6
- Dysfunction in the immune system
- Changes in the levels of hormones produced in the hypothalamus, pituitary glands or adrenal glands
- Mild, chronic low blood pressure (hypotension)
- An autoimmune process causing inflammation of certain nervous-system pathways
- A viral infection complicated by a dysfunctional immune response
- A low blood pressure disorder that triggers the fainting reflex

Symptoms similar to those of chronic fatigue syndrome sometimes have straightforward, correctable causes, such as:

- An active, identifiable medical condition that often results in fatigue
- Medication side-effects

C. What are the symptoms?

A CFS diagnosis should be considered in patients who present with six months or more of unexplained fatigue accompanied by other characteristic symptoms. These symptoms include:

- cognitive dysfunction, including impaired memory or concentration
- postexertional malaise lasting more than 24 hours (exhaustion and increased symptoms) following physical or mental exercise
- unrefreshing sleep
- joint pain (without redness or swelling)
- persistent muscle pain
- headaches of a new type or severity
- tender cervical or axillary lymph nodes
- sore throat

Other Common Symptoms

In addition to the eight primary defining symptoms of CFS, a number of other symptoms have been reported by some CFS patients. The frequency of occurrence of these symptoms varies among patients. These symptoms include:

- irritable bowel, abdominal pain, nausea, diarrhea or bloating
- chills and night sweats
- brain fog
- chest pain
- shortness of breath

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- chronic cough
- visual disturbances (blurring, sensitivity to light, eye pain or dry eyes)
- allergies or sensitivities to foods, alcohol, odors, chemicals, medications or noise
- difficulty maintaining upright position (orthostatic instability, irregular heartbeat, dizziness, balance problems or fainting)
- psychological problems (depression, irritability, mood swings, anxiety, panic attacks)
- jaw pain
- weight loss or gain

Clinicians will need to consider whether such symptoms relate to a comorbid or an exclusionary condition; they should not be considered as part of CFS other than they can contribute to impaired functioning.

D. Finding the right doctor

The more you know about chronic fatigue syndrome (CFS or ME/CFS), the better prepared you'll be when trying to find a doctor. It's a difficult process, and you may need to educate a few health-care professionals along the way. Be sure you know the list of symptoms and become familiar with the various ways ME/CFS is treated.

The crux of the problem is that no medical specialty has "claimed" ME/CFS, so finding a knowledgeable doctor isn't as easy as with most illnesses. Even fibromyalgia, which is considered closely related to CFS, falls under the auspices of rheumatology. Chronic fatigue syndrome is not well understood, and many health-care providers have a hard time recognizing it. Some don't even believe it is an actual condition.

This means that the burden of finding someone qualified to treat you falls squarely on your shoulders. However, you have a number of resources to use in your search.

- **Your primary care provider**
If your regular doctor isn't well educated about ME/CFS, see if he or she is either willing to learn or knows of someone who's more knowledgeable.
- **Other care providers**
If you see a physical therapist, massage therapist or chiropractor, ask who he or she would recommend.
- **Local support groups**
People involved in local support groups likely will be able to recommend qualified doctors. To find a support group in your area, you can check with your doctor, local clinics and hospitals.
- **Advocacy groups**
ME/CFS advocacy group websites may be able to help. Check out this patient-recommended "[good doctor](#)" list from Co-Cure.

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- **Friends, family and associates**

Talk to everyone you know to see if they can recommend a doctor, or whether they know someone with ME/CFS who may be able to recommend one. While most people aren't qualified to say whether a doctor is competent, they can tell you whether he or she is compassionate, patient and willing to go an extra mile for you.

- **Referral services** Check with local clinics and hospitals to see if they have referral services. Also, call your insurance company to see if they have any doctors listed as specializing in ME/CFS.

E. How is CFS diagnosed?

There are no tests for CFS. Doctors can diagnose it only by ruling out other possible causes of your fatigue. Many other health problems can cause fatigue, and most people with fatigue have something other than chronic fatigue syndrome.

F. How is it treated?

There is no treatment for CFS itself, but many of its symptoms can be treated. A good relationship with your doctor is important, because the two of you will need to work together to find a combination of medicines and behavior changes that will help you get better. Some trial and error may be necessary, because no single combination of treatments works for everyone.

Home treatment is very important. You may need to change your daily schedule, learn better sleep habits, and start getting regular gentle exercise.

Counseling and a gradual increase in exercise help people with CFS get better.

Even though it may not be easy, keeping a good attitude really helps. Try not to get caught in a cycle of frustration, anger, and depression. Learning to cope with your symptoms and talking to others who have the same illness can help you keep a good attitude.

II. Fibromyalgia (FM):

Fibromyalgia is a syndrome predominately characterized by widespread muscular pains and fatigue. The causes of fibromyalgia are unknown; however researchers hypothesize that genetics and physical and emotional stressors are possible contributory factors to the development of the illness. There are difficulties in diagnosing fibromyalgia, since its clinical picture can overlap other illnesses and there are no definitive diagnostic tests. Patient education, pharmacologic agents, and other nonpharmacologic therapies are used to treat fibromyalgia. Exercise has been found to improve outcomes for people with fibromyalgia.



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A. Symptoms

[By Mayo Clinic staff](#)

Signs and symptoms of fibromyalgia can vary, depending on the weather, stress, physical activity or even the time of day.

1. Widespread pain and tender points

The pain associated with fibromyalgia is described as a constant dull ache, typically arising from muscles. To be considered widespread, the pain must occur on both sides of your body and above and below your waist.

Fibromyalgia is characterized by additional pain when firm pressure is applied to specific areas of your body, called tender points. Tender point locations include:

- Back of the head
- Between shoulder blades
- Top of shoulders
- Front sides of neck
- Upper chest
- Outer elbows
- Upper hips
- Sides of hips
- Inner knees

2. Fatigue and sleep disturbances

People with fibromyalgia often awaken tired, even though they seem to get plenty of sleep. Experts believe that these people rarely reach the deep restorative stage of sleep. Sleep disorders that have been linked to fibromyalgia include restless legs syndrome and sleep apnea.

3. Co-existing conditions

Many people who have fibromyalgia also may have:

- Chronic fatigue syndrome
- Depression
- Endometriosis
- Headaches
- Irritable bowel syndrome (IBS)
- Lupus
- Osteoarthritis
- Post-traumatic stress disorder
- Restless legs syndrome
- Rheumatoid arthritis

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B. Test for FM

The American College of Rheumatology has established two criteria for the diagnosis of fibromyalgia:

- Widespread pain lasting at least three months
- At least 11 positive tender points — out of a total possible of 18

Tender points

During your physical exam, your doctor may check specific places on your body for tenderness. The amount of pressure used during this exam is usually just enough to whiten the doctor's fingernail bed. These 18 tender points are a hallmark for fibromyalgia.

Blood tests

While there is no lab test to confirm a diagnosis of fibromyalgia, your doctor may want to rule out other conditions that may have similar symptoms. Blood tests may include:

- Complete blood count
- Erythrocyte sedimentation rate
- Thyroid function tests

Because many of the signs and symptoms of fibromyalgia are similar to various other disorders, you may see several doctors before receiving a diagnosis. Your family physician may refer you to a rheumatologist, a doctor who specializes in the treatment of arthritis and other inflammatory conditions.

What you can do

You may want to write a list that includes:

- Detailed descriptions of your symptoms
- Information about medical problems you've had in the past
- Information about the medical problems of your parents or siblings
- All the medications and dietary supplements you take
- Questions you want to ask the doctor

What to expect from your doctor

In addition to a physical exam, your doctor may check your neurological health by testing your:

- Reflexes
- Muscle strength
- Muscle tone
- Balance
- Senses of touch and sight
- Coordination

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C. Associate Conditions of Fibromyalgia

[Fibromyalgia](#) has often been called the "great imitator" because so many of its symptoms mimic those of other disorders. As a result, it can often be difficult to receive a proper diagnosis of fibromyalgia. However, there are subtle differences between many of the illnesses and FMS. Learning more about each of these disorders can help you figure out just how fibromyalgia is distinct from them.

Common disorders that fibromyalgia is often mistaken for include:

- [Lyme disease](#)
- [Lupus](#)
- [Osteoarthritis](#)
- [Rheumatoid arthritis](#)
- [Cushing's syndrome](#)
- [Hypothyroidism](#)
- [Polymyalgia Rheumatica](#)
- [Reflex sympathetic dystrophy syndrome](#)
- [Cervical spinal stenosis](#)

People with fibromyalgia are also at greater risk of developing a number of other disorders, many of which can exacerbate your current fibromyalgia symptoms, or are linked to certain conditions, which may lead to [fertility problems](#). Illnesses, diseases and conditions that fall into this category include:

- [Irritable Bowel Syndrome](#)
- [Osteoporosis](#)
- [Endometriosis](#)
- [Carpal Tunnel Syndrome](#)
- [Sjogren's syndrome](#)
- [Crohn's disease](#)
- [Multiple Sclerosis](#)
- [Raynaud's Phenomenon](#)
- [Chronic Fatigue Syndrome](#)
- [Anemia](#)
- [Morton's Neuroma](#)
- [Seasonal Affective Disorder](#)
- [GERD](#)
- [Interstitial Cystitis](#)
- [Yeast Infections](#)
- [Bruxism](#)
- [Low Cytokine Levels](#)
- [Hypoglycemia](#)

Fibromyalgia can also affect the way your [body](#) functions. FMS impacts the following systems:

- [Cardiovascular System](#)
- [Nervous System](#)

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FMS can also impact your libido, which in turn affects sexual [intimacy](#). Find out why FMS affects your sexual desire and learn about tips to improve sexual intimacy in your relationship in the following section: [Sexuality](#)

III. Irritable Bowel Syndrome (IBS):

A. What is irritable bowel syndrome (IBS)?

Irritable bowel syndrome is a disorder characterized most commonly by cramping, abdominal pain, bloating, constipation, and diarrhea. IBS causes a great deal of discomfort and distress, but it does not permanently harm the intestines and does not lead to a serious disease, such as cancer. Most people can control their symptoms with diet, stress management, and prescribed medications. For some people, however, IBS can be disabling. They may be unable to work, attend social events, or even travel short distances.

As many as 20 percent of the adult population, or one in five Americans, have symptoms of IBS, making it one of the most common disorders diagnosed by doctors. It occurs more often in women than in men, and it begins before the age of 35 in about 50 percent of people.

B. What are the symptoms of IBS?

Abdominal pain, bloating, and discomfort are the main symptoms of IBS. However, symptoms can vary from person to person. Some people have constipation, which means hard, difficult-to-pass, or infrequent bowel movements. Often these people report straining and cramping when trying to have a bowel movement but cannot eliminate any stool, or they are able to eliminate only a small amount. If they are able to have a bowel movement, there may be mucus in it, which is a fluid that moistens and protect passages in the digestive system. Some people with IBS experience diarrhea, which is frequent, loose, watery, stools. People with diarrhea frequently feel an urgent and uncontrollable need to have a bowel movement. Other people with IBS alternate between constipation and diarrhea. Sometimes people find that their symptoms subside for a few months and then return, while others report a constant worsening of symptoms over time.

Symptoms include

- Abdominal pain or discomfort for at least 12 weeks out of the previous 12 months. These 12 weeks do not have to be consecutive.
- The abdominal pain or discomfort has two of the following three features:
 - It is relieved by having a bowel movement.
 - When it starts, there is a change in how often you have a bowel movement.
 - When it starts, there is a change in the form of the stool or the way it looks.
- Certain symptoms must also be present, such as

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- a change in frequency of bowel movements
- a change in appearance of bowel movements
- feelings of uncontrollable urgency to have a bowel movement
- difficulty or inability to pass stool
- mucus in the stool
- bloating
- Bleeding, fever, weight loss, and persistent severe pain are not symptoms of IBS and may indicate other problems such as inflammation, or rarely, cancer.

The following have been associated with a worsening of IBS symptoms

- large meals
- bloating from gas in the colon
- medicines
- wheat, rye, barley, chocolate, milk products, or alcohol
- 1 upsets
- drinks with caffeine, such as coffee, tea, or colas
- stress, conflict, or emotiona

Researchers have found that women with IBS may have more symptoms during their menstrual periods, suggesting that reproductive hormones can worsen IBS problems.

In addition, people with IBS frequently suffer from depression and anxiety, which can worsen symptoms. Similarly, the symptoms associated with IBS can cause a person to feel depressed and anxious.

C. How is IBS diagnosed?

If you think you have IBS, seeing your doctor is the first step. IBS is generally diagnosed on the basis of a complete medical history that includes a careful description of symptoms and a physical examination.

There is no specific test for IBS, although diagnostic tests may be performed to rule out other problems. These tests may include stool sample testing, blood tests, and x rays. Typically, a doctor will perform a sigmoidoscopy, or colonoscopy, which allows the doctor to look inside the colon. This is done by inserting a small, flexible tube with a camera on the end of it through the anus. The camera then transfers the images of your colon onto a large screen for the doctor to see better.

If your test results are negative, the doctor may diagnose IBS based on your symptoms, including how often you have had abdominal pain or discomfort during the past year, when the pain starts and stops in relation to bowel function, and how your bowel frequency and stool consistency have changed. Many doctors refer to a list of specific symptoms that must be present to make a diagnosis of IBS.



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How does stress affect IBS?

Stress—feeling mentally or emotionally tense, troubled, angry, or overwhelmed—can stimulate colon spasms in people with IBS. The colon has many nerves that connect it to the brain. Like the heart and the lungs, the colon is partly controlled by the autonomic nervous system, which responds to stress. These nerves control the normal contractions of the colon and cause abdominal discomfort at stressful times. People often experience cramps or “butterflies” when they are nervous or upset. In people with IBS, the colon can be overly responsive to even slight conflict or stress. Stress makes the mind more aware of the sensations that arise in the colon, making the person perceive these sensations as unpleasant.

Some evidence suggests that IBS is affected by the immune system, which fights infection in the body. The immune system is affected by stress. For all these reasons, stress management is an important part of treatment for IBS. Stress management options include

- stress reduction (relaxation) training and relaxation therapies such as meditation
- counseling and support
- sleep
- regular exercise such as walking or yoga
- changes to the stressful situations in your life
- adequate

IV. Amyotrophic Lateral Sclerosis (ALS):

ALS, or Lou Gehrig’s disease, kills cells in the brain and spinal cord that control muscle movement, resulting in gradual wasting of the muscles. Fatal in most cases, the disease usually strikes people between ages 40 and 70. The cause of the disease is unknown.

ALS does not affect the senses (sight, smell, taste, hearing, touch), bladder or bowel function, or a person's ability to think or reason.

Symptoms include:

- Difficulty breathing
- Difficulty swallowing
 - Gagging
 - Chokes easily
- Head drop due to weak spinal and neck muscles
- Muscle cramps
- Muscle weakness that slowly gets worse
- Commonly involves one part of the body first, such as the arm or hand
- Eventually leads to difficulty lifting, climbing stairs, and walking
- Paralysis
- Speech problems, such as a slow or abnormal speech pattern
- Voice changes, hoarseness

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Additional symptoms that may be associated with this disease:

- Drooling
- Muscle contractions
- Muscle spasms
- Ankle, feet, and leg swelling
- Weight loss

Earlier this year, VA established a national ALS registry to identify veterans with the disease - regardless of when they served -- and track their health status. Veterans with ALS who enroll will complete an initial telephone interview covering their health and military service and will be interviewed twice yearly thereafter.

For more information about VA's ALS Registry, based at the Durham VA Medical Center, call 1-877-DIAL-ALS (1-877-342-5257) or e-mail ALS@med.va.gov

A study just released had the following findings:

Results: We found that service in particular locations of the Gulf was associated with an elevated risk for later developing ALS, both before and after adjustment for branch of service and potential of exposure to chemical warfare agents in and around Khamisiyah, Iraq.

Conclusions: Specific geographic locations of troop units within the 1991 Gulf War theatre are associated with an increased risk for the subsequent development of ALS among members of those units. The identified spatial locations represent the logical starting points in the search for potential etiologic factors of ALS among Gulf War veterans. Of note, for locations where the relative odds of subsequently developing ALS are among the highest, specific risk factors, whether environmental or occupationally related, have not been identified. The results of spatial models can be used to subsequently look for risk factors that follow the spatial pattern of elevated risk.

Recently reported research regarding ALS suggests the possibility of a genetic predisposition to motor neuron vulnerability and an apparent increase in the rate of incidence of the disease. This suggests a continuation of toxic exposures in low doses in post-war civilian settings resulting finally in the onset of ALS. Pending ultimate scientific validation of this hypothesis it is very important that Gulf War vets guard against additional casual exposures to threatening chemical compounds, chiefly pesticides.

Where Can I Find More Information on ALS?

The following organizations support research and in some cases can provide information and support for patients and their families.

ALS Association (ALSA)

27001 Agoura Road Suite 150
Calabasas Hills, CA 91301-5104

info@alsa-national.org <http://www.alsa.org>

Tel: 818-880-9007 800-782-4747 Fax: 818-880-9006

Les Turner ALS Foundation

8142 North Lawndale Avenue
Skokie, IL 60076

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info@lesturnerals.org <http://www.lesturnerals.org>

Tel: 888-ALS-1107 847-679-3311 Fax: 847-679-9109

Muscular Dystrophy Association

3300 East Sunrise Drive

Tucson, AZ 85718-3208

mda@mdausa.org <http://www.mdausa.org/>

Tel: 520-529-2000 800-572-1717 Fax: 520-529-5300

Project ALS

511 Avenue of the Americas Suite #341

New York, NY 10011

projectals@aol.com <http://www.projectals.org>

Tel: 212-969-0329 800-603-0270 Fax: 212-337-9915

For information on other neurological disorders or research programs funded by the National Institute of Neurological Disorders and Stroke, contact the Institute's Brain Resources and Information Network (BRAIN) at: www.ninds.nih.gov

BRAIN

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