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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. memo	To: Melanne From:n Diana re: Letter (1 page)	01/19/1996	b(6)
001b. letter	To: Ronald Blank from veteran re: gulf war illness (2 pages)	11/17/1995	b(6)
001c. letter	To Whom It May Concern from D. Kevin Asa re: veteran (1 page)	11/01/1995	b(6)
001d. memo	To: Major Michael J. Roy From: D. Kevin Asa re: veteran (2 pages)	n.d.	b(6)

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'Sloppy and Unreliable'

THE LATEST admissions relating to U.S. troops' exposure to chemical weapons in Kuwait and Iraq in 1991 have taken us to an entirely new place. It now is clear that, with intelligence available to the government since at least 1986, the exposure could and should have been avoided. It is clear that the CIA as well as the Defense Department has been complicit in a stonewall, if not a coverup. And it is clear that it is no longer good enough for administration officials to say—as acting CIA Director George J. Tenet did this week—that their performance "should have been better" and expect that to wipe the slate clean.

Thousands of gulf war veterans believe that their service in the Persian Gulf region made them sick, with symptoms ranging from debilitating fatigue to joint pain to skin rashes and more. Many suspect that these unexplained ailments may result from exposure to nerve gas, which was known to be in the Iraqi inventory.

For five years, Pentagon officials at every level insisted that no such exposure could have taken place. Then, last June, they acknowledged that U.S. troops, destroying Iraqi munitions after the war had ended, unwittingly blew up weapons containing sarin nerve gas at a depot known as Khamisiyah. As many as 400 troops may have been exposed, the Defense Department said at first; then it said, no, maybe it was 1,100—or 5,000, or 20,000 or more.

Now the CIA has joined in the crow-eating. CIA officials had agreed that no nerve-gas exposure could have taken place; when news of Khamisiyah leaked out, they insisted that they had no knowledge that chemical weapons were stored there. It turns out they had credible and specific knowledge. Some of it was never passed on, some was relayed without sufficient emphasis. Sen. Jay Rockefeller, who has worked hard to pierce the administration stonewall, is correct when he says that U.S. troops were badly served by both the CIA, "which produced sloppy, unreliable and sometimes contradictory intelligence," and the Defense Department, "which even when confronted with intelligence reports warning of chemical weapons did nothing about it."

The latest revelations raise disturbing questions. Why did CIA information not reach the troops before they blew up the Khamisiyah depot? Why, during the past six years of veterans' and congressional inquiries, did the CIA fail to uncover this rich lode of documentary evidence? And how, given this dismal record, can veterans be sure that Khamisiyah is a unique case?

Yes, the CIA "should have done better." But that's not enough. Specific people committed errors and communicated untruths—what the CIA, in its latest report, calls "imprecise" information—and specific people should be held accountable. Further inquiry may well show, in the end, that the nerve gas released at Khamisiyah did not cause any illnesses, and that the "gulf war syndrome" is in fact a host of disparate ailments caused by stress and other factors. But the government will have a hard time now persuading any veteran to accept its word on that.

The Washington Post
FRIDAY, APRIL 11, 1997

Stephen S. Rosenfeld

No Bull in the China Shop

The collected words of House Speaker Newt Gingrich on his trip to China show he hit the jackpot twice. Not only did he cheer American conservatives and many others by his unapologetic defense of American-style freedoms and his statement of American readiness to "defend Taiwan. Period." To less note but perhaps to no less import, he advanced the American China-policy debate on its most sensitive and volatile front.

Gingrich was no bull in the china shop. He was prepared, and it showed in his fluent treatment of the hottest of the new China issues, the temptation for Taiwan to convert its formidable democratic and free-market gains of the '80s and '90s into an incipient independence movement. This prospect deeply troubles China, which regards Taiwan as a renegade province. It also troubles the United States, which repeatedly has signed on to Beijing's "one-China policy" for China and Taiwan in anticipation of their eventual peaceful unification.

It is a tough issue for an American conservative, since the idea of one China, which Gingrich affirmed in Beijing, inherently denies Taiwan full self-determination, and self-determination is a right that many Americans believe in. Gingrich, however, poured cold water on it. On one occasion he said he didn't think Taiwan would go that route, "and I don't see any reason to discuss that," and on another, "If the people of Taiwan do not, are not likely to declare their independence and are willing to have a long dialogue, they may find China evolving in a way which is positive." Ahead of self-determination he places the concept of a peaceful, voluntary and noncoercive transition to a single China.

This is how he got, somewhat despite himself, to the headline ("Defend Taiwan. Period.") on his tour. He started out professorially by saying, "We understand that in principle you will not renounce the right to use force." He promptly added a broad balancing assertion: "We want you to understand that we will defend Taiwan." To which he added a word covering both assertions: "Period."

I read his words not as a threat to China or as an indication of how Gingrich expects things to unfold but as the explicit stating of the same necessary point President Clinton made more forcefully when he dispatched two aircraft carriers to counter Chinese missile launchings around Taiwan a year ago. China claimed then it had been provoked by Taiwan's first direct popular vote for president.

There is no question, however, that Gingrich was altering the practice of successive administrations to stay within the linguistic confines of the Taiwan Relations Act of 1979. By that law, Congress *legislated* a foreign-policy concern for Taiwan, saying it would regard China's pursuit of reunification by other than peaceful means with "grave concern."

The 18-year-old law does not take into account the subsequent developments within Taiwanese society that led Taiwan's president at his inaugural to say—provocatively—there are now "two sovereign [Chinese] states." Gingrich does take into account the long honing of a separate Taiwan identity.

Some of the China watchers fear that a Taiwan nursing dreams of independence might provoke a crisis that would put pressure on the United States to come to its military rescue. But what struck me about Gingrich's Asia remarks was his care not to let appreciation of Taiwan's achievements turn into approval of its future independence. He kept saying that China had obligations and so did Taiwan. "There should be no use of force by the People's Republic," he said. "There should be no adventurism by Taiwan."

Adventurism means moving or feinting toward independence. Supporting adventurism means supporting the dismemberment of China, a country that the United States has repeatedly promised to keep whole. Gingrich understands there can be no tampering with bedrock.

He is the most highly placed American to crank Taiwan's independence aspirations into policy discourse—and to raise a cautionary flag. Parallel thinking comes from Robert Manning and Ronald Montaperto, writing for the National Defense University's Institute for National Strategic Studies. They say:

Taiwan's emergence as an economically strong, full-fledged democracy requires a new cross-strait bargain. For openers, China should renounce force and Taiwan should renounce independence. Account must be taken of Taiwan's unwillingness to be any longer "a ghost in the international system." For ceding a sovereignty claim and embracing one China, Taiwan should be allowed political space—in the United Nations, for instance. Any final resolution of the Taiwan issue should be deferred for a decent interval (15-20 years) to see how Hong Kong's reversion to China this summer goes.

There are many ways to put the pieces together. In any event, it will be done by Chinese, not Americans. But you get the idea. Gingrich performed a service in opening the crucial next phase of our own China debate.

The Washington Post

FRIDAY, APRIL 11, 1997

fyi Gulf War

Statement by
Deputy Secretary of Defense John P. White
On the final Report of the
Presidential Advisory Committee on Gulf War Veterans' Illnesses

January 7, 1997

The Final Report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses contains many useful and helpful recommendations concerning the government's responses to the illnesses being experienced by veterans of the Gulf War. The Department of Defense welcomes these suggestions. We will study them carefully and, in conjunction with the Department's of Health and Human Services and Veterans' Affairs, we will evaluate them and respond to each recommendation in a report that we will send to the President within sixty days.

The Advisory Committee has played a useful and important role in our efforts to ensure that:

- we have thoroughly investigated possible chemical and biological warfare agent exposures,
- those who need medical care are receiving it,
- our research efforts into the potential causes of Gulf War illnesses are broad-ranging and properly focused,
- we develop more effective health programs for our people involved in future deployments,
- and we are pursuing the President's directive to explore every angle of this problem.

We in the Department take this issue very seriously. Fundamentally, it is an issue of force protection, and it goes to the heart of our commitment and responsibility to the brave men and women who are willing to risk their lives for our country. Our commitment

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is to provide them with the best possible protection from disease and illness, the best possible treatment should they become ill, and appropriate care and compensation should those illnesses prove chronic. We do not shirk this responsibility.

Last year I announced that the Department's efforts with respect to this issue would be expanded and intensified. I established the office of Special Assistant for Gulf War Illnesses, reporting directly to me, to coordinate this enlarged effort. That office is now fully established, and it has increased our level of effort more than tenfold. The results are already becoming apparent. We will continue to pursue this issue vigorously and to report our progress regularly.

In particular, we will continue to explore all aspects of possible exposure of our troops to chemical agents. Since last spring, when we first became convinced that American forces had been in the presence of Iraqi chemical munitions at Khamisiyah, a weapons storage site destroyed by American forces after the war, and that exposure was possible, this Department, in cooperation with the CIA and other agencies, has conducted extensive investigations. We are reaching out to more than 20,000 service personnel who may have been in the vicinity of Khamisiyah at the time of the possible release of chemical agent. We will continue our efforts to learn all we can about this incident and to investigate any similar incidents that are identified. We will spare no resource in this effort.

Finally, let me say that this Department welcomes outside oversight and advice concerning our efforts. In addition, last year I announced our agreement to engage the National Academy of Sciences and the Institute of Medicine, in a wide ranging program to assist in all aspects of Gulf War Illnesses efforts as well as concerns for the future. In addition, as I said in testimony last November, we think that the President's Committee can continue to play a very constructive role in this regard.

Our commitment to our service personnel and our veterans and our commitment to as complete an understanding as possible of any illnesses they experience is total. and we will continue our efforts in this vein.

Presidential Advisory Committee on Gulf War Veterans' Illnesses

Statement by
Joyce C. Lashof, MD
Committee Chair
Presidential Advisory Committee on Gulf War Veterans' Illnesses

January 7, 1997

Over the past 16 months, the Presidential Advisory Committee on Gulf War Veterans' Illnesses Committee has conducted a broad analysis of issues related to the health consequences of Gulf War service. Our efforts to address the complexities of Gulf War veterans' illnesses would not have been possible without the contributions of hundreds of Gulf War veterans and their families. As during the war, they have served with distinction.

Together with our February 1996 *Interim Report*, the Committee makes several recommendations we believe can improve the government's approach to addressing the health concerns of veterans who served in the Gulf. In all areas save one, these suggestions are to fine-tune the government's programs on Gulf War health matters. Overall, the government has responded with a comprehensive series of measures to resolve questions about Gulf War veterans' illnesses.

Unfortunately, the positive nature of these efforts has been diminished by how the Department of Defense approached the possibility that U.S. troops had been exposed to chemical weapons. It is essential, now, to move swiftly toward resolving Gulf War veterans' principal remaining concerns: How many U.S. troops were exposed to chemical warfare agents, and to what degree?

The Committee is pained by the atmosphere of government mistrust that now surrounds every aspect of Gulf War veterans' illnesses because of these concerns. It is regrettable — but also understandable. Our investigation of DOD's efforts related to chemical and biological weapons led us to conclude the department's early efforts were superficial and lacked credibility. Moreover, DOD's failure to seriously investigate these issues also adversely affected decisions related to funding research into possible health effects of low-level exposures to chemical warfare agents. DOD's intransigence in refusing to fund such research until late this year has done veterans and the public a disservice.

The Committee recognizes that in November 1996, DOD announced it was expanding its investigation and research related to low-level chemical warfare agent exposure. We hope these initiatives can begin to restore public confidence in the government's investigations of possible incidents of chemical agent exposure.

Moving beyond this specific — albeit important — topic, it is important to reiterate that many veterans clearly are experiencing medical difficulties connected to their service in the Gulf War. First and foremost, it is vital that the government continue to provide clinical care to evaluate and treat these veterans' illnesses. Next, we must try to find out why they are sick. Based on existing scientific data, none of the individual environmental Gulf War risk factors commonly suspected appear to be the cause. And while the Committee finds that stress is likely to be an important contributing factor to Gulf War veterans' illnesses, the story is by no means complete. Veterans, their physicians, and policymakers clearly stand to benefit from the comprehensive array of ongoing research.

We believe a continued commitment to long-term mortality studies is important. Some health effects, such as cancer, would not be expected to appear until a decade or more after the end of the Gulf War. Additionally, the Committee recommends new research in three specific areas:

- the long-term health effects of low-level exposures to chemical warfare agents,
- the synergistic effects of pyridostigmine bromide with other Gulf War risk factors; and
- the body's physical response to stress.

As I mentioned, veterans and their families stand to gain much from ongoing and new research. However, maximum benefit will only be realized through a thoughtful, inclusive dialogue between veterans and the departments. In light of current public skepticism, the Committee strongly believes that a sustained risk communication effort is the only way to repair public trust. This effort cannot begin soon enough. The volunteers who served in defense of our national interest deserve complete and accurate information about the risks they faced.

During the Committee's deliberations on what the government had done to address Gulf War veterans' health issues, we also felt it important to be forward looking. The Committee believes the government can avoid many future post-conflict health concerns through better communication, better data, and better services. We make recommendations in each of these areas based on lessons drawn from the Gulf War experience.

In closing, I would like to re-emphasize that in many important — and in some instances unprecedented — ways, the Nation has begun to pay its debt to the 697,000 men and women who served in Operations Desert Shield and Desert Storm. We were impressed with the research the government had already initiated to understand the nature and causes of the illnesses so many veterans suffer from. The Committee hopes the same degree of commitment will be applied to the issues still out standing.

Finally, the Committee gratefully acknowledges the significant time and effort that individuals within and outside government devoted to our effort. We also have been fortunate to have a talented and dedicated staff. On their behalf and on behalf of my fellow Committee members, I thank you for your leadership in addressing Gulf War veterans' health concerns and for providing us with a unique opportunity to contribute to this vitally important issue.

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Sue
Gary was sleep

Los Angeles Times, 2/2/95

HEALTH CARE II: Hillary Rodham Clinton has taken on another health-related issue following the collapse of the effort she led last year to overhaul the nation's medical insurance system. She is gearing up a campaign to uncover the causes of Persian Gulf War syndrome, the mysterious set of symptoms that has afflicted some Operation Desert Storm veterans and their families. Insiders say Diana M. Zuckerman, former congressional veterans' affairs strategist, has been asked to head the effort. But some policy-makers are leery. Teams of Defense Department and private scientists have been unable to come up with any single cause. "I don't know why she'd want to get involved with this one," an official says. A spokeswoman for the First Lady explains: "President and Mrs. Clinton want to make sure that proper care is provided to the veterans affected by this."

file Gulfwar

11/5/97 5:15 p.m.

PRESIDENT WILLIAM JEFFERSON CLINTON
RADIO ADDRESS ON GULF WAR ILLNESS
THE WHITE HOUSE
NOVEMBER 8, 1997

Good morning. On Tuesday, our nation will pause to honor and remember all those who have worn the uniform of our Armed Forces. The men and women of the United States military have always been faithful to America – and America has no higher duty than to keep faith with them.

Today, I want to talk to you about what we are doing to help our troops who fought in the Gulf War and later fell ill. The First Lady and I were both deeply troubled by the pain and frustration these veterans felt – I thank Hillary for doing so much to bring attention to their plight and to galvanize the effort to help them.

Almost four years ago, my Administration made it a priority to care for and compensate our Gulf War veterans who had fallen ill...to find out why they were sick...to make public the facts as we established them...and to apply the lessons we learned for the future. When answers didn't come fast enough, I asked some of America's best doctors and scientists, as well as Gulf War veterans, to undertake a thorough, independent and open review of the government's response to our veterans' health care concerns. Now, the Presidential Advisory Committee they formed has delivered its final report. I thank its Chairman, Dr. Joyce Lashoff, and the other members for their outstanding work. Based on their recommendations, I am taking the following actions.

First, to better care for and compensate our veterans: I have directed the Department of Veterans Affairs to ensure that all those who served in the Gulf War receive the treatment and benefits

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they deserve. To strengthen our ability to help the broadest number of veterans, the National Academy of Sciences will soon begin reviewing all scientific studies that examine the linkage between various illnesses and Gulf War service. And we will work with Congress on legislation to guarantee that these benefits continue in all Administrations to come.

Second, to deepen our understanding of why Gulf War veterans have gotten sick: We will dedicate more than $13 million for new research on low-level exposure to chemical agents and other possible causes of illness.

Third, to make sure our veterans and the public know all the facts: I am directing the Department of Defense to pursue vigorously its remaining investigations, including those into suspected chemical weapons releases. As the department's efforts go forward, there must be full confidence in its work. Today, I thank former Senator Warren Rudman for agreeing to lead an oversight board that will hold these inquiries to the highest standards.

Fourth, to apply the lessons we have learned for the future: I am directing the Departments of Defense and Veterans Affairs to create a new Force Health Protection Program. Now every soldier, sailor, airman and marine will have an exhaustive medical record of all illnesses and injuries they suffer, the care and inoculations they receive and their exposure to different hazards -- from basic training through retirement. These records will help us prevent illness and identify and cure those that occur.

From the beginning, I vowed that we would not rest until we uncovered all the facts about Gulf War illnesses...and acted on them for our veterans, their families and all who serve our nation, now and in the future. On this Veterans Day, we are making good on that pledge – as we must every day. Our veterans put everything on the line for us. We must show the same resolve for them.

Thanks for listening.

###

For five years, Pentagon stonewalls sick gulf vets

OUR VIEW **Amazingly, the Department of Defense couldn't get its act together for five long years to help ailing vets.**

From the onset of their baffling medical woes, thousands of Persian Gulf war veterans have worried that chemical weapons might have played a role in their debilitating illnesses.

But for five years, Pentagon officials assured these veterans and their families that they had nothing to worry about.

Despite complaints from 90,000 of the 697,000 gulf vets about mysterious medical symptoms, despite congressional demands for more investigation, the Pentagon remained steadfast: no U.S. troops were *ever* exposed to Iraqi chemical agents.

Now the Pentagon has changed its mind.

Late Wednesday, the Department of Defense announced plans to notify at least 5,000 U.S. troops that they may have been exposed to deadly nerve agents during their destruction of an Iraqi ammo dump in March 1991. And that number may grow.

That startling revelation comes three months after the first eye-popping Pentagon acknowledgment that chemical agents, including sarin and mustard gas, had been stored at Kamisiyah, a sprawling Iraqi arms complex near Kuwait's border.

To make this bad business worse, Defense Department officials last month admitted that a classified memo identifying Kamisiyah's deadly inventory was circulated in 1991. The White House, secretary of State, CIA and a dozen military commands around the world got copies.

But amazingly, no one made the connection between Kamisiyah's bunkers of chemical weapons and the U.S. troops who destroyed them until the memo was "refound" by the Pentagon this year.

Even in the labyrinth called the Puzzle Palace, that's a hard sell.

By Dave Merrill, USA TODAY

For more information: The Veterans Administration has a toll-free hot line, 1-800-PGW-VETS (749-8387). So does the Department of Defense: 1-800-796-9699. A legal guide is available for $7.50 plus $3 shipping from the National Veterans Legal Services Program, 202-265-8305. On the Internet, check out GulfLINK, the gulf war illnesses home page: http://www.dtic.mil/gulflink.

Defense Department spokesman Ken Bacon said Thursday that Pentagon officials are frustrated because "we have had a harder time than we anticipated putting together pictures of who was where when and who did what when they were there."

The same military that overran Iraq in 100 hours shouldn't need more than five years to reconstruct its troops' movements.

The hundreds of thousands of men and women who were at risk deserve to know that someone, somewhere in the U.S. government knows precisely what is being done and why.

The potential reasons for the Pentagon's sluggish pace range from benign ignorance to gross inefficiency to cover-up. But the consequences remain the same.

For five long years, gulf war veterans and their families have been denied what could turn out to be a crucial piece of their medical puzzle.

USA TODAY
FRIDAY, SEPTEMBER 20, 1996

USA TODAY
FRIDAY, SEPTEMBER 20, 1996

Health is top priority

OPPOSING VIEW **All of us, from the president on down, are determined to assist ill veterans.**

By Stephen C. Joseph

Last year, President Clinton vowed a major effort to understand what is widely called gulf war illnesses. Since then, the Defense Department has pursued in-depth investigations, extensive clinical studies and medical care for ill gulf war veterans. It's used Internet connections, a toll-free line and direct notification to vets concerning any potential risks to their health.

Our prime goal is to ensure all service personnel and veterans who need medical treatment receive the best available. Despite our best efforts, the Department is being charged with withholding information, specifically on the Kamisiyah facility.

Ironically, much in the media reports came from information and documents the department made public. We have released studies and placed extensive information on our Internet web site. This effort is part of the president's commitment to get to the bottom of this agonizing problem.

Piecing together what happened at Kamisiyah in 1991 is difficult. Much of our information became more detailed through the course of site visits in 1991, 1992 and 1996. Only in the past few months have we been able to piece together details placing U.S. troops at Kamisiyah in March 1991 and confirm they destroyed chemical munitions on two separate occasions. This led to our announcements Wednesday and in June about possible low-level chemical exposures to U.S. troops.

Combing through widely dispersed U.S. documents from the gulf war and interviewing personnel who were at the site has given us a clearer but still incomplete picture of exactly what happened. Still, the Department has announced an expanded notification program to gulf war veterans. We expect to expand the program further, depending on results of CIA's modeling of potential exposure data. Our goal is to reach out to U.S. personnel who may have been in the area to offer assistance and to learn more about what happened.

Defense and other federal agencies will continue coordinated efforts to declassify and release information, conduct medical research and ensure care for all who need it.

There may be further discoveries. Much data is being reviewed. We are reconciling varying accounts from those involved. And as we get information that is accurate and relevant, we will make it public. There is no effort to withhold information. As the president has directed, no stone shall remain unturned in our effort to get the full picture.

Dr. Joseph is assistant secretary of Defense for health affairs.

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SUMMARY OF GULF WAR ILLNESSES ISSUES

The White House has received many letters regarding Gulf War illnesses, and concerns have also been raised in citizens' conversations with the President and the First Lady. Many Gulf War veterans believe their country has forgotten them. At the behest of the President, the First Lady has followed up on these concerns during the last few months by meeting with key government officials, Gulf War veterans and their families, and outside advocates.

Background Information:

There were 697,000 U.S. troops that served in the Persian Gulf War in 1990-91. Many had flu-like symptoms when they were there and after they came home, but it wasn't until more than a year later that concerns were raised about chronic illnesses by hundreds, and then thousands of PGW veterans, some of whom are still on active duty. Of particular concern are a variety of unexplained symptoms that do not fit any neat diagnosis.

Symptoms of the undiagnosed or "mystery illnesses" are varied, including chronic fatigue, memory loss, rashes, difficulty with sleeping, gastrointestinal disorders, sensitivity to chemicals, respiratory problems, recurrent infections, headaches, joint pain, tumors, and unusual bleeding.

Nobody knows what has caused these symptoms and it is likely that there are several causes, some of which may interact with each other. For example, one theory is that exposure to a chemical agent could lower a soldier's immune response, making him or her more susceptible to infectious agents. The list of possible causes includes exposures to: toxic by-products from oil fires or tent heaters; depleted uranium; unapproved vaccinations and anti-nerve gas compound (pyridostigmine); infectious agents (leishmaniasis, malaria, brucellosis, giardiasis); chemical and biological warfare; pesticides; microwaves; and special paints and solvents. An alternative explanation is post-traumatic stress disorder or stress.

What is particularly unusual is the growing number of reports of spouses and children who also appear to be ill with similar symptoms, as well as reported miscarriages and birth defects. Thus far, no well designed studies have been conducted to determine whether Gulf War veterans are more likely to have family members with these problems than other veterans. However, the VA and CDC have examined this issue with the limited data that are currently available, and they believe that there is no evidence to support these complaints.

provided adequate protection against biological or chemical weapons.

The Senate report expressed strong concern that the pyridostigmine, which was intended to protect against chemical weapons, may have caused adverse reactions in some individuals, or may have enhanced the toxic effects of insecticides or other chemicals that were widely used in the Gulf.

Sen. Donald Riegle, Jr. issued two reports claiming that allied troops were exposed to chemical warfare, resulting from scud missile attacks or U.S. military bombing of Iraq's chemical warfare plants at a time when down-winds were unfavorable.

The First Lady's Meetings with DOD, VA and HHS

In January, the First Lady met with key officials from the DoD, VA, and HHS to discuss how best the Administration can respond to the concerns that have been raised. The agencies have been very engaged in addressing this issue. They are trying to improve medical evaluations and services for Gulf War veterans, conduct research that will enable them to better understand the causes of the illnesses, and provide compensation to veterans who are disabled. The agency officials assured the First Lady that the Departments are moving quickly to implement legislative provisions that President Clinton signed into law in October and November.

However, in the course of these meetings, the First Lady also learned that some of the research that the law requires to be conducted by independent researchers (such as university scientists) under grants from DoD was mistakenly being conducted by DoD. Since this legislation was signed into law by President Clinton in October 1994, it is critical that DoD move forward on these grants as soon as possible. At the meeting, Deputy Secretary John Deutch assured the First Lady that this could be corrected, and suggested that he might ask NIH to assist DoD with a peer review system for these grants. In a letter dated February 7, John Deutch assured the First Lady that $5-10 million would be spent on this peer-reviewed research. The First Lady discussed this issue with Dr. Phil Lee, the Assistant Secretary of Health at HHS, who agreed that PHS could be helpful since it has much more expertise with peer reviewing grants than DOD.

Agency officials report that they are doing their best under difficult circumstances and feel besieged by Congress and the media. They claim that anecdotes, while compelling, do not constitute scientific evidence, and that Congress and the media are taking these anecdotes too seriously. In contrast, well respected scientists have testified before Congress that these "anecdotes" should be considered case studies, and point out that

they may well be the first sign of significant health problems that will become obvious when research is finally conducted.

Meeting with Veterans' Service Organization Representatives

The First Lady also met with officials from the American Legion and the Veterans of Foreign Wars. Both of these meetings were helpful in showing how these major veterans' organizations view the Administration's role in helping Gulf War veterans. The Legislative Director of the American Legion is himself a Gulf War veteran with multiple undiagnosed illnesses. One of his concerns was the DoD and VA view that stress was the main cause of these symptoms. He made it clear to the First Lady that he had experienced extreme stress in previous deployments. He gave the example of a false alarm when he was the missile launch officer in North Dakota in the early 1980's. Because the alarm indicated that the Soviet Union was about to launch nuclear missiles at the US, Steve had inserted the key to retaliate against the Soviet Union and was waiting for the final word to turn the key that would have launched the nuclear missiles. He made it clear that his Persian Gulf experience was not at all stressful in comparison; in fact, he says he read more books during his months in the Persian Gulf than he did during his entire college career. He recited a long list of potential toxic exposures that were common in the Gulf; for example, pesticides that were sprayed everywhere, including on cooking utensils. He is very concerned that the combination of these exposures could have been much more toxic than any would have been individually. The Executive Director of the Legion, John Sommer, was clearly supportive of Steve's views.

When the First Lady met with the National Commander of the Veterans of Foreign Wars (Gunner Kent) and his staff, she was assured that the VFW appreciates the legislative efforts that the President and the VA have made to provide medical care and compensation to Gulf War veterans. He praised this Administration's quick response, especially compared to the "15 years it took to get anything for Agent Orange." However, the VFW has conducted a survey of more than 2,000 Gulf War veterans, which found that most have undiagnosed illnesses that are not being successfully treated. (This is not a random sample, but it is worrisome nevertheless.) The VFW does not blame the VA, but they do believe that the DOD is not providing VA with the information it needs to help determine the causes of these illnesses.

Veterans and Their Family Members

The First Lady has received many letters from Gulf War veterans and their spouses, and has spoken to some of these individuals on the telephone as well. They express frustration

with VA and DOD, and the writers clearly feel that the government has not done enough to address this health problem and that the government has not taken their concerns seriously enough. The specter of the government cover-up of the dangers of Agent Orange for Vietnam veterans is frequently mentioned.

One recurring theme is that doctors at the individual VA facilities minimize the seriousness of the patients' symptoms, are not particularly well informed about Gulf War illnesses, and sometimes even ignore the law that requires VA to provide free medical care to these veterans. For example, the President of the Gulf War Veterans of Massachusetts wrote on February 9, 1995: "Veterans are bitter, and many of the ones I speak to have concluded that they are never going to get any help from the VA system. Why? First, despite the laws which have been passed, and despite Secretary Brown's convictions, Gulf veterans are still frequently refused service in VA hospitals. The VA claims system is a disaster...(my own claim was lost for over a year, and 30 months have passed since I initially filed it.) One of the biggest problems which I have been trying to work with on a local basis is simple ignorance of the situation by many of the VA physicians who are treating us. During my Persian Gulf Registry exam in January 1994, the doctor who examined me had never heard of depleted uranium and did not believe me when I told him of the exposure." The VA is trying to ensure that doctors at all 171 VA medical centers are knowledgeable about Gulf War illnesses, but this goal has apparently not yet been realized.

The First Lady has also heard from veterans who have cancer or who report that an unusually large number of young Gulf War veterans have died of cancers or heart conditions. There is great fear that these fatal diseases were caused by service in the Gulf. Many veterans believe that the VA and DOD have not provided full and accurate information about deaths and diagnoses, and some staff from the agencies concur (off the record) with that assessment. There is currently no statistical evidence of an abnormally high number of cancers or heart disease among Gulf War veterans, but there are DoD and VA staff who claim (off the record) that there are worrisome data that have not been made public as yet, and that need to be analyzed by CDC or independent researchers. Veterans' support groups claim that several FOIA requests for such information have gone unanswered, or have been answered with information that is perceived to be inaccurate.

Lack of Effective Treatment

One of the major problems is that many of the undiagnosed illnesses do not respond to treatment. For example, some veterans complain of having diarrhea for 3 years, rashes that come and go but do not respond to treatment, or sensitivities to

chemicals that make it impossible to go to gas stations or sit in hospital waiting rooms. Women who are married to Gulf War veterans report constant vaginal infections and pain related to sexual intercourse; neither the cause nor an effective treatment has been determined. VA does not provide medical care to spouses, so many of these women do not have access to medical tests or treatment. This is especially true if the veteran is too ill to work. This lack of health care makes it especially difficult to determine whether these illnesses are unusual or whether the major problem is lack of appropriate medical care.

In cases where VA and DOD medical facilities have been unable to effectively treat Gulf War veterans, many veterans have sought care in the private sector. Some Gulf War veterans have complained that the VA and DOD facilities are too conservative in their testing and treatments, refusing to use such diagnostic tools as SPECT scans and brain mapping, or treatments such as vitamins or plasma pharesis. The countervailing point of view is that private sector doctors are taking advantage of the desperation of Gulf War veterans, by selling useless or even dangerous diagnostic tests or treatment.

According to well-respected scientists from across the country, there are no good diagnostic tools for determining chemical exposures to the brain, and such diagnostic tools as SPECT scan and brain mapping have limited usefulness. One of the veterans who is very ill is currently going to a private facility for plasma pharesis (a procedure whereby large quantities of plasma are removed from the patient and replaced with serum albumin) at a cost of $15,000/month. Several experts have claimed that such a painful, dangerous, and expensive treatment would be difficult to justify except on an experimental basis. So, thus far the academic experts have made statements that are consistent with VA decisions not to use those tests and treatment. However, the usefulness of treatments that have been devised for multiple chemical sensitivity and other controversial diagnoses are more debatable.

Compensation

Veterans who have disabilities that are associated with military service are entitled to monthly benefits from the VA. The maximum benefit is approximately $23,000/year for a veteran who is considered 100% disabled.

Approximately 14,000 claims have been filed by PGW veterans or their survivors for general VA benefits. Approximately 10% were from veterans claiming disabilities from exposure to environmental hazards, but very few of those claims were granted. This is partly a function of the lack of diagnosis for these symptoms, and partly because it is more difficult to prove that an illness is service-connected if it is not reported until after

a person leaves the military (battle wounds are obviously much easier to prove when filing a claim).

In November 1994, President Clinton signed a law (PL 103-446), whereby veterans whose illnesses are not diagnosed will, for the first time, be eligible to receive compensation if they can prove that they are disabled as a result of military service. The first compensation checks resulting from this law should be distributed **FEBRUARY 16.** However, proving disability may still be difficult, and it will be essential to monitor this program to make sure that veterans receive the compensation that they deserve.

Working as a Team With VA, DOD and HHS

Among the VA, DOD, and HHS officials and the Gulf War veterans there is agreement that more targeted and coordinated research is needed. The Defense Reauthorization Act and the Veterans' Persian Gulf War Benefits Act that President Clinton signed in October and November include some important new research efforts, including research on the possibility that the veterans's health problems are transmissible to spouses and offspring. It is important that these efforts go forward expeditiously.

The agency officials expressed their desire to work together to ensure that the needs of Gulf War veterans are met. They agreed that the Administration must convey to the American people that we recognize that there are serious questions that need to be resolved, and we are committed to working to address them. For example, Dr. Ken Kizer, the VA Under Secretary for Health, told the First Lady that some VA facilities are doing a better job than others, and indicated his strong commitment to improving that situation, so that all veterans receive the care they deserve.
He also is planning a major new effort to examine whether birth defects and reproductive problems are unusually prevalent among Gulf War veterans.

The First Lady suggested to Secretary Perry and Secretary Brown that together they visit appropriate sites, such as hospitals or research centers, to demonstrate the concern of this Administration and their commitment to working together to get answers and provide assistance to those who are suffering health problems from their service during the Gulf War. The First Lady's first such visit, to the VA Medical Center in Washington, DC, is scheduled for February 16. She will be accompanied by Secretary Brown and Dr. Kizer.

The First Lady believes that the agencies involved are making great efforts to improve the research and services for Gulf War veterans, but that the statements made by Department

officials are often perceived as defensive and less than candid. This may be partly because many of the career employees who are providing information to Department officials are themselves responsible for previous decisions. It is human nature to be reluctant to admit that mistakes might have been made; however, these mistakes were made during the previous Administration. Given the enormous publicity and the increased concerns that the veterans are expressing about the adequacy of the Administration response, it is essential to be more open and let veterans and the American people know that this Administration is not satisfied with the status quo.

Media Coverage and Inquiries

There have been numerous TV news magazine stories in the U.S., Canada, and Great Britain devoted to Gulf War illnesses, as well as major articles in People, Washington Post, USA Today, and many other newspapers and magazines. A few samples are attached. In addition, 60 Minutes is planning a story in March; the rumor is that they are devoting the entire 60 minutes to this one issue. As it becomes more widely known that the First Lady and President are getting more involved in the issue, there are a growing number of press inquiries that will need to be responded to.

Thus far, the media coverage has frequently been based on investigations done by the Senate and House Veterans' Affairs Committees, and the Senate Banking Committee. Several individual veterans and support groups have also been providing information to the media. At this point, there are several newspaper reporters who have considerable expertise on the issues, and have written numerous articles.

The media coverage has focused on the following general topics:

1. Several veterans who died after being told by the VA or DoD that there was nothing wrong with them.

2. Veterans and active duty service members who are very sick and unable to work and who report that VA or DoD physicians tell them that their illnesses are "not real," "in [their] heads," or caused by stress. If they are veterans, their need for disability compensation is discussed. If they are on active duty, the fact that they are afraid of being thrown out of the military is discussed.

3. Gulf War veterans who claim that they were exposed to chemical or biological weapons. In some cases they themselves detected chemical weapons, but the DoD claims such exposures never happened. There are several documents in circulation regarding these detections; in one case, a soldier received a

commendation for his accurate detection of chemical agents. These kinds of specific reports make the DoD denials seem like a cover-up.

4. Gulf War veterans who claim that they became ill after taking experimental drugs or vaccines that they were required to take by their superior officers. In some cases, their efforts to stop taking the pills after they became ill were thwarted by their superior officers.

5. Recent coverage has tended to emphasize reports that spouses are also ill, that many spouses have had miscarriages, and that offspring have died or have been born with serious and unusual birth defects as a result of the veterans' exposures.

6. A more technical focus, and one that 60 Minutes is likely to emphasize, is that DoD made mistakes that could have caused these illnesses. There are two major issues:

The first, which was first reported by Sen. Riegle, is that the State Department approved a private Rockville, Maryland company's request to provide biological agents to Iraq in the year prior to the Persian Gulf War. These samples could then have been used to make biological weapons to be used against US troops.

The second, first described in a report released by Sen. Rockefeller but not yet widely covered, is that the experimental pills (pyridostigmine bromide) that were distributed in an effort to protect US troops from chemical weapons such as soman, would have made US troops more vulnerable to chemical weapons such as sarin. Before the war, it was known that Iraq was likely to have soman and sarin. However, the only chemical weapon report that DoD has accepted as accurate, done by Czech troops, detected sarin.

7. The report released by Sen. Rockefeller also pointed out that the experimental vaccines and pills were not only potentially unsafe, they were used in ways that made them ineffective. For example, the US military did not have the supplies of botulism vaccine it needed when it sent US troops to the Persian Gulf. In addition, the botulism vaccine requires several inoculations, several weeks apart, in order to provide protection against botulism. Due to the shortage and other problems, the first botulism vaccine shots were not administered until January 1991; had Iraq actually used botulism as a biological weapon during the air war, most of the US troops would not have been protected.

The experimental pills, pyridostigmine bromide, also were of questionable usefulness as administered in the Gulf. These pills are only effective when used in conjunction with two other

products, atropine and 2-PAM. The pills must be taken prior to exposure to chemical weapons, whereas the atropine and 2-PAM must be administered after the chemical exposure. Unfortunately, the amount of atropine that is considered effective as an antidote is so debilitating that soldiers could not function if they took that much. Therefore, soldiers were given a much lower dose of atropine to use after exposure; it is unclear whether that lower dose would have provided adequate protection to prevent serious injury to US troops. Since US troops did not use the atropine, since they were told there were no chemical weapons to protect themselves from, there is no evidence regarding its effectiveness.

8. The Institute of Medicine report was generally very critical of the research that is underway at DOD and VA. Thus far, the two Departments have responded by either ignoring how critical the IOM report was, or by claiming that the IOM was unaware of their new, improved research efforts.

The media coverage has primarily focused on the suffering of the veterans, rather than the government's mistakes that are described in #6-8. These stories have been effective because many of the veterans and spouses interviewed have very compelling stories that have been very well presented and that would persuade most reasonable people. There is a core group of approximately one dozen veterans and spouses who have been interviewed repeatedly, although a few dozen others have been quoted in a few stories.

For example, Col. Herb Smith, a middle-aged veterinarian who served in the Persian Gulf War, was extremely healthy prior to the war and is undeniably extremely ill now. He is very knowledgeable about medical issues (due to his training) and able to present his story very well. Many of the younger veterans who have been interviewed are equally compelling because they were young and extremely healthy before the war, and now feel like old men despite being in their 20's. Many of those interviewed appear to have been exceptionally physically fit and dedicated to military service, so any claims that they are "faking it" seem especially outrageous. The spouses who have lost children are equally persuasive: they say things like "When my child died I was devastated, but I thought that 'these things can happen.' It wasn't until I heard of so many others with the exact same problem that I became suspicious." For the most part, they come across as smart and determined to help others, and not the least bit strident or hysterical.

The VA, DOD and HHS Response To most Americans, these stories seem heartbreaking and convincing. However, the scientists and officials at DOD, VA and HHS point out, correctly, that individuals do get cancer, chronic fatigue, or other illnesses "out of the blue" with no warnings, and that

miscarriages and birth defects are relatively common. If you follow 697,000 Americans (and their spouses and children) for a few years, whether they served in the Persian Gulf War or were farmers or teachers, some of them will suddenly become extremely ill for no apparent reason, and some of those who get pregnant will have miscarriages or children with birth defects.

Although the DOD, VA, and HHS scientists are correct that there are no data that prove that Gulf War veterans are more likely to be sick or have reproductive problems, their responses have often been counterproductive because they are perceived as cold-hearted and as a cover-up. Reporters ask "Do you <u>really</u> think this person would have become sick even if he (or she) hadn't gone to the Persian Gulf?" Although the Administration spokesperson is correct that the individual <u>might</u> have become sick anyway, he inevitably sounds cold-hearted, hard-headed, dishonest, and/or bureaucratic when he says yes. Thus far, Administration officials have not conveyed the level of concern, caring, or open-mindedness that would reassure the media or the public that these very sad, human stories are being taken seriously.

The Departments, especially DOD, has been equally ineffective in responding to the Congressional allegations regarding mistakes that DOD made that potentially could have caused these illnesses. If the reporter quotes a study that showed that women's use of pyridostigmine as a protection against chemical weapons was never studied by DOD, or that some of the men studied before the war had serious adverse reactions to pyridostigmine, it is not sufficient to say that DOD and FDA thought the drug was perfectly safe. If a reporter asks why a soldier received a commendation for detecting chemical weapons if no chemical weapons were there to detect, the DOD needs to have a reasonable, believable response. The best response might well be "We have recently become aware of those claims, and we are absolutely determined to find out what happened."

Certainly, a crucial first step is to conduct the research that will help us determine whether the illnesses and reproductive problems are unusual in terms of prevalence or patterns of illness. It is important for the Administration to emphasize the need for research, and at the same time admit that these stories are really compelling but we won't have facts until the research is done. Of course, it is important to emphasize that the research is underway and that the Administration will have some results soon.

The Administration needs to let the American people know that they fully share their concerns about the veterans whose illnesses are not responding to treatment. And of course, it is important to move as quickly as possible to make progress on these issues.

The White House may want to consider two very public announcements in the coming weeks:

A. DoD Press Conference:

1. The message needs to be that DoD is concerned that the safety of the long-term use of pyridostigmine, alone and in combination with stress, pesticides, and other toxic chemicals, was not adequately studied under the Reagan/Bush Administration prior to the Persian Gulf War. That is why new research is now underway. DoD can announce that research is underway, and that most of it will be peer reviewed, independent research. This will have implications for future soldiers, in addition to Gulf War veterans who are ill. Of course, any future use of these agents will be reviewed in light of the results. Dr. Steven Joseph could be in charge of this effort.

2. Announce that DoD has developed new policies to make sure that all service members are adequately warned about any potential side effects from any vaccines, drugs, pesticides, decontamination agents, and other toxic chemicals that they will come in contact with. Dr. Susan Bailey is the person in charge of this effort.

3. DOD could decide to withdraw their request to FDA for a permanent waiver of informed consent for the use of experimental drugs. [They may still request such waivers on a case by case basis]. This could be done by Executive Order, or Secretary Perry could make the decision. If the decision is made, it should be announced asap.

B. President (and Secretary Brown) Announces:

1. The President and/or Secretary Brown could request that the VA Inspector General or some other appropriate persons investigate allegations that some VA facilities are not providing appropriate free medical care to Gulf War veterans as required by law. VA does not have enough investigative staff to do this, and anyway, the IG is preferable because it is independent of VA.

2. The VA could decide that its PGW Hot Line will compile information about any reported problems regarding access to medical care or compensation, and Secretary Brown will ensure that information will be used by VA to improve those efforts. If this decision is made, it should be announced.

3. The lack of mortality statistics has angered some veterans groups. The VA could decide that, in response to requests from veterans groups, the VA will analyze data from PGW veterans who have died, and CDC will work with them to evaluate whether the number of deaths or diagnoses are unusual. If this is decided, it should be announced.

4. Announce that the VA will include information about ill spouses and children, including miscarriages and stillbirths, on the PGW Health Registry starting [insert date]. VA is already including information about birth defects. This will help provide information about whether an unusually large number of these problems are occurring. Dr. Ken Kizer has also proposed an even more ambitious surveillance system for reproductive problems among veterans, which he should announce.

5. Announce that the first compensation checks for undiagnosed illnesses will be sent in February. Feb. 16 is the likely date.

Blue Ribbon Panel

In addition to these other activities, the Administration could consider a new "blue ribbon" panel to examine these issues. This panel should have a broader mandate than the Lederberg panel, and should not include members who have contracts or consulting relationships with DOD or VA, or the chemical industry. In order to have credibility with veterans and the public, the panel should include scientific experts who have reputations as being consumer-oriented or absolutely objective. The panel should have an adequate staff that enables them to monitor the many activities of these three agencies for at least one year.

There have been several expert panels on Gulf War illnesses already, so this announcement may not be widely embraced unless it is seen as truly different from earlier efforts. For example, a "reinvented" blue ribbon panel could be less reliant on the expertise of a large number of extremely busy scientists. Unfortunately, such experts are often perceived as relying too heavily on the information provided by the agencies. Perhaps the focus should be on a small top-notch, independent investigative staff that is advised by a small number of well-respected experts, such as Admiral Zumwalt, a medical ethicist, and a small number of scientists.

VETERANS OF FOREIGN WARS OF THE UNITED STATES

cc: POTUS
MELANNE

file suggestion

OFFICE OF THE DIRECTOR

2/7/95

PERSONAL
&
CONFIDENTIAL

Hillary Rodham Clinton
Office of the First Lady
Old Executive Office Building
Washington, D.C. 20500

Dear Mrs. Clinton:

On behalf of the 2.1 million members of the Veterans of Foreign Wars, I thank you for taking the time to meet with us on the morning of February 3, 1995. I feel that the meeting was a positive one and I know our Commander-in-Chief concurs. In addition, I would like for you know what an honor and a privilege it was for me personally to have met you. It is by far one of the highlights of my professional career.

I am sure that with the President and yourself becoming more directly involved in the Persian Gulf Syndrome crisis we can reach a conclusive resolution. Furthermore, I believe this to be a sentiment shared by the Gulf War veterans who are ailing as a result of bravely serving this great nation of ours.

Again, I thank you for your time and attention to this important matter. Also, since I was unable to convey to you my personal support and praise for all you and the President have and are doing for our country, please allow me to do so now. You have my complete support.

I am Respectfully Yours,

Mark A. Fox

MARK A. FOX, Legislative Analyst
National Legislative Service

• WASHINGTON OFFICE •
VFW MEMORIAL BUILDING • 200 MARYLAND AVENUE, N.E. • WASHINGTON, D.C. 20002-5799
AREA CODE 202-543-2239 • FAX 202-543-6719

Gulf War

THE WHITE HOUSE

WASHINGTON

FEBRUARY 22, 1996

MEMORANDUM FOR MELANNE VERVEER

FROM: ALICE PUSHKAR

SUBJECT: LETTER RESPONSE FOR GULF WAR VETERANS

As we discussed earlier today, attached are the texts for the two letters sent in response to correspondence from Gulf War veterans and their families. Letter A was sent in response to letters from veterans. Letter B was sent in response to letters from family members of veterans. We sent these texts for a brief time last year. Then we were told by Diana Zuckerman to put the texts on hold. There was a problem with paragraph 3 in Letter C. The check mark we were told indicated the problem line. We were told that we would receive a substitute text. However, a new text was never supplied.

Any letter received from a veteran or family member of a veteran that outlines a health or benefits problem is automatically and immediately sent to the Office of Agency Liaison for referral to an appropriate government agency.

I would appreciate any suggestions that you might have for substitute texts for the attached letters.

LETTER A

Thank you for writing to share your experiences as a Gulf War veteran. I can assure you that the President is committed to helping the veterans who are ill, as well as their family members.

In recent months, the President and I have heard from many Gulf War veterans and their families, describing the frustration, anger, and fear that you experienced. The President asked me to look into the problems that have been described. Your concerns are very important to the President and his Administration.

I believe that the Administration has made important strides in the last few months. In November, President Clinton signed into law the Veterans' Benefits Improvements Act of 1994 which will make it easier for disabled Gulf War veterans to receive monthly compensation checks. The law will also require the Veteran's Administration to pay for medical tests for spouses and children whose illnesses may be related to a veteran's military service. These programs cannot solve all the many problems that Gulf War veterans are facing, but I am proud that the Administration is making unprecedented efforts to provide compensation for disabled veterans with undiagnosed illnesses and to help diagnose and understand the medical problems faced by their spouses and children.

In October, the President signed another law that will require the Department of Defense to fund research that will analyze the likely causes of Gulf War illnesses and determine the most effective treatments. This law also includes funding for research on the possible transmission of illnesses to spouses and offspring. The law requires that the research be done by independent researchers.

On March 6, the President announced that, in addition to all these steps he is creating a fully independent Advisory Committee to ensure that this Administration is doing all it can to help Gulf War veterans who are ill. This Advisory Committee will review all the government's efforts, including research, medical care, and diagnostic services, to make sure that programs work as they should.

Again, thank you for writing and sharing with me your concerns. Please be assured that the President is fully committed to addressing this important issue.

dept's comply

LETTER B

Thank you for writing to share your experiences as a family member of a Gulf War veteran. I can assure you that the President is committed to helping the veterans who are ill, as well as their family members.

In recent months, the President and I have heard from many Gulf War veterans and their families describing the frustration, anger, and fear that you experienced. The President asked me to look into the problems that have been described. Your concerns are very important to the President and his Administration.

I believe that the Administration has made important strides in the last few months. In November, President Clinton signed into law the Veterans' Benefits Improvements Act of 1994 which will make it easier for disabled Gulf War veterans to receive monthly compensation checks. The law will also require the Veteran's Administration to pay for medical tests for spouses and children whose illnesses may be related to a veteran's military service. These programs cannot solve all the many problems that Gulf War veterans are facing, but I am proud that the Administration is making unprecedented efforts to provide compensation for disabled veterans with undiagnosed illnesses and to help diagnose and understand the medical problems faced by their spouses and children.

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Again, thank you for writing and sharing with me your concerns. Please be assured that the President is fully committed to addressing this important issue.

PROPOSED HRC RESPONSE

LETTER C

Thank you for writing to share your experiences as a [family member of a] Gulf War veteran. I can assure you that the President is committed to helping the veterans who are ill, as well as their family members.

In recent months, the President and I have heard from many Gulf War veterans and their families describing the frustration, anger, and fear that you experienced. The President asked me to look into the problems that have been described. Your concerns are very important to the President and his Administration.

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Again, thank you for writing and sharing with me your concerns. Please be assured that the President is fully committed to addressing this important issue.

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. memo	To: Melanne From:n Diana re: Letter (1 page)	01/19/1996	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20034

FOLDER TITLE:
Gulf War II [1]

2013-0534-S
ry1552

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. letter	To: Ronald Blank from veteran re: gulf war illness (2 pages)	11/17/1995	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20034

FOLDER TITLE:
Gulf War II [1]

2013-0534-S
ry1552

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001c. letter	To Whom It May Concern from D. Kevin Asa re: veteran (1 page)	11/01/1995	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20034

FOLDER TITLE:
Gulf War II [1]

2013-0534-S
ry1552

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
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THE PRESIDENT HAS SEEN
8-17-97

THE WHITE HOUSE

WASHINGTON

February 10, 1995

MEMORANDUM FOR THE PRESIDENT

FROM: THE FIRST LADY

You asked me to look into the issue of Gulf War illnesses as a result of the letters the White House has been receiving, as well as the concerns directly raised with you by citizens. Many Gulf War veterans, it seems, have been left with the terrible impression that their country has forgotten them. I wanted to let you know what I have learned in the last several weeks, as I have been consulting with key government officials, Gulf War veterans and their families, and outside advocates. What I have found is that this remains a complex and elusive problem, frustrating both to those who suffer from debilitating illnesses and to the government officials working to address their problems.

Background Information:

There were 697,000 U.S. troops that served in the Persian Gulf War in 1990-91. Many had flu-like symptoms when they were there and after they came home, but it wasn't until more than a year later that concerns were raised about chronic illnesses by hundreds, and then thousands of PGW veterans, some of whom are still on active duty. Of particular concern are a variety of unexplained symptoms that do not fit any neat diagnosis.

Symptoms of the undiagnosed or "mystery illnesses" are varied, including chronic fatigue, memory loss, rashes, difficulty with sleeping, gastrointestinal disorders, allergies, respiratory problems, recurrent infections, headaches, joint pain, nasal discharge, tumors, and unusual bleeding.

Nobody knows what has caused these symptoms and it is likely that there are several causes, some of which may interact with each other. For example, if exposure to a chemical agent lowered a soldier's immune response, he or she would be more susceptible to infectious agents. The list of possible causes includes exposures to: toxic by-products from oil fires or tent heaters; depleted uranium; unapproved vaccinations and anti-nerve gas compound (pyridostigmine); infectious agents (leishmaniasis, malaria, brucellosis, giardiasis); chemical and biological

warfare; pesticides; microwaves; and special paints and solvents. An alternative explanation is post-traumatic stress disorder or stress.

What is particularly unusual is the growing number of reports of spouses and children who also appear to be ill with similar symptoms, as well as reported miscarriages and birth defects. Thus far, no well designed studies have been conducted to determine whether Gulf War veterans are more likely to have family members with these problems than other veterans. However, the VA and CDC have examined this issue with the limited data that are currently available, and they believe that there is no evidence to support these complaints.

VA and DOD Registries

PL 102-585 directed VA to establish a Persian Gulf War Veterans' Health Registry that could easily be cross-referenced with a Department of Defense (DoD) registry that had been previously established under the National Defense Authorization Act for FY 1992-1993. The purpose of the Registries was to gather information about individuals that would be useful in determining whether certain exposures or experiences (especially oil fires) resulted in certain illnesses.

Unfortunately, according to a report issued on September 30, 1993 by the Office of Technology Assessment (OTA), the VA and DoD registries are not well coordinated. Additionally, OTA indicated that the registries cannot be used to determine cause-and-effect relationships between illnesses and exposures. Because the registries were constructed with emphasis on oil fire exposure, the registries are much less useful for examining other potential exposures. Similarly, the medical testing performed through the VA Registry were not relevant to the diagnosis of disorders that have now been associated with the mystery illnesses (i.e., immune dysfunction, neurologic disease, chemical sensitivities).

Of the 697,000 U.S. troops serving in the Persian Gulf war, more than 337,500 are now veterans. Approximately 40,000 veterans are currently enrolled in the VA Registry, and 85% of them are sick. Of those studied thus far, 17% complain of fatigue, 17% have rashes, 14% have unusual headaches, 14% have muscle or joint pain, and 11% have loss of memory, and 8% have shortness of breath. It is unknown how many of these have undiagnosed illnesses.

NIH Workshop on Persian Gulf War Illnesses

In April 1994, several Federal agencies co-sponsored a workshop at NIH, where a panel of experts listened to testimony from Government experts, veterans, and scientists.

They issued a report that concluded that Gulf War veterans were suffering from undiagnosed illnesses of unknown origins, but

that there was no single entity that could be reasonably called "Gulf War Syndrome." They recommended that more research be done.

Recent Reports

In June 1994, the Task Force on Persian Gulf War Health Effects of the Defense Science Board, chaired by Dr. Joshua Lederberg, issued its report on the possible exposure of US troops to chemical or biological weapons or other hazardous agents. The report concluded that there was no evidence that US troops were exposed to chemical or biological weapons, and that "the overall health experience of US troops in Operation Desert Storm was favorable beyond previous military precedent." The report also recommended "substantial improvements" in medical assessments of US troops before and after deployment, to enable DOD and VA to better assess the health effects of military service.

Although some of its findings received wide support, the report was criticized by veterans and Congress because some of its information was based on DoD reports that were not considered credible. For example the report stated that less than one tenth of one percent of the Gulf War troops have reported undiagnosed illnesses. Although the exact number is unknown, this number is considered by many to be unrealistically low and contributed to the perception of the report as a "DOD cover-up." Dr. Lederberg is a very well respected Nobel Laureate, but his selection was criticized because he has financial ties to DOD.

PL 102-585 also required VA and DoD to contract with the Institute of Medicine's Medical Follow-up Agency (MFUA) to review existing scientific, medical, and other information on the health consequences of military service in the Persian Gulf theater of operations.

The Institute of Medicine issued an interim report in January 1995. They concluded that research was needed to determine the prevalence and likely causes of Gulf War illnesses. They criticized the VA and DOD research that was underway as not adequately peer reviewed and concluded that the quality of the data was questionable.

The Senate Veterans Affairs Committee, chaired by Sen. Jay Rockefeller, issued a staff report in December 1994 that concluded that investigational drugs and vaccines were inappropriately distributed to US troops during the Persian Gulf War. Prior to the war, DOD obtained permission from FDA to use pills (pyridostigmine) in a way that was not proven safe or effective and a botulism vaccine that was not proven safe or effective. The report concluded that U.S. troops were not adequately informed of the possible risks of the drugs or

vaccines (as required by law), and that the vaccines and drugs were used in such a way that they probably would not have provided adequate protection against biological or chemical weapons.

The Senate report expressed strong concern that the pyridostigmine, which was intended to protect against chemical weapons, may have caused adverse reactions in some individuals, or may have enhanced the toxic effects of insecticides or other chemicals that were widely used in the Gulf.

Sen. Donald Riegle, Jr. issued two reports claiming that allied troops were exposed to chemical warfare, resulting from scud missile attacks or U.S. military bombing of Iraq's chemical warfare plants at a time when down-winds were unfavorable.

My meetings with DOD, VA and HHS

In January, I met with key officials from the DoD, VA, and HHS to discuss how best the Administration can respond to the concerns that have been raised. The agencies have been very engaged in addressing this issue. They are trying to improve medical evaluations and services for Gulf War veterans, conduct research that will enable them to better understand the causes of the illnesses, and provide compensation to veterans who are disabled. I received assurances that the departments are moving quickly to implement legislative provisions that you signed into law in October and November.

However, in the course of these meetings, I also learned that some of the research that the law requires to be conducted by independent researchers (such as university scientists) under grants from DoD was mistakenly being conducted by DoD. Deputy Secretary John Deutch assured me that this could be corrected, and suggested that he might ask NIH to assist DoD with a peer review system for these grants. I raised this issue with Dr. Phil Lee, the Assistant Secretary of Health at HHS, who agreed that PHS has much more expertise with peer review of grants than DOD.

Agency officials report that they are doing their best under difficult circumstances and feel besieged by Congress and the media. They claim that anecdotes, while compelling, do not constitute scientific evidence, and that Congress and the media are taking these anecdotes too seriously. In contrast, well respected scientists have testified before Congress that these "anecdotes" should be considered case studies, and point out that they may well be the first sign of significant health problems that will become obvious when research is finally conducted.

Meeting with Veterans' Service Organization Representatives

I also have had meetings with officials from the American Legion and the Veterans of Foreign Wars. Both of these meetings have been extremely helpful in helping me understand how the veterans view our Administration's role in helping Gulf War veterans. For example, I met with Steve Robertson, who is Legislative Director of the American Legion, and is himself a Gulf War veteran with multiple undiagnosed illnesses. One of his concerns was the DoD and VA view that stress was the main cause of these symptoms. He made it clear that he had experienced extreme stress in previous deployments (he gave the example of the possibility that he would have to "push the button" to launch nuclear weapons at the Soviet Union) and made it clear that his Persian Gulf experience was not at all stressful in comparison. He recited a long list of potential toxic exposures that were common in the Gulf; for example, pesticides that were sprayed everywhere, including on cooking utensils. He is very concerned that the combination of these exposures could have been much more toxic than any would have been individually. The Executive Director of the Legion, John Sommer, was clearly supportive of Steve's views.

In talking to the Commander of the Veterans of Foreign Wars (Gunner Kent) and their staff, I was assured that the VFW appreciates the legislative efforts that you and the VA have made to provide medical care and compensation to Gulf War veterans. He praised this Administration's quick response, especially compared to the "15 years it took to get anything for Agent Orange." However, the VFW has conducted a survey of more than 2,000 Gulf War veterans, which found that most have undiagnosed illnesses that are not being successfully treated. (This is not a random sample, but it is worrisome nevertheless.) The VFW does not blame the VA, but they do believe that the DOD is not providing VA with the information it needs to help determine the causes of these illnesses.

Veterans and Their Family Members

I have received many letters from Gulf War veterans and their spouses, and have had the opportunity to speak to some of these individuals on the telephone as well. They express great frustration with VA and DOD, and they clearly feel that the government has not done enough to address this health problem and that the government has not taken their concerns seriously enough. The specter of the government cover-up of the dangers of Agent Orange for Vietnam veterans is frequently mentioned.

One recurring theme is that doctors at the individual VA facilities minimize the seriousness of the patients' symptoms, are not particularly well informed about Gulf War illnesses, and sometimes even ignore the law that requires VA to provide free medical care to these veterans. For example, the President of the Gulf War Veterans of Massachusetts wrote on February 9, 1995:

"Veterans are bitter, and many of the ones I speak to have concluded that they are never going to get any help from the VA system. Why? First, despite the laws which have been passed, and despite Secretary Brown's convictions, Gulf veterans are still frequently refused service in VA hospitals. The VA claims system is a disaster...(my own claim was lost for over a year, and 30 months have passed since I initially filed it.) One of the biggest problems which I have been trying to work with on a local basis is simple ignorance of the situation by many of the VA physicians who are treating us. During my Persian Gulf Registry exam in January 1994, the doctor who examined me had never heard of depleted uranium and did not believe me when I told him of the exposure."

I have also heard from veterans who have cancer or who report that an usually high number of young Gulf War veterans have died of cancers or heart conditions. There is great fear that these fatal diseases were caused by service in the Gulf. Many veterans believe that the VA and DOD have not provided full and accurate information about deaths and diagnoses, and some staff from the agencies concur (off the record) with that assessment. I don't think that anyone knows whether there is statistical evidence of an abnormally high number of cancers or heart disease among Gulf War veterans, but it seems to me the thing to do is make sure that kind of information is available to the public, and properly analyzed by CDC. According to reports I have heard, several FOIA requests for such information have gone unanswered, or have been answered with information that is perceived to be inaccurate.

Lack of Effective Treatment

One of the major problems is that many of the undiagnosed illnesses do not respond to treatment. For example, some veterans complain of having diarrhea for 3 years, rashes that come and go but do not respond to treatment, or sensitivities to chemicals that make it impossible to go to gas stations or sit in hospital waiting rooms. Women who are married to Gulf War veterans report constant vaginal infections and pain related to sexual intercourse; neither the cause nor an effective treatment has been determined. VA does not provide medical care to spouses, so many of these women do not have access to medical tests or treatment. This is especially true if the veteran is too ill to work. This lack of health care makes it especially difficult to determine whether these illnesses are unusual or whether the major problem is lack of appropriate medical care.

In cases where VA and DOD medical facilities have been unable to effectively treat Gulf War veterans, many veterans have sought care in the private sector. Some Gulf War veterans have complained that the VA and DOD facilities are too conservative in their treatments. The countervailing point of view is that

private sector doctors are taking advantage of the desperation of Gulf War veterans, by selling useless or even dangerous diagnostic tests or treatment.

My staff has called scientists from across the country to learn more about the controversial treatments that Gulf War veterans are receiving in the private sector. Thus far, the experts suggest that there are no good diagnostic tools for determining chemical exposures to the brain, and that such diagnostic tools as SPECT scan and brain mapping have limited usefulness. One of the veterans who is very ill is currently going to a private facility for plasma pharesis at a cost of $15,000/month. Several experts have claimed that such a painful, dangerous, and expensive treatment would be difficult to justify except on an experimental basis. So, thus far the academic experts have made statements that are consistent with VA decisions not to use those tests and treatment. However, the usefulness of treatments that have been devised for multiple chemical sensitivity and other controversial diagnoses are more debatable.

Compensation

Veterans who have disabilities that are associated with military service are entitled to monthly benefits from the VA. The maximum benefit is approximately $23,000/year for a veteran who is considered 100% disabled.

As of ____ 1994 there were approximately ____ claims filed by PGW veterans or their survivors for general VA benefits. Approximately 10% were from veterans claiming disabilities from exposure to environmental hazards, but very few of those claims were granted. This is partly a function of the lack of diagnosis for these symptoms, and partly because it is more difficult to prove that an illness is service-connected if it is not reported until after a person leaves the military (battle wounds are obviously much easier to prove when filing a claim).

Thanks to the law that you signed in November (PL 103-), veterans whose illnesses are not diagnosed will, for the first time, be eligible to receive compensation if they can prove that they are disabled as a result of military service. The first compensation checks resulting from this law should be distributed in March. However, proving disability may still be difficult, and it will be essential to monitor this program to make sure that veterans receive the compensation that they deserve.

Working as a Team With VA, DOD and HHS

Among the VA, DOD, and HHS officials and the Gulf War veterans there is wide agreement that more targeted and coordinated research is needed. The Defense Reauthorization and the Veterans' Persian Gulf War Benefits Act that you signed in October and November include some important new research efforts, including research on the possibility that the veterans's health problems are transmissible to spouses and offspring. It is important that these efforts go forward expeditiously.

The agency officials expressed their desire to work together to ensure that the needs of Gulf War veterans are met. We agreed that we must convey to the American people that the Administration recognizes that there are serious questions that need to be resolved, and we are committed to working to address them. For example, Dr. Kizer, the VA Under Secretary for Health, admitted that some VA facilities are doing a better job than others, and indicated his strong commitment to improving that situation, so that all veterans receive the care they deserve. He also is planning a major new effort to examine whether birth defects and reproductive problems are unusually prevalent among Gulf War veterans.

As you said when you asked me to follow up on this issue, we must do our very best to guarantee that the concerns of our veterans who served our nation so nobly in the Gulf are addressed properly and honestly, with the compassion their cases merit. This must be our collective guiding principle.

I suggested to Secretary Perry and Secretary Brown that together we visit appropriate sites, such as hospitals or research centers, to demonstrate the concern of this Administration and our commitment to working together to get answers and provide assistance to those who are suffering health problems from their service during the Gulf War. My first such visit, at the VA Medical Center in Washington, DC, is scheduled for February 14.

I believe that the agencies involved are making great efforts to improve the research and services for Gulf War veterans, but that the statements made by Department officials are often perceived as defensive and less than candid. This may be partly because many of the career employees who are providing information to Department officials are themselves responsible for previous decisions. It is human nature to be reluctant to admit that mistakes might have been made; however, these mistakes were made during the previous Administrations, and we should be willing to admit that they occurred and that we must and will do better in the future. Given the enormous publicity and the increased concerns that the veterans are expressing about the

adequacy of the Administration response, I believe it is essential to be more open and let veterans and the American people know that we are not satisfied with the status quo.

I believe we can move ahead to immediately reassure the veterans and the public by moving quickly on some new initiatives, and making those initiatives public. We need to let the American people know that we are just as concerned as they are about the veterans whose illnesses are not responding to treatment. And of course, we need to move as quickly as possible to make progress on these issues.

I suggest that we consider two very public announcements in the coming weeks:

A. DoD Press Conference:

1. The message needs to be that DoD is concerned that the safety of the long-term use of pyridostigmine, alone and in combination with stress, pesticides, and other toxic chemicals, was not adequately studied under the Reagan/Bush Administration prior to the Persian Gulf War. That is why new research is now underway. DoD can announce that research is underway, and that most of it will be peer reviewed, independent research. **This** will have implications for future soldiers, in addition to Gulf War veterans who are ill. **Of course, any future use of these** agents will be reviewed in light of the results. Dr. Steven Joseph could be in charge of this effort.

2. Announce that DoD has developed new policies to make sure that all service members are adequately warned about any potential side effects from any vaccines, drugs, pesticides, decontamination agents, and other toxic chemicals that they will come in contact with. Dr. Susan Bailey is the person in charge of this effort.

3. I believe that DOD should announce that they have withdrawn a request for a permanent waiver of informed consent for the use of experimental drugs. [They may still request such waivers on a case by case basis]. This could be done by Executive Order, or Secretary Perry could make the decision.

B. President (and Secretary Brown) Announces:

1. You and/or Secretary Brown could request that the VA Inspector General investigate allegations that some VA facilities are not providing appropriate free medical care to Gulf War veterans as required by law. VA does not have enough investigative staff to do this, and anyway, the IG is preferable because it is independent of VA.

2. The VA PGW Hot Line will compile information about any reported problems regarding access to medical care or compensation, and Secretary Brown will ensure that information will be used by VA to improve those efforts.

3. The lack of mortality statistics has angered some veterans groups. The VA could announce that, in response to requests from veterans groups, the VA will analyze data from PGW veterans who have died, and CDC will work with them to evaluate whether the number of deaths or diagnoses are unusual.

4. The VA will include information about ill spouses and children, including miscarriages and stillbirths, on the PGW Health Registry starting [insert date]. VA is already including information about birth defects. This will help provide information about whether an unusually large number of these problems are occurring. Dr. Ken Kizer has also proposed an even more ambitious surveillance system for reproductive problems among veterans, which he should announce.

5. Announce that the first compensation checks for undiagnosed illnesses will be sent in March.

Blue Ribbon Panel

I also believe that we should consider a new "blue ribbon" panel to examine these issues. This panel should have a broader mandate than the Lederberg panel, and should not include members who have contracts or consulting relationships with DOD or VA, or the chemical industry. In order to have credibility with veterans and the public, we need to make sure that the panel includes scientific experts who have reputations as being consumer-oriented or absolutely objective. The panel should have an adequate staff that enables them to monitor the many activities of these three agencies for at least one year.

We may want to consider "reinventing" the concept of a blue ribbon panel to make it less reliant on the expertise of a large number of extremely busy scientists. Unfortunately, such experts are often perceived as relying too heavily on the information provided by the agencies. Perhaps the focus should be on a small top-notch, independent investigative staff that is advised by a small number of well-respected experts, such as Admiral Zumwaldt, a medical ethicist, and a small number of scientists.

cc: Leon Panetta
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Nerve Gas Protection, 'Gulf War Syndrome' Link Explored

Melanne – What – if anything – should I say or do about this? Love

By David Brown
Washington Post Staff Writer
Tuesday, October 19, 1999; Page A3

The use of the drug pyridostigmine bromide (PB) by 250,000 soldiers during the Persian Gulf War "cannot be ruled out" as a cause of lingering illnesses in some veterans, according to a new report prepared for the Defense Department.

Numerous hypotheses of how the drug--which was given to protect against the nerve gas soman--might produce lingering symptoms years after exposure are "scientifically viable," wrote the author. "This does not imply that it is necessarily a causal factor, only that the possibility cannot be dismissed," said Beatrice Alexandra Golomb of Rand Corp., a California think tank.

The 385-page review of the scientific literature on PB will be presented today at a press conference at the Pentagon. It is the latest development in an arduous search for causes of numerous ill-defined ailments collectively known as "Gulf War syndrome" afflicting some veterans. About 697,000 men and women served in the Gulf in 1990 or 1991. The number with chronic symptoms since then is unknown.

The Rand study reviewed about 1,000 published studies on the drug, which was taken in varying doses--often not more than a few times--during the Gulf War. Compared to reviews done previously, it gives somewhat more credence to the hypothesis that PB could cause chronic illness.

The drug increases the activity of acetylcholine, a neurotransmitter involved in muscle activity, cognition and various functions of the respiratory and digestive systems. It's been used for decades, at much higher doses than those given to soldiers, to treat the neurological disease myasthenia gravis. Neither people with that ailment, nor healthy volunteers who've taken PB experimentally, are known to suffer Gulf War syndrome-like symptoms.

Among the issues the Rand report said are worth studying further are these:

* Were there conditions present in the Gulf War that might have made PB toxic? An Israeli study concluded that in times of psychological stress, more of the drug enters the brain than usual.

* Do individuals respond differently to the drug? One study found that people who recalled having a strong, immediate reaction to PB were more likely to have chronic symptoms.

* Were there unusual interactions between PB and other chemicals, such as insect repellants and insecticides? Studies with lower animals have found synergistic effects. However, the report noted that in a study that showed nervous system damage, hens were exposed to the equivalent of 467 PB pills, 1,667 cans of the insecticide permethrin, and 76 tubes of the repellant DEET. Future studies should use more "physiologically plausible" doses.

* The myriad mood, sleep and cognitive complaints of some veterans "could be manifestations of prolonged dysregulation" of the acetylcholine system--if PB can cause such dysregulation. The answer is unknown and urgently needed, the report said.

The Defense Department has spent $100 million on Gulf War health research since 1994, and has about $17 million worth of studies on PB underway. "We are confident that as we move forward with this funded research, we will address these concerns," said Bernard Rostker, head of the Pentagon's office on Gulf War illnesses. He and Sue Bailey, assistant secretary of defense for health affairs, said unanswered questions about PB shouldn't necessarily exclude it from future use.

"PB at the moment is the best protection against soman, which is particularly deadly, very fast-acting and not susceptible to conventional treatment," said Bailey. "I feel no hesitancy to use any drug that would protect our troops against a deadly threat."

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DRAFT

October 24, 1997

Informal Memorandum

TO: Samuel Berger
Thurgood Marshall, Jr.
Jack Gibbons
Melanne Verveer

FM: Paul Busick

SUBJ: Rollout Plan for the Special Report of the Presidential Advisory Committee (PAC) on Gulf War Veterans' Illnesses

Tab A is the Presidential decision memo outlining our proposal for a Presidential radio address to acknowledge receipt of the PAC Special Report, and announce two major decisions improving health and compensations programs for both active duty personnel and veterans. It asks the President to approve two aspects of the PAC report: (1) appointment of an independent oversight group to monitor the remaining DOD investigations. and, (2) approval of a permanent legislative program for health care and compensation for Gulf War veterans.

The proposed date for the radio address is 7 November, 1997. This should allow the President to reiterate his commitment to veterans just prior to Veterans Day, and place emphasis on the aspects of the Gulf War illnesses issue squarely where most veterans want it, on improving health care and compensation programs.

I recommend you initial the attached decision memo.

Attachments

Tab A Presidential Decision Memo

Copy: Sylvia Matthews
Stephanie Street

October 24, 1997

ACTION

MEMORANDUM FOR THE PRESIDENT

THROUGH: THE EXECUTIVE CLERK

FROM: SAMUEL R. BERGER
JOHN H. GIBBONS
THURGOOD MARSHALL, JR.
MELANNE VERVEER

SUBJECT: Rollout Plan for the Special Report of the Presidential Advisory Committee (PAC) on Gulf War Veterans' Illnesses

Purpose

The special report of the Presidential Advisory Committee (PAC) on Gulf War Veterans' Illnesses is due October 31, 1997. This memorandum requests a decision on the nature of the report rollout and the related issue of continued independent oversight of DOD's investigative efforts.

Background

The PAC received a mandate in May 1995 to review relevant research, medical treatment, outreach, risk factors, chemical and biological agent detections, and interagency coordination. You extended the PAC until October 1997 to complete this mandate and provide oversight of DOD's intensifying investigative effort. In May 1997, we extended the Gulf War Illnesses Directorate to maintain White House focus on this issue.

The report is generally positive on the overall efforts of the agencies, especially commending the coordination which has been facilitated by the Persian Gulf Veterans Coordination Board. The special report contains pointed criticism of DOD's investigations of possible chemical and biological exposures, asserts DOD bias in its investigations, and takes the position that DOD's early missteps have resulted in a serious credibility problem. The PAC discusses having an independent entity take over the investigative process, but recommends continued independent oversight of DOD's investigations of chemical warfare agent incidents. The criticism is likely to dominate the press focus. The PAC DOD has completed eight investigations of reported

cc: Vice President
Chief of Staff

chemical agent incidents and current plans call for an additional 12 chemical/biological warfare investigations to be completed by September 1998. Based on the investigations and information to date, we do not expect any new, large-scale announcements. We believe that DOD must do the investigations. They are responsible and accountable for what happened in the Gulf War. Rather than standing up an independent entity to conduct investigations, we feel that outside, independent oversight is more appropriate, and DOD welcomes it. Key Veterans Service Organizations (VSOs) assure us they are comfortable with DOD's investigative efforts. Their primary focus is on the health care and compensation issues that concern veterans and their families.

In addition, the PAC *Special Report* recommends that the Department of Veterans Affairs (VA) work with Congress to create a permanent statutory program for Gulf War veterans. Under this program, the VA would contract with the National Academy of Sciences (NAS) to review the scientific research. On the basis of their review, NAS will summarize any scientific evidence of association between Gulf War veterans' illnesses and (1) Gulf War Service, or (2) exposures that have been determined by NAS to be biologically plausible. The NAS would also be charged to make recommendations for further research on the health consequences of Gulf War service. VA has drafted a legislative proposal (Tab A). OMB has reviewed the legislative proposal and is satisfied with the draft in its present form. The proposal has no "pay-go" implications. VSOs have seen this PAC recommendation and are generally supportive of VA's legislative approach. VA has begun to coordinate their efforts with VSOs and Congressional staff. Senator Rockefeller (D-WVA) has already announced plans to introduce similar legislation, and VA will work with his staff to try to coordinate our legislative proposal.

Our primary communications strategy is to receive the PAC report and shift the focus of the debate away from criticisms of investigations toward concrete actions that ensure our Gulf War veterans get the health care and compensation they deserve.

Proposal

In our view, your establishment of the PAC and the prominence of the underlying issue of government credibility argue for your involvement. We have proposed a radio address in early November to highlight your continued interest and attention to the issue in which:

- You would acknowledge that you have received the report, thank the PAC for their hard work and underscore your commitment to veteran's health care and compensation benefits.

- You would describe the Administration's efforts to date emphasizing the importance of health care issues and announce support for the following PAC recommendations:

Health Care/Research

1. Reinforce the need for better health surveillance and controls for our troops as one of the major lessons learned from the Gulf War. Announce a new DOD effort to improve its Medical Surveillance and investigational drug use programs.

2. DOD, HHS, and VA will implement a risk communications program that will inform Gulf War Veterans of available health care and compensation benefits and update them on the progress of the government's coordinated research program.

3. VA/DOD will support the PAC recommendations for improving patient care management and return in 45 days with a plan for implementation.

4. HHS/FDA will agree with the timetable suggested by the PAC to finalize, amend, or revoke FDA's interim final rule on waiver of informed consent for the use of investigational products during military exigencies.

5. Creation of a permanent, statutory program for Gulf War veterans.

Investigations

6. Emphasize the need for DOD to continue to investigate chemical and biological incidents in the Gulf War. Announce appointment of an independent oversight board to focus on DOD's remaining investigations. (Former Senator Warren Rudman, Admiral Elmo Zumwalt, and a few others would make up a board with a small staff funded by DOD.)

7. Finally, you will give the agencies 45 days (until December 15) to develop programs responsive to the remaining PAC recommendations.

- We will work with the First Lady's Staff to develop a public appearance shortly after your radio address to begin putting a human face on the issue and again emphasize the health care, compensation and research aspects of Gulf War Illnesses (GWI). NSC/GWI is working with the First Lady's office and VA for an appropriate venue.

RECOMMENDATIONS

That an independent group be appointed with a charter to provide oversight of the remaining DOD investigations.

Approve _____

Disapprove _____

That you support a permanent legislative program for health care and compensation for Gulf War Veterans.

Approve _____

Disapprove _____

Attachment
Tab A VA's Draft Legislative Proposal

file Gulf War

1430 4 March 1997

URGENT

Informal Memorandum

FM: Fred Rosa (NSC/GWI)

TO: Cliff Gabriel (OSTP)
Anne McGuire (Cabinet Affairs)
Laura Marcus (Office of the Chief of Staff)
Nicole Rabner (Office of the First Lady)

SUBJ: Transmittal to the President of the Action Plan in Response to the Recommendations in the Final Report of the Presidential Advisory Committee (PAC) on Gulf War Veterans' Illnesses

1. Forwarded herewith is the just-received final draft of the integrated Action Plan in response to the PAC's detailed recommendations. This document responds to the President's direction to DOD, HHS, and VA to develop and forward an implementation plan within 60 days of his January 7, 1997 acceptance of the PAC Final Report.

2. This final draft was prepared by the Persian Gulf Veterans Coordinating Board (PGVCB), with initial inputs and several rounds of concurrent clearance comments from DOD, HHS, and VA. The draft is once again with the three departments, with the target of obtaining the signatures of the three Secretaries on an appropriate transmittal letter by this Thursday.

3. Please review this final draft to determine whether there are any significant issues which should be raised in time to amend the document prior to transmittal by the Secretaries. With apologies for not having this document available sooner, I need your feedback on any significant issues by COB tomorrow (Wednesday).

4. Finally, please note that there is ongoing consideration of a possible Presidential announcement late this week relating to Gulf War illnesses. The announcement might focus on: (a) receipt of this Action Plan; and/or (b) Secretary Brown's expected recommendation as to whether the current two-year limitation with respect to the compensation entitlement of Gulf War veterans with undiagnosed illnesses should be extended.

5. Thank you for your assistance!

Enclosure

THE PERSIAN GULF VETERANS COORDINATING BOARD ACTION PLAN

WITH RESPECT TO

THE FINAL REPORT OF

THE PRESIDENTIAL ADVISORY COMMITTEE ON GULF WAR VETERANS' ILLNESSES (PAC)

CHAPTER 2: THE GOVERNMENT'S RESPONSE

Findings and Recommendations Regarding Outreach

Finding 2-1: In their geographic areas, Vet Center staffs have established working relationships with the veterans community, veterans service organizations, local municipal and state veterans liaison offices, in-region Guard and Reserve units, community social services organizations, local VA medical center personnel, and military establishments. These relationships enable Vet Centers to provide education and outreach to local communities about issues and clinical programs concerning Gulf War veterans, and a significant number of Gulf War veterans use their services.

Finding 2-2: The outreach initiative of VA's Persian Gulf Family Support Program was an effective method of communicating information about Gulf War veterans illnesses--in particular the established government clinical programs--to veterans, Reservists, National Guard members, and local communities. The outreach component used trained, knowledgeable personnel in the field to establish a communication network with the community and deliver specific information directly to Gulf War veterans.

Recommendation: DOD and VA should follow the model of field-based outreach demonstrated in the Vet Centers and the Persian Gulf Family Support Program when developing health education and risk communication campaigns for active duty service members, Reserve and Guard personnel, and other veterans. General, less specific outreach methods--e.g., hotlines and public service announcements--should be viewed as an important supplement, but not as replacements.

Response: Concur. After the conclusion of the Persian Gulf War in 1991, Vet Center services were made available to those who served in the Persian Gulf. Vet Centers had seen over 25,000 Persian Gulf veterans by the summer of 1992. This prompt response by the Vet Centers to the acute Post-Traumatic Stress Disorder (PTSD) and other post-war readjustment difficulties, such as family and employment problems, illustrates VA's commitment to early intervention and outreach. As of September 30, 1996, Vet Centers have seen more than 74,000 Persian Gulf veterans.

VA can apply the same successful Vet Center strategy of targeting specific veteran populations, developing intensive networks, and creating referral relationships with other community agencies to formulate health education and risk communication campaigns. These field-based risk communication and health education outreach programs will be directed specifically at Persian Gulf veterans, and Reserve and Guard personnel. Persian Gulf veterans and their families will be invited to participate, as appropriate, in future VA outreach and focus sessions,

so VA can provide them with risk communication and health education information and learn more about their health-care needs.

VA's annual National Training Program conferences update VA medical center Persian Gulf Registry physicians, health care professionals, and Vet Center service providers on the latest information available from the clinical and scientific studies of Persian Gulf veterans' illnesses. Risk communication and health education issues will continue to be included in future National Training Program continuing medical education conferences. VA health-care providers attending these conferences will be able to recognize the most common symptoms and diagnoses of Persian Gulf veterans and communicate potential health risks of Gulf War service to their patients.

DoD agrees that a strengthened "field-based" outreach system is needed to address post-deployment follow-up. Likewise, DoD has in place an extensive system available for outreach to active duty service members and their families and to Reserve and Guard personnel who are currently associated with DoD. DoD is committed to better using that system, including the command structure, both for Gulf War veterans and for future post-deployment follow-up. As one example, with respect to active duty personnel and their families, DoD will use the Family Service Centers which can achieve the effectiveness of the VA field-based model. Liaison between the ASD/Health Affairs and the Assistant Secretary of Defense (Force Management Policy) Personnel Support, Families and Education will result in a more effective strategy to use existing organizational resources to ensure appropriate dissemination of information. DoD will also make better use of its health personnel with respect to health education and risk communication. These health personnel, including frontline medics, are located throughout the world with our active duty personnel and are supporting active duty personnel and their families on a daily basis.

The Office of the Special Assistant for Gulf War Illnesses has in place an outreach office which aggressively performs call-backs to follow-up on hotline calls. This is the first over-arching-DoD effort to establish two-way communication in the form of a true dialogue versus receiving information only. These call backs not only provide an in-depth debrief, also for the future, a single point of contact between the Office of the Special Assistant for Gulf War Illnesses and the reporting Gulf War veteran. The process involves the veteran in the incident investigation process in a significant and meaningful way. DoD's medical treatment facilities (MTF) at military installations nationwide offer medical outreach and treatment for Gulf War veterans. As service members call the Comprehensive Clinical Evaluation Hotline, their first call-back is from the nearest MTF to schedule their evaluation.

DoD is in the process of developing a new more proactive GulfLINK website to include adding a Frequently Asked Questions (FAQ) page to address some of the common concerns of those who served in the Gulf, their family members, and the general public. Two way E-mail will also be added to GulfLINK to allow users to quickly query experts from the Office of the Special

Assistant and receive an expeditious reply. The intent is to publish all available public information as well as periodic status reports on investigations in progress in a timely manner.

DoD will employ nationally recognized experts in the field of risk communications to develop a DoD strategic plan that is: 1. fully coordinated and integrated with the PGVCB plan; 2. provides for the conduct of risk communication training for all DoD personnel involved with direct public interface; 3. seeks the advice of experts on specific events or issues affecting our veterans; and, 4. allows for the review of all products to ensure the most effective dissemination of information. Additionally, DoD recognizes that feedback is an important aspect of risk communication and will ensure the measures are in place to evaluate the effectiveness of this communication plan.

VA has a long-standing relationship and communication network with Veterans Service Organizations. Additionally the Office of the Special Assistant for Gulf War Illnesses is establishing relationships with member organizations of the Military Coalition that are critical to providing information at the local level. The objective is to share information with the Military Coalition Organizations nationwide, and to invite their participation in information-sharing, investigations and search for solutions process. This includes encouraging publications of information in Military Coalition organization newsletters and magazines, presentations and briefs, and demonstrations of military equipment that pertains to the detection and identification of chemical warfare agents.

The PGVCB will incorporate these activities into the comprehensive risk communication plan.

Finding 2-3: Ninety percent of separating active duty service members attend Transition Assistance Program (TAP) workshop briefings conducted jointly by DoD, VA, and DOL. VA benefits briefings during the TAP workshop could be an effective method of outreach about DoD and VA programs for evaluating Gulf War veterans illnesses, yet there is no evidence their clinical programs receive mention.

Recommendation: VA should direct its Transition Assistance Program workshop benefits counselors to specifically mention DoD and VA programs related to Gulf War veterans' illnesses.

Response: Concur. The outcome outlined by the recommendation is a part of Veterans Benefits Administration's (VBA) transition assistance briefings. We agree that VA benefit briefings conducted in association with TAP workshops are an effective method of outreach to Gulf War veterans. To ensure the effectiveness of these briefings, the Veterans Services Program Staff (which is responsible for TAP administration within VA) provides Military Services Coordinators (MSCs) with materials and/or guidance related to briefing content.

The Veterans Services Program Staff (VSPS) has previously directed MSCs to include Gulf War issues in their benefit presentations. In addition, VSPS creates and distributes overheads, photographic slides, fact sheets, and pamphlets for use in benefit presentations. The latest version of the slides includes a series covering the following Persian Gulf War issues: (1) disability compensation for undiagnosed illnesses; (2) the types of evidence needed to support compensation claims for undiagnosed illnesses; (3) other VA programs or services available to Gulf War veterans and their families; and, (4) toll-free numbers that service members may call for more detailed information and assistance.

The VSPS has distributed a revised set of transparencies to MSCs which provide more information about VA and DoD programs for Gulf War veterans. These transparencies stress the importance of continued discussion of VA and DoD programs for Gulf War veterans during benefit briefings.

DoD agrees and the DoD Director of Transition Support and Services will coordinate with the VA and help ensure that information on DoD and VA clinical Persian Gulf veterans health care and compensation programs is effectively provided to separating active duty service members. The Compensation and Benefits Working Group of the PGVCB will monitor this process and explore options for improvement.

Finding 2-4: Through the initiatives of the Women Veterans Health Programs, VA has implemented a range of efforts to inform women veterans about available health services.

Recommendation: VA should ensure that its initiatives under the Women Veterans Health Programs specifically provide information about Gulf War-related programs.

Response: Concur. Operations Desert Shield and Desert Storm involved the largest deployment of women to a war zone in our nation's history; women composed 7 percent of the approximately 697,000 deployed troops. VA's Office of Public Health and Environmental Hazards is the Veterans Health Administration (VHA) program office for both the Women Veterans Health and Persian Gulf Veterans Programs. In the past, the Office has coordinated VA program planning in these two areas. VHA is committed to long term continuation of these efforts as they relate to medical care, research, outreach and education for women who served in the Persian Gulf War. Information is included regarding Gulf War-related women veterans' programs in both Persian Gulf and Women Veterans Health communications and education programs in May and June 1997.

The Clinical Working Group of the PGVCB will monitor these efforts and explore options for improvement.

Finding 2-5: In regions with significant Latino populations, Veterans Centers and VAMCs deliver bilingual, cross-cultural outreach services.

Recommendation: VA should ensure that its outreach to Latino populations specifically provides information about Gulf War-related programs.

Response: Concur. In 1996, VA published and distributed copies of the first Spanish language version of *Federal Benefits for Veterans and Dependents* entitled *"Beneficios Federales Para Veteranos y Sus Dependientes."* The Spanish language benefits book was distributed to all VA Regional Benefits Offices and VA Medical Centers with significant Latino populations. This booklet provides information regarding compensation benefits for chronically disabled veterans who suffer from undiagnosed illness believed to be the result of their service in the Gulf. In addition, Gulf War veterans are informed about the Persian Gulf War Registry Program and priority treatment for any Persian Gulf War veteran who may have been exposed to a toxic substance or environmental hazard during the Gulf War. The Spanish language version of the benefits book also lists the Persian Gulf Veterans information phone number (800-PGW-VETS). VA will redistribute a 1997 version of the Spanish language benefits book later this year. VA will also conduct Spanish language print, radio and television interviews designed to inform Gulf War veterans of their benefits as well as update them on VA's research agenda. In addition, VA is developing a new information pamphlet for Gulf War veterans that will be distributed in English and Spanish by Summer 1997.

Finding 2-6: While newspaper articles and television and radio broadcasts disseminated by DoD's American Forces Information Service provide adequate media coverage of Gulf War illnesses-related issues, few of the media products perform the outreach functions of publicizing government-sponsored Gulf War veterans clinical programs and methods of referral into them.

Recommendation: As the Committee stated in its *Interim Report*, DoD and VA should develop and utilize more refined performance measures to determine how well outreach services are reaching concerned parties. DoD and VA officials (specifically those in the Armed Forces Information Service and its broadcasting arm, the Armed Forces Radio and Television Service) using media products for outreach initiatives should be aware of the difficulty in enumerating the actual readership and viewership figures and be concerned about how effectively their message saturates the targeted population.

Response: Concur. VA conducted a Gulf War Veterans Public Service Announcement (PSA) campaign in 1995 consisting of video, radio and print announcements. The Committee's Interim Report recommended that the content

of the announcements be more specific regarding services available to and illnesses suffered by Gulf War veterans. VA revised the PSAs and conducted another outreach campaign in 1996. VA hired a media marketing firm to distribute the print, radio and television PSAs and provide follow-up reports to VA regarding market penetration. In addition, VA purchased satellite time to conduct one-on-one interviews with television stations in the country's top media markets. These interviews afforded VA prime time viewership and provided substantial outreach to Gulf War veterans and their families. Since the *Interim Report*, the VA Persian Gulf Helpline began to collect data on how veterans heard about that service. A summary will be provided to the Committee.

In late FY 96, DoD conducted a survey that addressed the awareness of the Comprehensive Clinical Evaluation Program (CCEP) and the Gulf War Incident Hotline in a representative sample of 54,000 active duty and retired active duty Gulf War veterans. This survey indicated that a relatively low proportion of active duty and retired active duty Gulf War veterans are aware of the CCEP and the Incident Hotline. The survey findings will be useful in designing more effective communication strategies for future outreach efforts. DoD agrees that there is a need to assess which communications mechanisms are most effective for reaching Gulf War veterans and will continue to do so in cooperation with the PGVCB.

A critical element of DoD's new Office of the Special Assistant for Gulf War Illnesses is a public affairs/public outreach arm that is focused on reaching the public through the organizations of the Military Coalition command information programs and media channels. One of the primary charters of public outreach is to develop an effective dialogue and to solicit feedback from veterans. The Office of the Special Assistant will develop an assessment of all means of reaching out and informing the public to include Armed Forces Information System (AFIS) and the Armed Forces Radio and Television Service (AFRTS). This will be a part of DoD's strategic public affairs plan and risk communication strategy as previously discussed (response to 2-2). AFIS is a primary channel for disseminating information to active duty and reserve component service members and their families. The information provided by AFIS and used in installation and activity newspapers is available to all uniformed and civilian personnel departmentwide. In addition, AFRTS is available to service members and DoD civilians at 156 overseas locations and aboard ships at sea. The CCEP toll-free number has been publicized through the Armed Forces Radio and Television Service, and has been reported in over 1,100 DoD publications around the world. AFPS is also available via the Worldwide Web. The CCEP hotline number will continue to be publicized in numerous AFIS print and broadcast products. We will continue to make our target audiences aware of the toll-free number and other important information on Gulf War Illnesses.

These efforts will be incorporated into the PGVCB's comprehensive risk communication plan.

Finding 2-7: DoD's *1996 Internal Information Plan--Persian Gulf Illnesses* describes its Comprehensive Clinical Evaluation Program, yet fails to provide the most basic information on how to register for it.

Recommendation: DoD should reissue its *Internal Information Plan* on Gulf War-related illnesses. It should make a special effort to note the revision provides the toll-free number and that individuals are encouraged to register for its Comprehensive Clinical Investigation Program (CCEP). It also should take the opportunity to provide updated information.

> **Response:** Concur. The AFIS Internal Information Plan (IIP) is a management plan which lists broad topic areas to be addressed by DoD internal information media during the year. Topics for FY 96 included subjects such as recycling, the flag, child abuse and financial management. One page was allocated to each topic. Gulf War illnesses will be included as a major focus in next year's plan. Additional public affairs guidance on encouraging service members to register in the CCEP, how to register and publication of the toll-free number will be issued.
>
> The PGVCB risk communication plan will incorporate information on registration for clinical examinations.

Recommendation: In an attempt to increase veterans' and the public's awareness and understanding of the full range of the government's commitment to addressing the nature of Gulf War veterans' illnesses, DoD and VA should reevaluate the goals and objectives of their risk communication efforts. DoD and VA should develop effective methods that provide the affected community with comprehensive information concerning possible exposures to environmental hazards, potential health effects from risk factors, and explanations of ongoing and completed clinical and epidemiologic studies.

> **Response:** The three agencies concur with this recommendation. VA, DoD and the Department of Health and Human Services (DHHS) will collaborate, through the PGVCB, to refine goals and objectives and develop more effective methods for risk communication regarding Gulf War veterans' illnesses. Risk communication will address possible exposure to hazards (chemical, biological, and environmental hazards), explain potential health effects from these risk factors, and provide information on studies on potential health risks and how to respond to those risks. In that effort, DoD and VA will involve the DHHS and their risk communication experts as well as using the expertise of nationally recognized experts in the field of risk communications.
>
> Since June 1996, when the Defense Department first learned of the potential exposure of our troops to chemical agents during the destruction of ammunition and equipment at Khamisiyah, DoD has conducted an extensive multimedia campaign designed to inform soldiers and veterans of the events at

Khamisiyah. Our coordinated and expanded outreach program asking soldiers to provide information of their experiences at or near Khamisiyah and to encourage them to seek assistance for health problems they believe may be a result of their service in the Persian Gulf has been well-received, providing much new information and involving thousands more veterans in the process.

In order to accomplish these goals, the Coordinating Board Clinical Work Group will conduct a day-long conference with risk communication experts to design a Gulf War veteran risk communication plan. The plan will take into account the size and location of the Gulf War veteran population and the existing communications tools of the Departments including direct mail, newsletters, radio, print and television media. The goal of the Clinical Work Group will be to develop a risk communications plan that will be effective communicating with Gulf War veterans and their families regarding information on possible exposures to environmental hazards, potential health effects, treatment options and ongoing research. The plan will be submitted to the Committee by May 1, 1997.

Finding 2-8: Effective risk communication is essential to the government's credibility on Gulf War veteran's illnesses, but DoD and VA have not seriously attempted to educate veterans about health effects of service in the Gulf War or to establish a dialogue concerning research programs relevant to veterans' concerns.

Finding 2-9: Several federal agencies have developed, tested, and validated techniques for health risk communication that could be adopted by DoD and VA.

Recommendation: DoD and VA should immediately develop and implement a comprehensive risk communication plan. This effort should move forward in close cooperation with agencies that have a high degree of public trust and experience with risk communication, such as the Agency for Toxic Substances and Disease Registry (ATSDR) and the National Institute for Occupational Safety and Health.

Response: The Coordinating Board concurs with this recommendation and will develop and implement a comprehensive risk communication plan within the next six months. The Board recognizes that substantial expertise exists within DHHS at the Agency for Toxic Substances and Disease Registry (ATSDR), and National Institute for Occupational Safety and Health (NIOSH), and will be collaborating with these agencies as well as using the expertise of nationally recognized experts in the field of risk communications.

Recommendation: Because health risk information and education applies to service members who remain on active duty and veterans no longer in military service, DoD and VA should closely coordinate the federal government's risk communication effort for Gulf War veterans and other members of the affected community. Departmental

commitments to any plan should be viewed as continuous and long-term; a sustained effort is particularly critical in light of veterans' and public skepticism arising from the recent revelations related to chemical weapons.

Response: Concur. PGVCB agencies agrees that the risk communication must be both coordinated, and forward-looking, and dynamic with a commitment to long-term and sustained communication to our Gulf War veterans.

DHHS, DoD and VA will work closely in sharing information. For example, the Persian Gulf Coordinating Board's Clinical Working Group will provide their plain language fact sheets for dissemination to veterans, family members and other interested parties on Gulf War-related topics. Copies of these materials will be sent to the Committee for review by April 1997. DoD will make available the narratives on investigative activities as they become available.

Recommendation: In its coordinated risk communication plan, DoD and VA should engage Military Coalition organizations and veterans service organizations as intermediaries--and include personnel in leadership positions, such as senior enlisted personnel (for active duty military) and state veterans' service officials--in the effort to establish an efficient information exchange process where veterans receive accurate information and the departments receive valuable feedback on clinical programs, health concerns, and communication efforts.

Response: VA and DoD concur with this recommendation and are working towards development and implementation of a comprehensive risk communication plan within the next six months and with advice and assistance from ATSDR and NIOSH.

VA and DoD will closely coordinate the federal government's comprehensive plan for disseminating clinical and epidemiological information to members of the affected community and other interested parties through the interagency PGVCB. The PGVCB's Clinical Working Group is currently developing fact sheets on Gulf War-related issues for this purpose. The Clinical Working Group and Research Working Group will collect information from clinical investigations, epidemiological studies and basic research findings for dissemination to veterans, health- care providers, researchers, and the general public. VA and DoD view these risk communication efforts as a continuous long-term process, and will maintain the activities necessary for accomplishing these objectives as long as the need exists.

We agree that, in its coordinated risk communication plan, VA and DoD should engage veterans service organizations and include personnel in leadership positions, such as senior enlisted personnel (for active duty military) and state veterans service organization officials in the effort to establish an efficient information exchange process where veterans receive accurate information and the departments receive valuable feedback on clinical programs, health concerns,

and communication efforts. VA has long recognized the importance of involving "stakeholders" in developing health-care programs and, along with DoD, will utilize this process for designing a comprehensive risk communication plan. VHA will continue to use its monthly liaison meeting with veterans service organizations to seek their advice and guidance, and receive feedback on clinical programs, health concerns, and communication efforts. Veterans service organization representatives serving on VA's Persian Gulf Expert Scientific Committee also serve as intermediaries in the information exchange process.

In the interests of both providing Gulf War veterans with health-related information and receiving feedback on DoD health programs, DoD will engage active duty personnel, including senior enlisted personnel and officers , Military Coalition organizations and veterans' service organizations, working with VA, in the process of information exchange within the next six months.

Also, in response to the PAC findings, DoD established a Veteran's Outreach program designed to communicate information about Gulf War veteran's illnesses to veterans and local communities. The Office of the Special Assistant for Gulf War Illnesses communicates with Military Coalition organizations and VSOs and feedback is received. In this manner, the Military Coalition organizations and VSOs can participate in the dissemination of information regarding Gulf War Illnesses and ongoing efforts in providing care incident investigation, research and education. At the same time, the Military Coalition organizations and VSOs are able to communicate to the outreach section the interests and concerns of the veterans making up their organizations.

One action taken by DoD was a demonstration and review of the type of chemical alarm and detectors used in the Gulf War. This demonstration, conducted on December 11, 1996 was well-received with representatives from nearly 20 organizations attending. Additionally, a VSO workshop was conducted on January 30, and February 26, 1997. DoD will continue to host VSO workshops to stimulate a dialogue with veterans.

Findings and Recommendations Regarding Medical and Clinical Issues

Finding 2-10: DoD has not been responsive to the Committee's recommendation that prior to any deployments, DoD should undertake a thorough health evaluation, including a core set of diagnostics, of a large sample of troops to enable better post-deployment medical epidemiology along with timely postdeployment followup.

> **Response:** DoD concurs with this recommendation. Deployment medical surveillance programs are composed of three major components involving pre-deployment health screening and education, deployment operational, environmental, and medical surveillance, and post-deployment health surveillance and risk communication.
>
> DoD strongly agrees with the importance of pre-deployment health assessment. The Department is developing a medical surveillance policy for deployments which specifies a uniform concept for health screening. Rather than targeting sample populations for assessment, the Department's position is that all deploying service members of specified deployments receive pre- and post-deployment screening to include standardized health screening questionnaires with medical follow-up as clinically indicated. This policy was partially implemented in Bosnia and is being fully implemented for Southwest Asia. We expect the new medical surveillance policy to be formally adopted during 1997.
>
> VA and DoD have expertise relevant to this program area. Deployment medical surveillance planning and programs are of key importantance to the success of future deployments and veterans health. The planning required overlaps the responsibilities of the Clinical and Research Working Groups of the PGVCB. For these reasons, a fourth, newly constituted Deployment Planning Work Group will be formed by the PGVCB to make recommendations for appropriate action, coordinate interagency activities, and monitor these important programs.

Finding 2-11: FDA is moving toward soliciting public comment on alternatives to the Interim Final Rule related to permitting a waiver of informed consent for use of unapproved products during military exigencies. The Committee remains seriously concerned about the amount of time--currently exceeding six years--FDA is taking to open the process to public comment.

Recommendation: FDA should solicit timely public and expert comment on any rule that permits waiver of informed consent for use of investigational products in military exigencies. Among the areas that specifically should be revisited are: adequacy of disclosure to service personnel; adequacy of recordkeeping; long-term followup of individuals who receive investigational products; review by an

Response: DoD concurs with this recommendation. Although medical personnel who participated in Operation Desert Storm were thoroughly briefed about the side effects of Pyridostigmine Bromide (PB), this information did not, in most cases, get down to the individual service member. Some of the service members' concerns could have been alleviated had they known that the side effects they experienced were, in fact, attributed to the known effects of PB, and which in most cases would go away as the service member became tolerant to those effects of PB. To address this issue, all new procurements, as well as existing stockpiles of PB, will contain appropriate labeling to inform the individual Service member of potential side effects and provide warnings for use.

DoD already does some orientation and training for new troops on the chemical and biological threat and on the countermeasures which may be needed. More needs to be and will be done within the next twelve months. The goal of DoD is that every service member is fully informed during orientation and training of the health risks, benefits, and proper use of all medical countermeasures, and, when used, documented and maintained as a part of the individual's health record. Given the potential for serious chemical and biological threats for future conflicts, both using countermeasures and having our service members fully informed are critical to effectively protecting them. Our troop information program and the new DoD medical surveillance policy combine to enhance soldier welfare.

Given that FDA's Interim Final Rule permitting a waiver of informed consent for use of unapproved products in a military exigency is still in effect, DoD will develop enhanced orientation and training procedures to alert service personnel they may be required to take drugs or vaccines not fully approved by FDA if a conflict presents a serious threat of chemical and biological warfare.

Finding 2-13: DoD has made progress in improving medical record keeping in-theater and stateside, but increased and sustained commitment from DoD's Joint Chiefs of Staff and Commanders in Chief will be necessary for current prototypes and plans to be fully and successfully integrated and implemented.

Recommendation: DoD officials at the highest levels, including the Joint Chiefs of Staff and the Commanders in Chief, should assign a high priority to dealing with the problem of lost or missing medical records. A computerized central database is important. Specialized databases must be compatible with the central database. Attention should be directed toward developing a mechanism for computerizing medical data (including classified information, if and when it is needed) in the field. DoD and VA should adopt standardized record keeping to ensure continuity.

Response: The PGVCB concurs with this recommendation. DoD continues to actively develop an automated medical records system that is used during deployments and when Service members are at their home base health facilities.

institutional review board outside of DoD; and additional procedures to enhance understanding, oversight, and accountability.

Response: Concur. Since receiving the Committee's interim report, the Food and Drug Administration (FDA) has carefully evaluated the Committee's recommendations as well as other information that has come to its attention. The agency has engaged in discussions within the agency, with the DoD, and with others on this important topic. The issues that have been raised are complex and require extensive coordination. As a result of these discussions, the FDA is preparing regulations that will solicit public comment in line with the Committee's report. This public comment will be directed toward whether the FDA should finalize the Interim Final Rule, modify it, or eliminate it completely. As part of that process, FDA is exploring the approval mechanisms that should be applied to drug and biological products that may be used in military or civilian exigencies.

DoD agrees with the need for FDA to solicit timely public and expert comment on rules that permit waiver of informed consent for use of investigational products in military exigencies. DoD intends to work with FDA on ways to more expeditiously process such rules in order to ensure that we have effective countermeasures to deal with existing and new chemical and biological warfare threats. DoD agrees that, to the full extent feasible, there should be disclosure to service personnel, good record-keeping, and other procedures which enhance understanding, oversight and accountability. As one example, the long-term follow-up of individuals who receive investigational products such as PB will be enhanced by current research into the potential interaction of DEET, Permethrin, and PB, which is being carried out at DoD laboratories as well as at the University of North Carolina and the University of Florida.

Finding 2-12: DoD has not been responsive to the Committee's recommendation that it should routinely inform recruits and troops, through orientation and training procedures, about the possible use of investigational drugs or vaccines for chemical and biological warfare agent proposed. DoD's lack of response in this highly sensitive area contributes to the perception of many that U.S. troops were inappropriately subjected to investigational drugs or vaccines during the Gulf War.

Recommendation: Given that the Food and Drug Administration's FDA Interim Final Rule permitting a waiver of informed consent for use of unapproved products in a military exigency is still in effect, DoD should develop enhanced orientation and training procedures to alert service personnel they may be required to take drugs or vaccines not fully approved by FDA if a conflict presents a serious threat of chemical and biological warfare.

Major portions of that system are already being used in Bosnia. Further refinements, including the addition of an automated patient record and "meditag" record, are being made as quickly as is feasible. These new information systems will be compatible with the records systems being used worldwide.

As part of a reengineering effort under a joint agreement between DoD and VA, the two agencies are working to ensure compatibility of the DoD and VA systems and to facilitate the appropriate exchange of health information. VA and DoD jointly pursue resource sharing to promote continuity of health care between the two departments and reduce costs of services by avoiding the duplication of facilities, staff and equipment. To address automation sharing issues, the Chief Information Officer (CIO) of the Veterans Health Administration (VHA) established a Directorate for VA/DoD IRM (Information Resources Management) Sharing to provide a central point for the management of interagency agreements and the implementation of hardware and software to allow for non-VA workload in VHA's automation environment.

A variety of mechanisms are available to promote sharing between the agencies. The Federal Information Resources Sharing Work Group (FIRSWG) meets quarterly to discuss sharing issues concerning VA, DoD, and the Indian Health Service (IHS). DoD's Technical Integration Work Group (TIWG) encourages VA's participation in their monthly meetings to share technical policies, philosophies, and directions. Additionally, the VA-maintained Federal Health Care Resources Sharing (FHCRS) Database allows the VA/DoD Sharing Office to manage information about the more than four thousand sharing agreements between VHA and DoD facilities.

The VA/DoD IRM Sharing Directorate recently initiated the VA/DoD Data Exchange Project and is working with contractors to develop a national solution to the problem of sharing data between the two departments. The project's specific emphasis is on sharing laboratory data, and success in this area will significantly benefit VA and DoD health-care providers. Inputs to this project include documentation and findings from related VA, DoD and commercial efforts. The I&I Laboratory will be used to develop and test the VA/DoD Data Exchange prototype.

The Pacific Medical Network (PACMEDNET) Project (now known as the Theater Medical Information Infrastructure (TMII) Project) demonstrated successful data sharing between Composite Health Care System (CHCS) and (VISTA) during the Cobra Gold exercises in Thailand in May 1996. The focus of the project is the use of a Transportable Computer-Based Patient Record (TCPR) to provide a comprehensive view of a patient's care history gathered from all medical facilities, DoD and VA, where a patient has received care. Following the success of the Cobra Gold demonstration, the TMII Project was expanded to include facilities outside the Pacific geographical area.

The Clinical Working Group of the PGVCB will actively encourage and monitor these interagency medical information systems efforts.

Recommendation: The Persian Gulf Veterans Coordinating Board and other appropriate Departments and Agencies should be charged to develop a protocol to implement the following recommendation, which is made in the Committee's *Interim Report.* Prior to any deployment, DoD should undertake a thorough health evaluation of a large sample of troops to enable better post-deployment medical epidemiology. Medical surveillance should be standardized for a core set of tests across all services, including timely post-deployment follow-up.

Response: Concur. As stated previously, DoD strongly agrees with the importance of pre- and post-deployment health assessment. The Department is developing a medical surveillance policy for deployments which specifies a uniform concept for health screening. Rather than targeting sample populations for assessment, the Department's position is that all deploying service members of specified deployments receive pre- and post-deployment screening to include standardized health screening questionnaires with medical follow-up as clinically indicated. This policy was partially implemented in Bosnia and is being fully implemented for Southwest Asia. Interim and final recommendations regarding deployment surveillance have been taken seriously by the PGVCB. DoD expects the new medical surveillance policy to be formally adopted during 1997. The newly established Deployment Surveillance Work Group will foster this activity.

Finding 2-14: Clinical staff not directly involved in VA's Registry and DoD's CCEP are not well informed about the programs.

Recommendation: VA and DoD should, in their educational outreach programs, specifically target staff members not directly involved in the care of Gulf War veterans.

Recommendation: DoD and VA should include timely updates on the CCEP or Persian Gulf Health Registry, respectively, in their Continuing Medical Education programs.

Recommendation: VA and DoD should regularly brief their staffs on the Gulf War research portfolio and on the results of research studies as they become available.

Response: VA and DoD concur with this recommendation and recognize that Gulf War-related continuing medical education (CME) is an important component of assuring quality health care for Persian Gulf veterans and their families. Within the next twelve months, VA and DoD will coordinate their departmental CME programs through the activities of the Clinical Working Group.

VA has used a multifaceted approach to continuing medical education combining quarterly mailings of up-to-date scientific and clinical information, interactive conference calls, national satellite video-teleconferences, and on-site

CME annual conferences. Future programs will continue to incorporate updates of clinical case series (Registry and CCEP) information, clinical findings in Coalition Forces, research developments and VA program updates.

In order to better address the needs of non-Persian Gulf Registry health care providers, VA has developed a print material CME self-study program which is scheduled for publication in the Spring of 1997. Copies of these materials will be made available to non-VA health care providers on request.

DoD has already begun to develop an information distribution plan through the three Service Surgeons General for health-care providers within the Military Health Services System concerning Gulf War veterans' illnesses. DoD and VA will work together to expand the distribution of clinical and research information regarding Persian Gulf illnesses to all of their respective clinical staff through timely updates and CME programs.

Recommendation: VA and DoD should regularly review staffing needs, particularly in mental health, and increase recruitment and retention of adequate numbers of medical professionals to satisfy patient needs. Staffing reviews should consider that, despite increased medical surveillance and better preventive measures, future deployments also will generate a significant number of veterans who will need care for illnesses that are difficult to diagnose.

Response: DoD and VA concur with this recommendation. DoD is reviewing the clinical staffing needs required to satisfy Gulf War veterans' health needs, including mental health, and ensuring that those staffing needs are met. With respect to future deployments, the Department has in place its CCEP, including support to all military treatment facilities, to assist with the evaluation and care of illnesses that may result from those deployments and are difficult to diagnose.

VHA's Vision for Change made quality care, customer satisfaction and timely access to health-care services for eligible veterans a primary goal. Staffing requirements will be adjusted to meet these goals and reach the minimum Performance Measures set for primary care and consultations at VA Medical Centers. An established annual reporting of these performance measures will accomplish the "regular review" of staffing needs recommended by the Committee. VA and DoD have programs in place to deal with the expected number of difficult to diagnose illnesses resulting from future deployments.

The Departments are committed to provide quality health care and will take the Committee's staffing recommendation seriously.

Finding 2-15: Follow-up treatment, particularly when mental health visits are involved, is problematic within both VA and DoD. Staffing constraints occasion long delays in scheduling appointments. Commanders are sometimes resistant to making

sufficient time off available for active duty veteran to maintain an adequate treatment program.

Recommendation: Since 1986, U.S. service members with certain chronic illnesses, e.g., asthma and diabetes, have been allowed to remain on active duty when regular medical monitoring is necessary. Veterans of the Gulf War with chronic illnesses are no different. Troop commanders should be reminded that adequate time off for follow-up medical appointments is a necessity and a priority.

> **Response:** DoD concurs with this recommendation and will, within the next three months, develop an information distribution plan for Commanders concerning Gulf War veterans' illnesses. The Department will ensure that troop commanders are knowledgeable about the health needs of Gulf War veterans and are supportive when follow-up medical appointments are needed for Gulf War veterans with chronic illnesses.

Finding 2-16: Reproductive health care benefits available to active duty service members and their families through the Military Health Services System are comprehensive and the standard of care.

Finding 2-17: Reproductive health concerns are addressed on a case-by-case basis within DoD, and VA has extremely limited authority to treat such concerns at all. Neither DoD nor VA have widespread or systematic policies in place to address the concerns and questions of Gulf War veterans concerning reproductive health.

Recommendation: The government should conduct a thorough review of its policies concerning reproductive health and continue to seek statutory authority to treat veterans and their families for service-connected problems. When indicated, genetic counseling should be provided--either via VA treatment facilities or referral--to assist veterans and their families who have reproductive concerns stemming from military service.

> **Response:** DoD agrees. It provides reproductive health care for its service members and their families, and has made reproductive health concerns a higher priority for all beneficiaries in their reproductive years. Currently, the Department is putting into place performance matrices to better assess reproductive health outcomes and the associated health care and to assist in the overall management of that care. Special efforts are being made for Gulf War veterans in the areas of evaluation and care and epidemiological and other research.
>
> VHA is conducting a review of reproductive health services offered to eligible veterans as part of its Eligibility Reform activities. Reproductive

health services for Persian Gulf veterans will receive serious consideration as part of this program review.

Finding 2-18: DoD and VA have implemented innovative programs to help veterans cope with combat-related stress.

Recommendation: The government should continue and intensify its efforts to develop stress reduction programs for all troops, with special emphasis on deployed troops.

Response: DoD agrees and is currently writing a DoD Directive which addresses the recognition and management of combat stress. When this policy directive is published, the Services will be expected to publish implementation instructions within 120 days. These instructions will focus on stress reduction programs, particularly for deployed troops. Meanwhile, special combat stress coping units have deployed to Bosnia and conduct critical incident stress debriefings for catastrophic incidents that occur in the Services.

VA, DoD and DHHS will work together through the PGVCB Clinical Working Group to monitor and enhance the Departmental programs.

Recommendation: Since leadership and unit cohesion are so important in managing stress, DoD should specifically involve senior commanders and senior noncommissioned officers in stress management programs.

Response: DoD concurs with this recommendation and, through the forthcoming Directive on Combat Stress, DoD will set the policy to have senior commanders and non-commissioned officers involved in stress management programs.

Findings and Recommendations Regarding Research

Finding 2-19: DoD and VA have not taken serious steps to encourage their principal investigators to convene and use public advisory committees for its Gulf War veteran's epidemiologic health research.

Recommendation: The Research Working Group of the Persian Gulf Veterans Coordinating Board should require that any proposals for new, large-scale Gulf War veterans' epidemiologic health research describe a plan to incorporate a public advisory committee into the study design, dissemination of results, or both. The Research Working Group should consider justifying a waiver of such a committee under rare circumstances.

Response: Concur. Principal Investigators (PI) conducting large epidemiologic studies have been encouraged to establish Public Advisory Committees (PACs). Future Requests for Proposals will require PIs to incorporate PACs into the study design and results dissemination phases of the research.

The RWG of the PGVCB agrees with the Committee recommendation that any proposals for new, large-scale Gulf War veterans' epidemiological studies of Persian Gulf veterans incorporate a public advisory committee. In the December 19, 1996, teleconference of the RWG, the members unanimously agreed to make funding of future large-scale epidemiological studies contingent on the appointment of a public advisory committee. The RWG has also recommended that ongoing epidemiological studies institute Public Advisory Committees. This recom-mendation has been transmitted to the relevant Principal Investigators.

Finding 2-20: DoD's Persian Gulf Registry of Unit Locations lacks the precision and detail necessary to be an effective tool for the investigation of exposure incidents. The effort has been no more successful than the effort to compile similar information following the Vietnam War to examine possible exposures to Agent Orange.

Recommendation: The government should develop more accurate methods of recording troop locations to facilitate post-conflict health research in the future. DoD should make full use of global positioning technologies.

Response: The PAC is correct in pointing out that the Persian Gulf Registry of Unit Locations database lacks the precision to serve as the basis for determining individual locations for investigation of exposure incidents. Individuals do not remain with their units throughout a conflict but rather deploy in small groupings or as individuals. Combat, Combat Service and Combat Service Support soldiers frequently are called upon to cross march or work in small teams on a temporary basis to satisfy mission requirements, e.g. fuel handlers regularly make 50 kilometer round trips to refuel front line units.

Individual and team movements are too numerous to track in detail in unit level daily journals. Although it cannot be considered to be a singularly authoritative source of information, the Joint Services Environmental /support group database does provide decision makers with a valuable tool for the investigation of unit movements in the gulf War. It should not and can not be used as the exclusive source for investigation of exposure incidents. The recommendation that DoD make full use of global positioning technologies is sound and this technology is being tested and incorporated throughout the Services. The efficacy of global positioning technologies to track individual and unit situational awareness will be demonstrated by the Army and other Services during the March 1997 Task Force XXI Advanced Warfighting Exercise at the National Training Center, FT Irwin, California.

Finding 2-21: Overall, the government's current research portfolio on Gulf War veteran's illnesses is appropriately weighted toward epidemiologic studies and studies on stress-related disorders that are more likely to improve our understanding of Gulf War veterans' illnesses. For the most part, the government prioritization process has worked.

Finding 2-22: Research on Gulf War veteran's illnesses is treated, appropriately, as a subset of the government's broader research portfolio on the health consequences of military service. Any new research should be directed toward the principal uncertainties, which are: long-term health effects from stress; long-term health effects from low-level exposure to chemical weapons; long-term health effects from exposure to known carcinogenic and mutagenic compounds, such as mustard agent; and long-term health effects of interactions between pyridostigmine bromide and other agents.

Finding 2-23: Stress is not well understood in terms of diagnoses, physiological sequelae, and effective prevention and treatment strategies; yet it is likely to be an important contributing factor to illnesses currently reported by Gulf War veterans. Additional attention to basic and applied research on stress-related disorders across the entire federally funded biomedical research portfolio would benefit DoD's and VA's capabilities to manage combat stress and its effects.

Recommendation: The government should plan for further research on possible long-term health effects of low-level exposure to organophosphorus agents such as sarin, soman, or various pesticides, based on studies of groups with well-characterized exposures, including: a) cases of U.S. workers exposed to organophosphorus pesticides; and b) civilians exposed to the chemical warfare agent sarin during the 1994 and 1995 terrorist attacks in Japan. Additional work should include followup and evaluation of an appropriate subset of any U.S. service personnel who are presumed to be exposed during the Gulf War.

The government should begin by consulting with appropriate experts, both governmental and nongovernmental, on organophosphorus nerve agent effects. Studies of human populations with well-characterized exposures will be much more revealing than studies based on animal models, which should be given lower priority.

Response: The Coordinating Board agrees with the recommendation for more research on low-level exposure to organophosphorus agents. In December 1996, the RWG has released the 1996 revision of *A Working Plan for Research on Persian Gulf Veterans' Illnesses* first published in 1995. The RWG developed the revision as a part of its ongoing commitment to continually reevaluate the research needs for Persian Gulf veterans' illnesses. In the 1996 Working Plan the RWG developed focused research recommendations based on the current state of information and understanding regarding the nature and potential causes of Persian Gulf veterans' illnesses. Near-term recommendations for additional research include:

- Follow-up of the mortality experience of Persian Gulf veterans, encompassing cause-specific mortality, at appropriate future time-points;
- More longitudinal follow-up studies of the health of Persian Gulf veterans, including those with illnesses that are difficult to diagnose;
- Critical peer-review of models used to predict exposure concentrations of environmental pollution (such as the Kuwait oil well fires) and chemical warfare agents (such as the demolition of weapons storage sites at Khamisiyah in March 1991 and aerial bombing of chemical weapons facilities during the air war);
- Assessment of the potential for clinical investigations of the health status of the service members in the vicinity of Khamisiyah when weapons bunker 73 and the storage pit were detonated in March 1991. If deemed possible, such clinical investigations should be carried out;
- Additional research on health-related issues arising from the Persian Gulf experience but with potential for more general applicability to future conflicts is also recommended, including:
- Investigation of the risk factors for the development of stress-related disorders including, but not limited to, post-traumatic stress disorder (PTSD);
- Investigation of the risk factors responsible for the observed excess mortality due to external causes (e.g., motor vehicle accidents) in veterans of all wars and conflicts;
- Exploration of the development of practical, sensitive, and specific biomarkers of exposure to chemical agents, including organophosphate nerve agents and vesicants such as sulfur mustard;
- Toxicological and, where feasible, epidemiological research on the potential for long-term health effects resulting from low-level, sub-clinical exposures to chemical agents, particularly organophosphate agents such as sarin;

- Development of a strategic plan for research into the potential long-term health consequences of exposure to low-levels of chemical warfare agents; and,
- If a simple, sensitive and specific, as well as economic, test for L. tropica infection becomes available, seroepidemiologic studies may be undertaken in Persian Gulf veterans. Indeed, when feasible and practical, sera of veterans should be stored in expectation of the possibility for such studies. Despite the declining importance of L. tropica as a risk factor in Persian Gulf veterans, continued research on tests for L. tropica infection are valuable for potential future deployments.

In addition to a study of the feasibility of conducting epidemiological investigations of the health of veterans present at Khamisiyah in March 1991, the RWG is explicitly recommending more research on the potential toxic effects of low-level chemical warfare agents. A Broad Agency Announcement from the DoD in December 1996 solicits applications to conduct the aforementioned feasibility study, and it solicits applications for toxicological research on the toxic effects of low-level chemical warfare agent exposure. The RWG agrees that population studies of low-level chemical weapons exposure should consider a variety of exposed populations including U.S. pesticide workers, civilians exposed to sarin in Japan during terrorist attacks in 1994 and 1995, as well as appropriate subsets of Persian Gulf veterans who may have been exposed during the Persian Gulf War. Investigators with the VA are collaborating with Japanese scientists on studies of the health of victims of the Tokyo subway incident in 1995.

The RWG also agrees that it should broaden its expertise base for consultations on the health effects of nerve agents. As a part of an effort to do this, the RWG is sponsoring a Symposium on the Health Effects of Low-Level Exposure to Chemical Warfare Nerve Agents as a part of the Annual Meeting of the prestigious Society of Toxicology to be held on March 7 and 8, 1997. In the coming months the RWG will be developing a comprehensive research strategy for studies of the toxic effects of low-level exposures to chemical warfare agents. This strategy will be developed using input from appropriate government and non-government experts.

DoD has initiated several new research studies and recently published a Request for Proposals specifically addressing the health issues of sub-clinical or low level exposures to chemical warfare agents. DoD is asking the scientific community to help us determine what mix of human population and animal model studies will provide the best understanding of this complex issue. The PGVCB will prioritize the proposals judged scientifically meritorius for program relevance and make recommendations for funding.

Recommendation: Since a number of Gulf War risk factors are potential human carcinogens that could result in increased rates of cancer beginning decades after exposure, VA should continue to monitor Gulf War veterans through its ongoing mortality study for increased rates of lung, liver, and other cancers.

Response: Concur. VA's Environmental Epidemiology Service is studying mortality rates and cause-specific mortality among Gulf War veterans through December 1995. VA plans to support periodic updates and long-term mortality studies on deployed and non-deployed Gulf era veterans.

Recommendation: Depleted uranium munitions are likely to be used in future conflicts involving U.S. service personnel. To fully elucidate the health effects of depleted uranium munitions, VA should conduct research that compares the health status of individuals with embedded fragments of DU shrapnel with appropriate control groups.

Response: Concur. The depleted uranium health surveillance program is located at the Baltimore VAMC. VA recognizes the importance of research and health surveillance activities which will improve our knowledge of the potential health effects of human exposure to depleted uranium. VA is committed to long-term monitoring of the health of the Army veterans with retained depleted uranium fragments. Furthermore, the Research Working Group of the PGVCB will monitor and foster the research which is ongoing within the U.S. Army and VA.

Recommendation: The government should continue to collect and archive serum samples for U.S. service personnel when feasible.

Response: DoD concurs with this recommendation. Currently, the DoD is finalizing a medical surveillance policy which will require serum collection as specified deployments. This policy will be in place during 1997. The RWG recommends that when feasible, all research studies should collect and archive serum samples.

Finding 2-24: The efforts of the Coordinating Board's Research Working Group would benefit from the active participation of additional representatives from other federal agencies with relevant expertise, such as the National Institutes of Health and the Agency for Toxic Substances and Disease Registry.

Recommendation: The Research Working Group should more thoroughly consult with other federal agencies with relevant expertise--such as the National Institutes of Health (particularly the National Institute of Environmental Health Sciences) and the

Agency for Toxic Substances and Disease Registry--on basic, clinical, and epidemiologic research and on risk communication.

Response: The PGVCB agrees and will work with the other members of the Research Working Group to obtain the active participation of appropriate expert representatives from NIH and ATSDR as well as experts from other agencies within the next three months. The RWG's current membership includes the following Departments and Agencies:

Department of Veterans Affairs
Office of Research and Development
Office of Public Health and Environmental Hazards

Department of Defense
Office of the Assistant Secretary for Health Affairs
Office of Defense Research and Engineering
Division of Environmental and Life Sciences

Department of Health and Human Services
Office of Public Health and Science
Centers for Disease Control and Prevention
Agency for Toxic Substances and Disease Registry
National Institutes of Health
National Institute of Environmental Health Sciences

Environmental Protection Agency
National Center for Environmental Assessment

These members will be supplemented by a broader membership with the expertise from a wider range of government agencies.

Finding 2-25: VA's November 1996 establishment of a new Environmental Hazards Center focused on reproductive health and developmental outcomes from environmental exposures is an important step forward in developing policies for the treatment of veterans and addressing their concerns.

Response: With the increasing number of women veterans, VA recognizes the growing need to understand the potential consequences of military service on reproductive health and outcomes in both men and women. VA research historically has not focused on these areas in the past. However, in the Spring of 1996, VA issued a solicitation for a fourth Environmental Hazards Research Center focusing on potential reproductive and developmental outcomes associated

with toxic exposures during military service. After a comprehensive and competitive scientific peer review, VA announced in November 1996 the award of this new Environmental Hazards Research Center to the Louisville, VA Medical Center in collaboration with the University of Louisville. The new Center is an important step to enhance VA's research efforts in these important research areas.

Findings and Recommendations Regarding Chemical and Biological Weapons

Finding 2-26: In the face of credible evidence of the presence or release of chemical warfare agents, low-level exposure of U.S. personnel at the affected site must be presumed while efforts to develop more precise measures of exposure continue.

Finding 2-27: The evidence of chemical warfare agent release at Khamisiyah is overwhelming, and low-level exposure to troops within a 50 kilometer radius should be presumed while efforts to develop more precise measures of exposure and more detailed knowledge of the demolition activities continue.

Recommendation: All U.S. service personnel assigned to units near the Khamisiyah demolition activity should be notified and encouraged to enroll in VA's Persian Gulf Health Registry or DoD's Comprehensive Clinical Evaluation Program. In determining the extent of possible chemical warfare agent exposure at Khamisiyah and any other sites that future investigations uncover, the government should use the best theoretical and practical assessment tools available. The Committee recognizes the large number of variables that can affect the outcome of any determination, but identifies the following as essential principles:

- Where objective, unrebutted evidence suggests the release of chemical warfare agents in the vicinity of U.S. troops, every effort should be made to identify the source of the agent and to model the downwind footprint of the potential distribution of agent at the general population exposure level (or lower threshold, if appropriate);
- When a downwind footprint is established, a conservative, presumptive-exposure area should be defined that reflects the uncertainties of the modeling effort. The presumptive-exposure area should, at a minimum, include all sites within a circle that has a radius equal to the length of the downwind footprint; and
- Troops within the presumptive-exposure area should be notified and encouraged to enroll in the CCEP or Registry.

Response: DoD concurs with this recommendation. DoD initiated a notification program in August 1996 for all service members assigned to units thought to have participated in the operation at Khamisiyah. The total number of individuals assigned to these units, and therefore included in this notification program, totaled 1,168. This telephone outreach program informed service members assigned to these selected units of the incident and of the medical evaluation programs available to them through VA and DoD.

During this period, the Central Intelligence Agency attempted to model the conditions at Khamisiyah in order to estimate the dispersion of any chemical agents. Preliminary information from the model indicated low level exposures may have occurred as far as 25 km from Khamisiyah on the date of the "pit" demolition, March 10, 1991. To cover the dates surrounding the bunker and "pit"

demolitions and to build a larger margin for error, the notification program expanded to include service members attached to any unit within a 50 kilometer radius of Khamisiyah at any time on or between the dates of March 1-15, 1991. These parameters were considered conservative enough to absorb any possible variation in the geographic and temporal distribution of chemical agents modeled by the CIA. This action increased the number of veterans to be notified to 20,867. A letter has been mailed notifying the affected individuals of the incident and encouraging them to participate in the medical evaluation programs available to them through the VA or DoD. In addition, a survey to gather information to better understand the events surrounding the Khamisiyah demolition and Gulf War illnesses has been mailed to all affected individuals.

In order to better understand any relationship between the demolitions, potential exposure and subsequent illness, DoD and VA are sponsoring epidemiological studies and funding research.

For any other sites that may be identified in the future and for any other service members who may have been exposed, similar steps will be taken with respect to notification, evaluation, care and research.

Finding 2-28: Other site-specific exposures of U.S. Troops to low levels of chemical warfare agents cannot be ruled out. A theater-wide time/distance analysis is insufficient to address positive detections by Fox reconnaissance vehicles and M256 kits.

Recommendation: All reports of positive M256 kits and Fox detections must be thoroughly investigated. Where unit logs record positive detections by either type of equipment, members of that unit should be notified and encouraged to enroll in VA's Persian Gulf Health Registry or DoD's Comprehensive Clinical Evaluation Program.

Response: DoD agrees that all confirmed positive detections that meet the standard of recommendation 2-27 will be thoroughly investigated. DoD will examine records to encourage all veterans of units in the vicinity of these detections to enroll in the VA's Persian Gulf Health Registry or DoD's Comprehensive Clinical Evaluation program as was done for the Khamisiyah incident. The current list of possible detections should not be taken as definitive. We intend to apply the PAC's standard stated in Recommendation 2-27 and adopt a conservative and cautious approach with regard to possible detections. DoD's improved veterans outreach program may uncover additional information of possible detections. Each reported detection will be investigated. In order to better understand any relationship between the demolitions, potential exposure and subsequent illness, DoD and VA will sponsor appropriate epidemiological studies and research.

The Office of the Special Assistant has established a new case-management structure to ensure a thorough and complete investigation of all

events surrounding a case. Reported detections are only one piece in the analytical process surrounding a particular incident.

The PGVCB will incorporate this knowledge into its activities including clinical care, research and risk communication.

Finding 2-29: DoD has conducted a superficial investigation of possible chemical warfare agent exposures, that is unlikely to provide credible answers to veterans' questions.

Recommendation: To ensure credibility and thoroughness, further investigation of possible chemical or biological warfare agent exposures during the Gulf War should be conducted by a group independent of DoD. Openness in oversight activities -- including public access to information and veteran participation --public notice of meetings, opportunity for public comment, and regular reporting are essential. Full public accountability is critical.

Response: DoD concurs with some reservations. The DoD position is that we cannot be separate from any independent investigation. DoD must be involved in the investigation as the most important outcome of this entire effort is the future protection of our Soldiers, Sailors, Marines and Airmen. DoD will provide full public disclosure on a continuing basis and welcomes oversight. The Office of the Special Assistant facility currently includes an on-site office for use by a representative(s) of the Presidential Advisory Committee.

DoD is fully committed to a comprehensive and credible investigation of Gulf War veterans' illnesses. We have pledged a thorough investigation and will share the results of that investigation with our veterans and the American people. DoD is committed to ensuring a successful resolution of this issue for those Gulf veterans who served as well as those who will serve in future operations. DoD is morally obligated to provide our veterans an explanation that maintains the confidence of the force and the support of parents whose sons and daughters wear the uniform of our country. The expertise and knowledge to investigate, analyze and to understand what happened resides in the Pentagon.

DoD welcomes oversight and we are committed to openness, communication and truthfulness. As indicated, we have an office for a PAC representative within our complex and will make available, as necessary, space for other oversight activities.

Committee Findings and Recommendations Regarding Coordination

Finding 2-30: Many issues related to post-conflict health concerns of Gulf War veterans are common to the aftermath of other military engagements. Governmental responsibility to address such concerns spans the missions of several federal departments and agencies, but it is a priority for no agency. Resolving these issues in a timely and effective manner requires interagency coordination at the highest levels of government.

Recommendation: A Presidential Review Directive (PRD) should be issued to instruct the National Science and Technology Council to develop an interagency plan to address health preparedness for and readjustment of veterans and families after future conflicts and peacekeeping missions. The President's Committee of Advisors on Science and Technology and other nongovernmental experts, as appropriate, should be asked to review the plan 12 months after the PRD is issued and again at 18 months to ensure national expertise is brought to bear on these issues.

Response: Concur. VA, DoD and DHHS support a Presidential Review Directive (PRD) process to address the many post-deployment health concerns highlighted by the Gulf War experience. A draft PRD, entitled "Development of Interagency Plans to Address Health Preparedness for and Readjustment of Veterans and their Families After Future Deployments," has been drafted by the Office of Science and Technology Policy in the White House. That draft is currently circulating for final interagency clearance; it is anticipated that the clearance process will be completed by the end of March 1997.

Once the directive responding to the Presidential Advisory Committee's recommendation is approved, the relevant agencies will be asked to review policies and programs and identify relevant actions that may be taken by the Federal government to better safeguard those individuals who risk their lives and well-being on deployments to defend our Nation's interests. The PRD will be specifically addressed to the following officials: the Vice President; The Secretaries of Defense, Health and Human Services, and Veterans Affairs; The Director of the Office of management and Budget; the Assistant to the President for National Security; and the Assistant to the President for Science and Technology. If the PRD process within a given agency generates recommendations to support higher priority budgets, programs or policies, then the responsible official must include in the agency report a specific strategy on how these recommendations can be accommodated within and among the balance of the agency's budget priorities.

All of the agency-specific inputs with respect to the issues identified by the Presidential Advisory Committee will be integrated into a comprehensive report by the National Sciences and Technology Council (NSTC) within one year after the issuance of the PRD. The President's Committee of Advisors

on Science and Technology (PCAST) will then take cognizance of the report for final review and approval.

CHAPTER 3: NATURE OF GULF WAR VETERAN'S ILLNESSES

Finding 3-1: Gulf War veterans have experienced no excess mortality from natural causes during or after the war. Gulf War veterans have experienced excess mortality from external causes such as injuries, which is consistent with the experience of veteran populations from previous conflicts.

Recommendation: Research on possible causes and methods of prevention of excess mortality from external causes among veterans should receive high priority.

Response: The PGVCB agrees that long-term mortality follow-up studies concerning external causes are important to determine the cause of excess rates among deployed troops compared to other troops. As a result, DoD and DHHS will collaborate with VA investigators to conduct these long-term mortality studies with the goal to identify risk factors and develop appropriate interventions.

The mortality study carried out by VA's Environmental Epidemiology Service found that Gulf War veterans experienced a small, but significant increased death rate as compared to non-deployed Gulf era veterans. However, this increased risk was almost entirely accounted for on the basis of external causes, such as automobile accidents. There was no difference in death rates due to medical conditions and Gulf War and non-deployed Gulf era veterans had almost half the mortality rate of the general U.S. population.

This increased risk of accidental death was also seen in Vietnam veterans. VA's Environmental Epidemiology Service has already begun a feasibility study of mortality due to external causes. In addition, VA's Environmental Epidemiology Service is completing an extension of the mortality study results through December 1995. PGVCB made research in this area a priority in its recently published 1996 update of the Working Plan for Research on Persian Gulf Veterans Illnesses and is committed to continuing this work.

Finding 3-2: Information from the clinical programs indicates musculoskeletal conditions and ill-defined conditions are common components of Gulf War veterans' illnesses.

Recommendation: Research on Gulf War veterans' illnesses should emphasize investigating the causes and methods of prevention and treatment of musculoskeletal conditions.

Response: The Coordinating Board concurs with this recommendation. Musculoskeletal disorders have been an important source of morbidity in all veteran populations, including the Persian Gulf War. As a part of their broader

research agendas, both VA and DoD have significant resources devoted to musculoskeletal disorder research.

The PGVCB agrees that research on causes and methods of prevention and treatment of musculoskeletal conditions is an important area for investigation. In funding future research, VA and DoD will look for opportunities that would increase understanding of causes, prevention and treatment of these health problems.

Finding 3-3: Data from the clinical programs and epidemiologic studies indicate stress-related disorders are common components of Gulf War veterans' illnesses.

Recommendation: Research on Gulf War veterans' illnesses should emphasize investigating the causes and the methods of prevention and treatment of stress-related disorders.

Response: The PGVCB agrees that traumatic and non-traumatic stress-related disorders may be an important contributing factor to Gulf War veterans' illnesses. Research will be solicited which investigates the possible association of traumatic and non-traumatic stress and Gulf War veterans' illnesses. We agree that research on causes and methods of prevention and treatment of stress-related disorders is an important area for investigation. In funding future research, the government will look for opportunities which would increase understanding of causes, prevention and treatment of these health problems.

Finding 3-5: Stigmatization of psychosomatic illness seriously interferes with some veterans seeking care.

Recommendation: Since the stigmatization of mental illness continues to be a problem for society at large, the DHHS should place a priority on developing public education outreach programs that note the indissoluble association between the mind and the body. DoD and VA should make a special effort to address and target such needed educational outreach to their communities.

Response: DHHS agrees with the Committee that there unfortunately continues to be societal-wide stigmatization of those with mental illnesses. DHHS, principally through the National Institute on Mental Health and the Substance Abuse and Mental Health Services Administration, has been working diligently for several decades to improve the awareness of all Americans about the nature of mental health. Significant strides have been made since 1990 when DHHS launched its "Decade of the Brain" theme, providing a focus not only on neuroscience, but on improving public

awareness and understanding of a broad range of diseases, including psychosomatic and stress induced conditions. Much of the integrative efforts of the program are directed toward making precisely the mind-body linkage recommended in the Committee's report.

To heighten awareness of the nature of mental health, improve the public's understanding of these illnesses, and bring focus to the legitimacy and treatability of psychological conditions, DHHS has taken the initial steps to commission a Surgeon General's Report on Mental Health. DHHS believes that this report, along with its ongoing educational efforts, will positively impact on how society approaches issues of mental health and stress-associated problems. DHHS is fully supportive of the Committee's recommendation.

DoD concurs with this recommendation and sees the release of the DoD Directive on Combat Stress in 1997 as a landmark directive, the first that the Department will have published on combat Stress. The integration of psychological assessment into the overall physical assessment for pre-deployment should help to destigmatize the psychophysiologic processes. In addition, a Directive on Mental Health Assessment should help to further destigmatize the use of mental health services. The publication of thesedirectives will be further enhanced by educational outreach efforts suggested above.

VA, DoD, and DHHS will incorporate this issue into the 1997 comprehensive risk communication plan.

Finding 3-4: Among the subset of the Gulf War veteran population examined in the ongoing clinical and research programs, many veterans have illnesses likely to be connected to their service in the Gulf. Currently, the extent of service-connected illness in the population is unknown.

Finding 3-6: It is unlikely that exposures in the Gulf War theater are responsible for the birth defects of children born to veterans.

Finding 3-7: VA's examination program for spouses and children of Gulf War veterans has little or no value as a research program and offers no incentive for participation, thus raising expectations about the government's ability to respond to health care needs in veterans and their families that are impossible to meet.

Recommendation: Since Congress has extended VA's examination program for spouses and children of Gulf War veterans, VA should formulate what it intends to do with the results and consider mechanisms to reimburse travel and other costs.

Response: Congress enacted Public Law 103-446 Sections 107 which required the VA to conduct a study to evaluate the health status of spouses and children of Persian Gulf War veterans. The Public Law requires the Secretary to conduct analysis and provide recommendations for any further legislation or studies regarding the health status of spouses and children of Persian Gulf War veterans. The Public Law did not provide for the reimbursement of travel or other expenses to the veteran or his family. Given the limitations placed on VA, the Department developed an examination protocol including code sheets and examination requirements. At the conclusion of the Spouse and Children examination program, VA intends to develop a registry similar to the veterans PG registry.

With regard to reimbursement for travel and other expenses, the VA does not have the authority to provide travel reimbursement for the spouse or children of Persian Gulf War veterans participating in this program.

Finding 3-8: The absence of baseline data regarding the reproductive history and health of military personnel makes determinations of the effects of exposures during deployments more complex and difficult.

Recommendation: The government should consider methods for routinely sampling military populations regarding reproductive health so that an appropriate baseline exists for evaluating reproductive outcomes following deployment. In particular, DoD should consult with the National Center for Health Statistics and strongly consider implementing its National Survey of Family Growth and related methodologies for collecting data.

Response: DoD agrees and is considering several options to establish appropriate reproductive outcome baseline data including survey instruments, adverse birth outcomes registries and other reproductive outcomes surveillance systems. As part of these deliberations over the next twelve months, DoD will be consulting with a number of outside organizations, including the National Center for Health Statistics.

Finding 4-1: Although some veterans clearly have service-connected illnesses, current scientific evidence does not support a causal link between the symptoms and illnesses reported today by Gulf War and exposures while in the Gulf region to the following environmental risk factors assessed by the Committee: pesticides, chemical warfare agents, biological warfare agents, vaccines, pyridostigmine bromide, infectious diseases, depleted uranium, oil-well fires and smoke, and petroleum products. Some of these risk factors explain specific, diagnosed illness in a few Gulf War veterans, for example, leishmaniasis has been diagnosed in 32 individuals. Prudence requires further investigation of some areas of uncertainty, such as the long-term effects of low-level exposure to chemical warfare agents and the synergistic effects of exposure to pyridostigmine bromide and other risk factors.

Response: The PGVCB agrees that prudence dictates a continued investigation of all potential risk factors in which scientific evidence does not clearly indicate that health effects in Persian Gulf veterans are unlikely. Furthermore, the PGVCB recognizes that findings from these investigations will have relevance to the health consequences of future military deployments and to the health of the civilian community as well. Therefore, the RWG believes that a broad based research agenda is prudent, warranted, and ultimately beneficial to both military service members and civilians.

Finding 4-2: A number of Gulf War risk factors -- e.g., mustard gas, aflatoxin, and certain petroleum products--are potential human carcinogens that could cause increased rates of cancer beginning decades after exposure.

Recommendation: DoD and VA should perform long-term mortality studies of Gulf War veterans appropriate for investigating cancer rates in the Gulf War veteran population in the coming decades.

Response: The PGVCB agrees that long-term mortality follow-up studies are important and should be funded to determine cancer rates among deployed troops compared to other troops.

Currently, VA's Environmental Epidemiology Service is collecting information on the mortality experience and cause-specific mortality among Gulf War veterans through December 1995. In the future, VA plans periodic updates and long-term mortality study on deployed and non-deployed Gulf era veterans.

Finding 4-3: Stress is known to affect the brain, immune system, cardiovascular system, and various hormonal responses. Stress manifests in diverse ways, and is

likely to be an important contributing factor to the broad range of physiological and psychological illnesses currently being reported by Gulf War veterans.

Recommendation: The entire federal research portfolio should place greater emphasis on basic and applied research on the physiologic effects of stress-related disorders.

Response: The PGVCB agrees that stress may be an important, but not the exclusive, risk factor for Gulf War veteran's illnesses. The PGVCB agrees on the need for a greater emphasis on physiologic effects of both traumatic and nontraumatic stress in its research plan. This issue was incorporated into the December 1996 update of the Working Plan. In proceeding, the first step is to examine the research that is already being conducted, learn from that research and identify gaps in research knowledge. The PGVCB agrees about the need for a better understanding of the relationship between exposure to both traumatic and nontraumatic stress and its role in physical and psychological illnesses. In PTSD research alone VA has invested nearly $7 million and VA investigations have received another $4.5 million from non-VA sources, such as NIH. VA and DoD are partnering in an effort to expand their resources portfolios on stress-related research through the DoD/VA cooperative Research program. It will be very important to compile the ongoing and past research that is relevant to stress disorders in the format used by the PGVCB: methods, completion date, findings. This would allow a current review of areas that have and have not been addressed, an opportunity to better use current research knowledge, and help determine future research priorities.

The Department of Defense, through the Persian Gulf Veterans Coordinating Board, is actively participating in the process for finding and selecting the best scientific proposals for funding involving the health outcomes assosciated with stress. Two efforts are underway: proposals are being sought by a formal Request for Proposals for researchers external to the federal government as well as proposals that are submitted via the VA intramural system.

THE WHITE HOUSE

WASHINGTON

ACTION

MEMORANDUM FOR THE PRESIDENT

FROM: SAMUEL R. BERGER
JOHN H. GIBBONS
KITTY HIGGINS
MELANNE VERVEER

SUBJECT: Gulf War Interim Report

Purpose

To ask the Departments of Defense, Veterans Affairs and Health and Human Services to report back to you on their plans for implementing the recommendations in the interim report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses.

Background

The Presidential Advisory Committee on Gulf War Veterans' Illnesses has issued its interim report (see Tab B), as required under Executive Order 12961, of May 26, 1995. The report is a product of four full Committee hearings and three subcommittee meetings. It contains findings and recommendations in four major areas: outreach, medical and clinical issues, research and chemical and biological weapons. Much of the report focuses on policies, procedures and equipment used during the time of the Gulf War, hence there are relatively few criticisms of current Administration policies. The report is dispassionate and fair and the findings and recommendations constructive.

Findings and Recommendations

Outreach: The Committee is generally very positive about the hotlines, newsletters and other programs that have been developed by DOD and VA to educate veterans and others about Gulf War veterans' illnesses. The report contains a number of recommendations for further enhancing these programs, such as preparing a user's guide to GulfLINK, the DOD site on the Internet containing declassified documents, fact sheets and other Gulf War-related information.

Medical and Clinical Issues: The Committee concludes that DOD's policies and procedures at the time of the Gulf War did not identify health problems among some troops before they were

deployed or at the time of their demobilization. The Committee also criticizes DOD for failing to keep accurate medical records during the deployment, including on the controversial issue of the use of anti-chemical and biological warfare drugs and vaccines. These medical findings could receive particular attention in light of the ongoing deployment of U.S. troops to Bosnia. The Committee recommends a range of measures to ensure the adequacy of medical assessments and record keeping in conjunction with future troop deployments.

Research: The Committee concludes that although most of the studies on Gulf War illnesses sponsored by the Departments are well-designed, future studies would benefit from additional external scientific peer review and from input from public advisory committees and other relevant groups.

Chemical and Biological Weapons (CBW): The Committee concludes that U.S. troops deployed in the Gulf lacked "real-time" biological warfare detectors and were provided with chemical warfare detectors that could not detect mustard agents and were incapable of detecting low-level exposure to chemical agents. Although not new, these findings are likely to stimulate further discussion among veterans and in the press over whether U.S. forces may have been exposed to Iraqi chemical or biological weapons. The Committee recommends that DOD give more attention to developing the necessary CBW detection capabilities and that DOD and CIA coordinate their efforts to review information about possible CBW exposure during the war.

Next Steps

The Committee will devote the next ten months to completing its review of the issues raised in the interim report and monitoring the Administration's response to its recommendations and those of previous expert groups. The Committee's final report is due by December 31, 1996. At Tab A is a memo from you to the Departments requesting that they report back to you promptly on their plans for implementing the interim report's recommendations.

Announcement of Report

In light of the fact that this is an interim report, both the White House staff and the Departments agree that the Administration should be low-key in its response to the report. At Tab C is a Presidential Statement, which is being released by the White House Press Office. Also attached are copies of the statements the Departments are issuing regarding the report.

RECOMMENDATION

That you sign the memo at Tab A.

Attachments
Tab A Memo to Departments
Tab B Interim Report
Tab C Presidential and Department Statements

MEMORANDUM

file
Desert War

TO: Mrs. Clinton

FROM: Diana Zuckerman DMZ

RE: Monday Meeting with DoD re Gulf War Illnesses

DATE: January 21, 1995

The purpose of this memo is to provide background information for our afternoon meeting with DoD Under Secretary John Deutch and Dr. Stephen Joseph, the DoD Assistant Secretary for Health. Melanne and I will meet with you at noon, which will give us the opportunity to discuss any questions and think about how best to focus this meeting. Our plan was that that you would meet with Dr. Joseph, but Under Secretary Deutch also wants to attend. Deutch is DoD's point man on Gulf War illnesses, but his main role thus far has been to deny that U.S. troops were exposed to biological or chemical weapons. I don't know if he is knowledgeable about the health issues.

For this first meeting, the following points seem most important:

1. You and the President have received **hundreds of letters** from men and women who fought in the Gulf War who describe debilitating symptoms that they believe are related to their military service. In some cases, their spouses and children are also ill. Many complain that DoD and VA have refused to take their illnesses seriously or treat them fairly.

2. Your goal is to ensure that DoD, VA and HHS are as responsive as possible to those concerns, and **move quickly to implement the legislative provisions** that have resulted from similar Congressional concerns.

3. You realize that the Defense Reauthorization bill, which includes provisions related to Gulf War illnesses, was signed just a few months ago, and that **it takes time to implement new programs**. However, you want to make sure that progress has been made so that the **research will be underway as soon as possible.**

4. Many veterans' organizations and individuals who served in the Gulf War apparently believe that DoD and VA remain indifferent to the problems of those who served or are covering up problems that resulted from the mistakes of the Bush Administration. The **President wants to work with DoD, VA, and HHS to change that perception** (and to make sure that perception is not accurate). (At this first meeting, you may want to focus on the perception rather than expressing concerns about whether the perception is accurate, since the latter is likely to make them very defensive.)

I don't know to what extent you want to imply the President's involvement at this early stage. On the one hand, it would be beneficial to make it clear to DoD that these concerns are from the Commander in Chief. On the other hand, you may want to emphasize that the White House has just started to focus on this issue and wants to work closely with the agencies right from the start. Your description of the President's involvement also has implications for press inquiries, including 60 Minutes (now scheduled as an hour program the second Sunday of February). We can discuss this issue at the noon meeting.

Summary of Legislation

Sen. Rockefeller introduced amendments to the National Defense Authorization Act that require DoD to provide grants for **three types of studies** of Gulf War illnesses. This law was signed in October 1994.

The DoD is required to spend at least $5 million in FY 1995 for grants to fund research that will be conducted by non-Federal scientists, such as university faculty. The three types of studies are as follows:

(1) The first type of study will be an **epidemiological study or studies** of the incidence, prevalence, and nature of the illnesses and symptoms of men and women who served in the Gulf War. It will also attempt to determine the risk factors (e.g. toxic exposures, use of experimental drugs or vaccines, location and type of military service in the Persian Gulf, etc.) associated with symptoms or illnesses. These studies can include information about the health status of family members of those who served.

(2) The second group of studies will determine the **health consequences of the use of an experimental drug, pyridostigmine bromide,** as a pre-treatment antidote enhancer during the Persian Gulf War.[1] The pyridostigmine (pronounced pa rid o **stig** meen) may be dangerous alone or in combination with insecticides or other environmental toxins.

(A) The first project of this second group of studies will be a **retrospective study of members of the Armed Forces** who served in the Gulf War. They will be contacted and asked questions about their current health, and their use of pyridostigmine and insecticides during the War.

---

[1]Pyridostigmine is called a pretreatment antidote enhancer because it enhances the protection of atropine and 2-PAM, which are antidotes given after exposure to chemical weapons. Pyridostigmine must be given **before** exposure to chemical weapons, and will only work if atropine and 2-PAM are given afterwards.

(B) The second type of pyridostigmine project will consist of **animal research** designed to determine whether the use of pyridostigmine bromide in combination with exposure to insecticides or other relevant chemicals can result in increased toxicity.

(3) The final group of studies can include clinical research or **other kinds of studies on the causes and treatment** of Gulf War syndrome. This should include studies of the **possible transmission to family members**, including birth defects and illnesses.

The animal studies of pyridostigmine and insecticides (described in 2B above) are intended to follow-up on the cockroach research conducted by a USDA scientist in Gainesville (Dr. Jim Moss, the scientist who lost his job after testifying before Congress about his research). All of the studies described above are to be funded by DoD but conducted by independent researchers from universities. The peer review process to fund grant proposals will take a few months.

Other Research and Services Issues

DoD is apparently so concerned about Dr. Moss' findings regarding pyridostigmine and insecticides that they decided to conduct their own study on rats, which was supposed to start this month. In early December, I told a DoD official that Dr. Moss offered to provide information about his research in order to help the DoD researchers, and I was told that DoD would contact Dr. Moss. As of last week, DoD scientists had not contacted Dr. Moss to ask him anything about his research.

DoD is also conducting other research which was recently strongly criticized in a preliminary report prepared by the Institute of Medicine. (The IoM report was required by law). In addition, active duty military personnel who served in the Gulf War have complained to Congress that the DoD procedures for testing their symptoms (which seem impressive on paper) are being used to cover up the problems rather than help those who are ill.

Context

You may want to mention your concern that the problems regarding the lack of research and information about potentially toxic exposures are not unique to Gulf War illnesses. Similar problems have been expressed by atomic veterans (who were exposed to radiation), WWII veterans and Cold War era veterans who participated in military research, and Vietnam veterans exposed to Agent Orange. One goal is to establish safeguards that will minimize these problems in the future.

fire Gulf War

NATIONAL SECURITY COUNCIL

FAX COVER SHEET

NATIONAL SECURITY COUNCIL

17th & Penn, N.W.
Washington, D.C.
20504

Did you get a complete, clear transmission? If not, please call:

(202) 456-9181

From: elisa harris

To: melanne verveer

Date/Time: 21 june

No. of pages to follow: 3

Message: melanne: my draft guidance for McCurry and a copy of a GWI fact sheet i've done for white house and agency use. dod announcement now scheduled for 3:30 today. VA and DOD are working together to notify the key veterans' groups.

elisa

GULF WAR ILLNESSES GUIDANCE

Background: DOD is announcing this afternoon that, at the end of the Gulf War, U.S. troops unwittingly destroyed chemical weapons in an Iraqi bunker at a large Iraqi weapons depot known as Kamisiyah.

Q: Why has this new information come to light?

A: -- In the spring of 1995, the President announced that we would leave no stone unturned in our efforts to determine the causes of the illnesses being experienced by Gulf War veterans and to provide effective medical care to those who are ill.

-- This has resulted in a wide range of new initiatives on Gulf War illnesses, including efforts to re-examine records for evidence of possible exposure to chemical or biological weapons. The information that is being released by DOD today is a direct result of those efforts.

-- Let me just take a moment to mention some of the other initiatives underway on this important issue.

-- The President has established a Presidential Advisory Committee on Gulf War Veterans' Illnesses to review the full range of U.S. Government activities related to the health consequences of service in the Gulf;

-- DOD and VA have provided specialized medical examinations to more than 75,000 Gulf War veterans;

-- More than 80 Federally-sponsored research studies have been initiated on Gulf War illnesses; and,

-- VA has approved almost 23,000 disability compensation claims for Gulf War veterans with diagnosed and undiagnosed illnesses.

-- So, today's announcement needs to be viewed within the broader context of what this Administration is doing to get to the bottom of the Gulf War illnesses problem.

Q: Were American troops exposed to chemical weapons as a result of this incident?

A: -- We have no evidence today that Americans were exposed to chemical weapons during this operation. Chemical agent detectors were present and in use at the time, and they did not confirm the presence of agent. This is a very important issue, however, so we are continuing to look into it.

GULF WAR VETERANS' ILLNESSES

"We must listen to what the veterans are telling us and respond to their concerns. Just as we relied on these men and women to fight for our country, they must now be able to rely on us to try to determine what happened to them in the Gulf and to help restore them to full health. We will leave no stone unturned."

President Clinton, VFW Mid-Winter
Conference, March 6, 1995

On August 2, 1990, Iraq invaded Kuwait. The United States responded by sending 697,000 troops to the Persian Gulf for what became known as Operation Desert Shield. On January 16, 1991, the campaign to remove Iraqi forces from Kuwait, known as Operation Desert Storm, began. Following this conflict, some Gulf War veterans reported a variety of illnesses and disabilities. Veterans also reported illnesses in their spouses and children, including birth defects. The Clinton Administration has responded to these concerns.

A RECORD OF ACCOMPLISHMENT:

- Established the Presidential Advisory Committee on Gulf War Veterans' Illnesses to review the full range of government activities related to the health consequences of military service in the Gulf.

- Provided free health examinations to Gulf War veterans -- whether ill or not -- at Department of Defense (DOD) and Department of Veterans Affairs (VA) medical facilities.

- Initiated VA and DOD toll-free telephone helplines and Internet sites to provide information on the broad range of services available to Gulf War veterans and their families.

- Solicited and funded government and private research studies on Gulf War illnesses, including the potential effects of exposure to smoke from oil well fires, anti-nerve agent drugs, depleted uranium, stress, and infectious diseases common in the Gulf.

- Established a Persian Gulf Veterans Coordinating Board, chaired by the Secretaries of VA, DOD and HHS, to ensure effective coordination of the government's response to Gulf War veterans' illnesses.

- Signed landmark legislation in November 1994 that pays benefits to Gulf War veterans who are disabled but for whom doctors have yet to establish a diagnosis or link to service in the Gulf.

- Declassified information that may help determine the possible causes of Gulf War veterans' illnesses and began to reexamine records for evidence of possible exposure to chemical or biological agents or other incidents which might be linked to veterans' illnesses.

- Enhanced DOD guidelines for medical surveillance during deployments, including collection of data on health and environmental issues and potential exposures. Strengthened the training provided to deploying troops regarding health risks and potential exposures.

Facts:

- DOD and VA have provided specialized medical examinations to more than 75,000 Gulf War veterans.
- In April 1996, VA initiated a new program to provide medical examinations to more than 4,000 spouses and children of Gulf War veterans.
- More than 80 federally sponsored research projects on Gulf War veterans' illnesses have been initiated.
- VA has approved almost 23,000 disability compensation claims for Gulf War veterans with diagnosed and undiagnosed illnesses.
- DOD has declassified and made available to the public over 7,000 pages of operational and intelligence information from the Gulf War.

THE CHALLENGES AHEAD:

- Upgrade military medical information systems to enhance collection and documentation of exposure and health information.
- Improve methods for detecting and identifying chemical and biological warfare agents rapidly and accurately to enable troops to take the necessary protective measures.
- Enhance our understanding of Gulf War veterans' illnesses and their causes through sponsorship of scientific research.
- Establish hotlines and clinical programs to respond rapidly to the health care needs of veterans of future deployments.

DRAFT STATEMENT (bacon)

Since the Gulf War, some veterans have expressed concern that they might have been exposed to chemical weapons during or after the conflict. The Department of Defense has found no evidence that Iraq used chemical weapons during the war, and the Department has found no clinical evidence that U.S. troops were exposed to chemical weapons. Nevertheless, the Department has continued to investigate all possible causes of the illnesses that some Desert Storm veterans are suffering.

In March of 1995, at President Clinton's direction, the Department established the Persian Gulf Investigation Team and ordered it to begin a broad review of all information, including intelligence findings and operational records, that might help explain health problems suffered by Desert Storm veterans. The team launched an interagency search for information collected before, during and after the war. Many of these documents have been made available to the public on GulfLINK, one of the Pentagon's Internet services.

For the past year, the team has been reviewing evidence suggesting that Iraq may have stored chemical weapons at the Kamisiyah Ammunition Storage Area in southern Iraq. This information ~~includes reports~~ from The United Nations Special Commission. UNSCOM has informed us that, as part of its ongoing effort to verify Iraqi declarations, it inspected the Kamisiyah Ammunition Storage Area last month. During that inspection, UNSCOM concluded that one bunker had contained rockets with chemical agent. U.S. soldiers from the 37th Engineer Battalion destroyed ammunition bunkers at this site in early March 1991, shortly after the war ended. Based on a new review of available information, it now appears that one of the destroyed bunkers contained chemical weapons

OPTIONAL FORM 99 (7-90)

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To Ann McGuire	From
Dept./Agency	Phone #
Fax #	Fax #

NSN 7540-01-317-7368 5099-101 GENERAL SERVICES ADMINISTRATION

The troops who destroyed that bunker were trained demolition experts accompanied by chemical weapons experts. They were unaware at the time that the bunker contained rockets with chemical agents. They had inspected the bunker with chemical detectors prior to its destruction and found no evidence of chemical agents. Detectors in use during the destruction also did not confirm the presence of chemical agents.

The Kamisiyah area, including the ammunition storage site, is located southeast of An Nasiriyah and northwest of Basrah and contained several different storage areas, including an open pit and an open storage area where chemical munitions were found. Iraq declared Kamisiyah as a chemical weapons storage site shortly after the Gulf War, and UNSCOM first visited the site in 1991, finding evidence of chemical weapons at the site. Since the May ~~inspection,~~ however, UNSCOM has concluded that chemical weapons were in one bunker slightly more than one mile from the location where chemical weapons were previously detected. Defense investigators, as part of the ongoing administration effort to learn as much as possible about the possible causes of Gulf War Illnesses, are intensely studying Iraq's chemical weapons ~~programs~~ and are trying to document as precisely as possible the actions of U.S. troops during and after the fighting. They have now been able to confirm that U.S. troops did indeed destroy the bunker in question in March 1991.

The troops were about three miles away from the site when the bunker was detonated. The Department has started an examination of health data from the 20,000 Desert Storm veterans who have registered with the Comprehensive Clinical Evaluation Program to determine if service members who were proximate to the Kamisiyah ammunition storage have presented clinical findings distinct from other CCEP participants.

Defense investigators have interviewed some of the American troops who were present at this event, and efforts will continue to locate personnel who were in the area and ~~to evaluate their health status~~. The Department has launched an effort to cross-check the Army's Geographic Information System, which tells were soldiers were during Desert Storm, with the clinical data to look for any new health patterns. As part of the ongoing research effort, analytical projects to model the effects of destruction of the bunker and the prevailing weather conditions in the area at the time are underway, ~~as is~~ research on the possible impact of low-level exposure to chemical agents is planned.

Our understanding of this episode is still partial. Sorting through vast numbers of documents is painstaking detective work. I want to emphasize that this new information is the product of an aggressive effort begun more than one year ago at the direction of President Clinton to try to determine the causes of the illnesses being experienced by Gulf War veterans. This effort included the formation of the Presidential Advisory Committee on Gulf War Illness, which is also looking into this matter. We are releasing this information as part of our continuing efforts to make as much information on these issues as possible available to Gulf War veterans and to the public.

In the spring of 1995, the President announced that we would leave no stone unturned in our efforts to determine the causes of the illnesses being experienced by Gulf War veterans and to provide effective medical care to those who are ill. This has resulted in a wide range of new initiatives on Gulf War illnesses, including efforts to re-examine records for evidence of possible exposure to chemical or biological weapons.

The President established a Presidential Advisory Committee on Gulf War Veterans' Illnesses to review the full range of U.S. Government activities related to the health consequences of service in the Gulf;

-- DOD and VA have provided specialized medical examinations to more than 75,000 Gulf War veterans;

-- More than 80 Federally-sponsored research studies have been initiated on Gulf War illnesses; and,

-- VA has approved almost 23,000 disability compensation claims for Gulf War veterans with diagnosed and undiagnosed illnesses.

-- Today's announcement takes place within the broader context of what the Administration is doing to get to the bottom of the Gulf War illnesses problem.