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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. report	[re: advisory committee] (2 pages)	n.d.	b(6)
002. memo	For John Deutch, et al., From Elisa d. Harris re: Draft Memo on Gulf War Illnesses (4 pages)	02/22/1995	P1/b(1)

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P1 National Security Classified Information [(a)(1) of the PRA]
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file Gulf War

4571

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504
July 15, 1997

ACTION

MEMORANDUM FOR SAMUEL R. BERGER
JACK GIBBONS
THURGOOD MARSHALL, JR.
MELANNE VERVEER

THROUGH: PAUL E. BUSICK PEB

FROM: PHILLIP J. HEYL PJH

SUBJECT: Recent Criticism of Efforts Relating to Gulf War Illnesses (GWI) and Discussion of Next Steps

Attached as Tab I is the proposed response to the President's comment on the June 21, 1997 Shenon article in the New York Times. The article's criticisms of the government's effort (that inadequate emphasis has been placed on chemical warfare agents and the interactive effects of multiple chemical exposure as possible causes for undiagnosed illnesses) are off-target. The Presidential Advisory Committee on Gulf War Veterans' Illnesses (PAC) recommended in December 1996 that new research should be directed in these two areas -- and projects are underway. Accordingly, the GAO report raising these criticisms received forceful responses from the PAC, DOD and VA. The PAC has also told us that they intend to respond to the critical letter drafted by Rep. Sanders referred to in the Shenon article. Congressional interest remains strong, although there was little press interest in recent House hearings on the GAO report.

You should also note that the proposed memorandum for the President takes this opportunity to brief him on the next public announcement -- the Khamisiyah demolition test results which may show a significant increase in the number of troops potentially exposed to low levels of chemical warfare agents. We are coordinating this announcement and troop notification carefully with the agencies in order to ensure that we have a clear message and that we reinforce public confidence in the Administration's process.

Concurrence by: Tony Blinken; Bill Danvers; David Johnson; Randy Beers

RECOMMENDATION
That you sign and forward the information memorandum to the President at Tab I.

Attachments
Tab I Memorandum to the President
Tab A June 21, 1997 New York Times article (annotated)

THE WHITE HOUSE

WASHINGTON

INFORMATION

MEMORANDUM FOR THE PRESIDENT

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

SUBJECT: Recent Criticism of Efforts Relating to Gulf War Illnesses (GWI) and Discussion of Next Steps

Criticism

Philip Shenon's June 21st New York Times article, attached as Tab A, reports on recent claims that Administration GWI efforts continue to devote inadequate consideration to two possible causes of the illnesses reported by many Gulf War veterans. A June 20th letter, drafted by Congressman Bernard Sanders and signed by 86 other Members, criticizes your Presidential Advisory Committee on Gulf War Veterans' Illnesses (PAC) for downplaying risk factors other than stress and calls for the PAC to reconsider the interactive effect of deployed troops' routine exposure to multiple chemicals. A recent GAO report contains more general criticisms of the Administration's research and clinical programs and calls specifically for further investigation into possible exposure to chemical warfare (CW) agents released as the result of coalition air strikes and post-war demolition.

Response

We believe these criticisms of your Administration's efforts are off-target. Following its comprehensive survey of the peer-reviewed scientific literature, the PAC did find that stress is likely to be "an important contributing factor" to the broad range of GWI reported by Gulf veterans. However, the PAC also concluded that given the significant scientific uncertainties remaining, new research should be directed at the "long-term health effects of low-level exposure to chemical weapons" and "interactions between pyridostigmine bromide and other agents."

As a result, the PAC's point-by-point rebuttal to the GAO criticisms emphasizes the degree to which its previous findings

cc: Vice President
Chief of Staff

remain valid. The PAC will respond to the Sanders letter separately. DOD and VA also provided detailed responses to the GAO report. These forceful responses helped to limit the media fallout from both the GAO report and related congressional hearings. The bottom line is that despite earlier missteps -- which the PAC was instrumental in identifying -- we are now devoting substantial resources to thoroughly pursue *all* important GWI risk factors, including CW exposure and multiple chemical interaction. DOD, HHS and VA are now funding more than $9.5 million in research on these issues alone, and have requested proposals for another $17 million in additional related work.

Next Steps

In communicating our efforts with the veteran community, we have focused on enhancing the government's credibility through commitment to a thorough process, rather than any predetermined conclusions. During the upcoming months, we will release the results of a number of investigations and inspectors-general inquiries. The next significant public announcement will occur later this month, when DOD and CIA present their joint determination of the specific military units likely to have been exposed to CW agents. *You should be aware that the total number of soldiers who received a limited duration exposure to low levels of CW agent is likely to be substantially greater than the 21,000 soldiers notified last year* following the first Khamisiyah modeling announcement. This increase has been anticipated for some time, since it was publicly discussed at the PAC's March public hearing in Salt Lake City. We are working intensively with DOD, VA and HHS to ensure that this announcement is presented in a way that reinforces confidence in our current approach and, given the very low levels of chemicals involved, does not needlessly alarm veterans.

It was in large part to oversee the agencies' response to its recommendations regarding the government's GWI efforts that you decided in January to extend the PAC's charter through October of this year. In that capacity, the PAC continues to hold public hearings and effectively spur the agencies toward getting out all of the facts about GWI, including those concerning CW exposure and multiple chemical interaction. We will continue to ensure that the DOD, VA and HHS research and investigative efforts are thorough, that their results are quickly incorporated in improved health care programs, and that these initiatives are effectively communicated to veterans and the public at large.

Given the history of Congress' involvement in the GWI problem, we can expect congressional interest in the future. DOD and CIA will work with former Senator Rudman to ensure that the relevant committees receive the most complete and accurate information on

GWI efforts. While not all of what is uncovered will be "good news," our demonstrated openness will help fulfill your pledge to "leave no stone unturned."

Attachment
Tab A June 21, 1997 New York Times article (annotated)

6-25-97

4571

Internet Laws Overturned In New York and Georgia

Curbs on Smut and Anonymity Are Blocked

By ROBERT D. McFADDEN

In separate but related cases that could shape the future of the Internet, Federal judges in Manhattan and Atlanta ruled yesterday that the States of New York and Georgia could not enforce new laws intended to protect children from computer-network pedophiles and to bar anonymous cyberspace communications.

In the New York case, Judge Loretta A. Preska held that a 1996 law making it a criminal offense to send pornographic materials to minors over the Internet violated a clause of the United States Constitution that prohibits states from unduly interfering in the commerce and activities of people in other states.

The judge ordered Gov. George E. Pataki and Attorney General Dennis C. Vacco, the defendants — and by extension all district attorneys in New York — not to prosecute anyone under the law, noting in a 62-page ruling that was a virtual primer on the Internet that users in California, Oregon, Oklahoma or anywhere might have run afoul of a law they did not even know about.

"The Internet is one of those areas of commerce that must be marked off as a national preserve to protect users from inconsistent legislation that, taken to its most extreme, could paralyze development of the Internet altogether," Judge Preska said, adding: "Only Congress can legislate in this area."

In the Georgia case, Judge Marvin Shoob blocked the enforcement of a recent state law making it a criminal offense to communicate anonymously or to use a pseudonym over the Internet, saying that the statute violated the free-speech protections of the First Amendment.

The decisions were the first by the Federal courts to limit growing state efforts to regulate the content of the Internet, a global network of computers that is used by more than 40 million people and is expected to grow to more than 200 million by 1999. The state laws were held to be well-intentioned but unconstitutional and injunctions were granted to bar any criminal prosecutions. Officials in both states said they were considering appeals.

The rulings were hailed by civil liberties groups, library and bookseller associations, publishers and others who were plaintiffs in the cases, who use the Internet to display and disseminate a wide range of communications, and who might have been exposed to prosecutions under the laws that were challenged.

"We believe this is a historic decision," said Norman Siegal, executive director of the New York Civil Liberties Union, which helped represent the plaintiffs in the New York case. "It is a huge win for the people of the State of New York. It vindicates what we've been telling Governor Pataki and the State Legislature — that they could not and should not censor the Internet."

Ann Beeson, a national staff attorney for the American Civil Liberties Union, who was an attorney for the plaintiffs in both cases, also praised the rulings as a victory for Internet users. "Together, these cases send the powerful message that states cannot constitutionally regulate speech on the Internet."

Ms. Beeson said the New York law was "almost identical" to the Federal Communications Decency Act, which makes it a Federal crime to display "patently offensive," sexually explicit material over the Internet in a manner available to children. The United States Supreme Court is expected to rule soon on the constitutionality of that law.

Attorneys General Vacco of New York and Thurbert Baker of Georgia declined substantive comment on the rulings, saying they were under study and that appeals would be considered. A spokesman for Mr. Vacco, Marc Carey, called the New York law "a reasonable balance between First Amendment free-speech rights and protecting children against pornography on the Internet."

Signed by Governor Pataki last Nov. 1, the law made it a crime to

A Federal judge compares the Internet to interstate commerce.

send "indecent" materials to minors by E-mail or other direct means, although pornographic material posted on the World Wide Web or other locations for general viewing were not covered.

But it also outlawed generally posted Web sites or chat groups that made deliberate, specific efforts to lure children into viewing pornography. The law imposed prison terms of up to four years for anyone convicted of sending sexually explicit material to children on the Internet, and up to seven years for those convicted of making sexual advances to children on computer networks.

On-line services, electronic publishers, other Internet users and civil liberties groups filed suit soon after the law became official, and, pending the outcome, no one was prosecuted, officials said. The suit contended that the law violated the First Amendment free-speech rights of Internet users, and the so-called Commerce Clause of the Constitution, which was written by the framers to prevent overreaching by individual states that might jeopardize the growth of the nation and might interfere in its communications and trade.

The state, in response, argued that the law had been aimed solely at conduct within New York's borders, and had been narrowly drawn to criminalize only those who tried to harm children, and not to interfere with freedom of speech.

The New York Times

SATURDAY, JUNE 21, 1997

Lawmakers Ask White House To Revisit Gulf War Illnesses

By PHILIP SHENON

WASHINGTON, June 20 — Eighty-six members of the House today urged a special White House panel of experts to reverse itself and conclude that Iraqi chemical weapons were responsible for some of the health problems reported by veterans of the 1991 Persian Gulf war.

The lawmakers, responding to the draft of a new Government report that linked Iraqi nerve gas with the sorts of illnesses seen among the veterans, said in a letter to the White House committee that "the evidence is clear that exposure to a wide variety of chemicals in the Persian Gulf may be a significant factor in Persian Gulf illness."

The panel, the Presidential Advisory Committee on Gulf War Veterans' Illnesses, concluded earlier this year that Iraqi chemical weapons were probably not responsible for the veterans' health problems, and that it was far more likely the ailments

Capitol Hill skeptics of a Presidential panel's conclusions.

were linked to wartime stress.

But the panel's findings have been challenged in recent weeks, most significantly by the General Accounting Office, the investigative arm of Congress, which is expected to release a report next week that will harshly criticize the committee.

A draft of the report said there was "substantial evidence" linking nerve gas to the sorts of health problems seen among the veterans.

The author of the House letter, Representative Bernard Sanders, independent of Vermont, said today that the White House panel might have overlooked the possibility that chemical weapons had caused the veterans' illnesses because the committee depended on the Pentagon and the Department of Veterans Affairs "for a lot of its information."

The panel's chairman, Joyce C. Lashof, the former dean of the public health school at the University of California at Berkeley, said the committee members stood by their findings and that their conclusions were reached "after an extensive review of the peer-reviewed literature — we looked at all of these issues."

In a response this month to the General Accounting Office, Dr. Lashof said the draft report was "not worthy to stand published alongside other G.A.O. efforts," and that "the errors of commission and omission are so serious that the publication of this draft in its current form would do a disservice to the Congress's and President's efforts to address gulf war veterans' illnesses."

The Defense Department acknowledged last year that thousands of American troops may have been exposed to chemical weapons after the demolition of an Iraqi ammunition depot. But Pentagon officials have been reluctant to link that exposure to veterans' health problems.

"I hate to condemn those people," Mr. Sanders said of the White House committee, which includes prominent scientists and doctors. "But it's what happens in politics. They are backing themselves into a corner. ... And I think that's very unfortunate."

The House letter was signed by lawmakers from both parties. "This is absolutely a nonpartisan issue," Mr. Sanders said.

A Pentagon spokesman, Bryan Whitman, said lawmakers were wrong to suggest that the Defense Department was not aggressively seeking an answer to the health problems of veterans.

"We're embarked on a very extensive research program," Mr. Whitman said. "We take very seriously the reports of chemical detections."

The House letter was released as three senior Democratic Senators called on the accounting office to open a new investigation of American military doctrine on how to deal with low-level exposure to chemical weapons of the sort American troops may have faced in the gulf war.

The Senators — Carl Levin of Michigan, ranking Democrat on the Armed Services Committee; Robert C. Byrd of West Virginia, ranking Democrat on the Appropriations Committee; and John Glenn of Ohio, ranking Democrat on the Governmental Affairs Committee — said in a letter to the accounting office that they were concerned "that U.S. military doctrine has not changed to reflect the lessons learned from the gulf war experience."

"We believe that the most effective course of action is to prevent the exposures or combination exposures from occurring," the Senators said.

James J. Tuite 3d, a former Senate investigator who is now the director of the Gulf War Research Foundation, said a new investigation was needed because "the Pentagon's steadfast denial of a cause and effect relationship between exposure and illness had resulted in policies and doctrine that continue to place our active duty forces in harm's way."

EB/Daley We need to be careful with this — we're having to defend vs. right thing

Copied Bowles Emanuel.

JUN 30 6:22

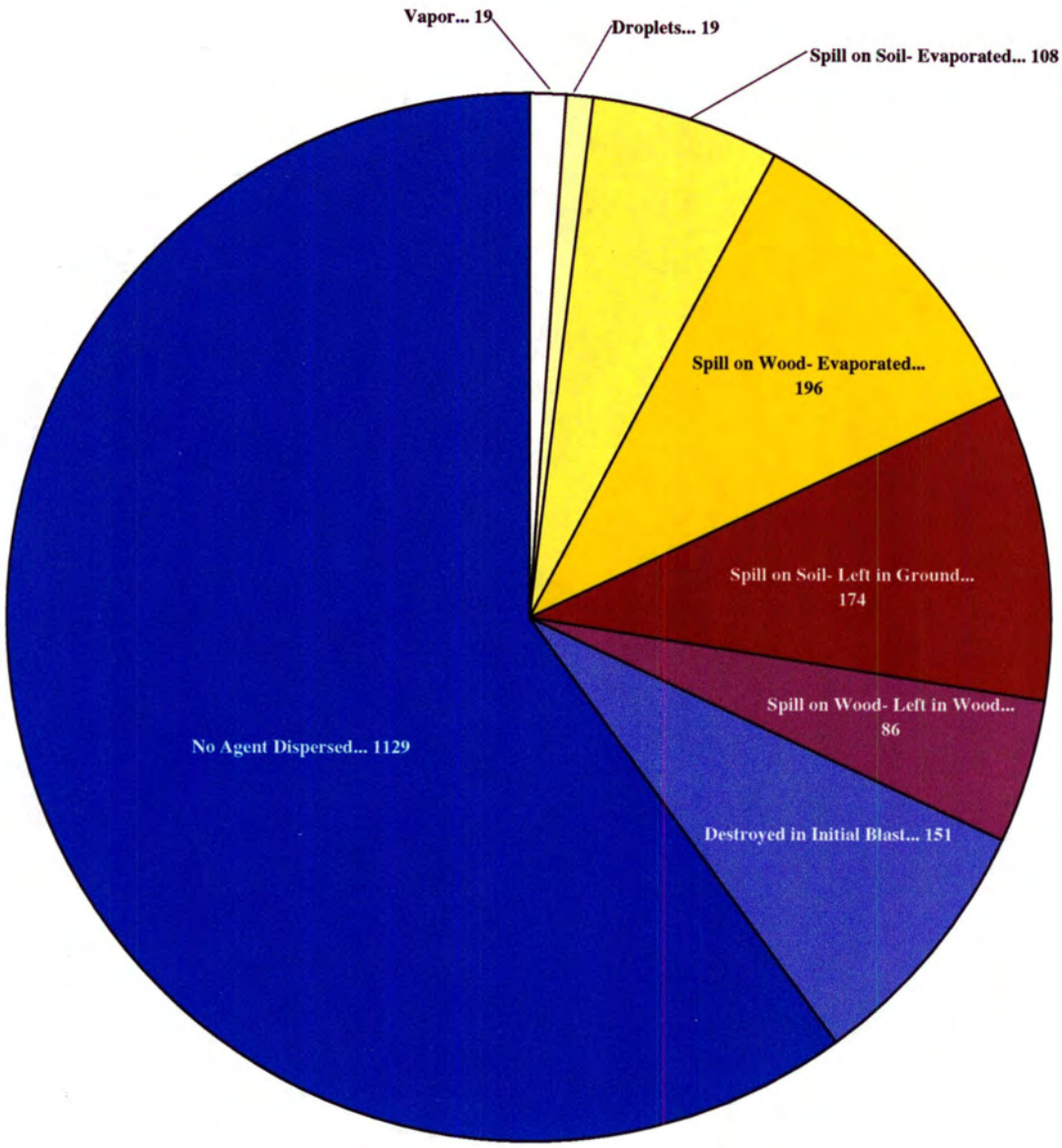
6/26 Sandy — Is there anything we need to make sure this is all handled absolutely appropriately? The president wants to make sure we do the right thing!

Persian Gulf War
Illnesses Task Force

Modeling the Chemical Agent Release at the Khamisiyah Pit

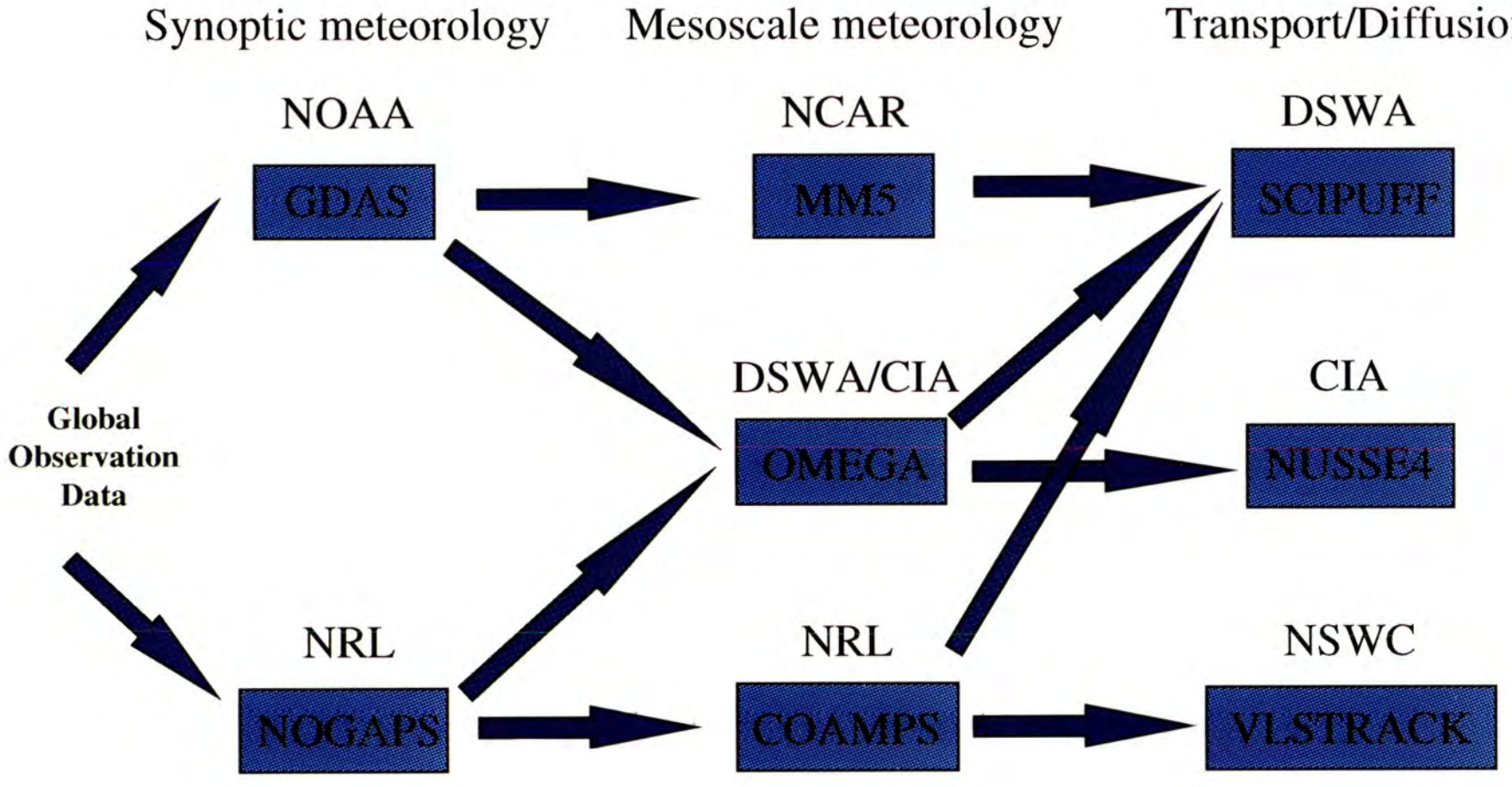
21 July 1997

Agent Disposition in Gallons



1250 Rockets x 6.3 Kg Agent per rocket = 7875 Kg Total = 7125 liters = 1882 gallons

Multiple mathematical models/modelers used in various combinations



Persian Gulf War
Illnesses Task Force

Reducing Uncertainties in Modeling Demolition Activities in the "Pit" at Khamisiyah

17 July 1997

Uncertainties Surrounding 1996 Attempts at Modeling the 'Pit'

- Limited information--only two soldiers' contradictory accounts
- Number and dates of demolition events
- Source term (# of rockets, quantity of agent, agent purity, amount of agent that aerosolized/evaporated)
- No testing of agent reaction in open demolition
- Limited meteorological data (wind, rain)
- No validated, coupled mathematical models

Reducing Uncertainties in the 'Pit'

- Increased interviews with additional soldiers (now a total of five)
- Eliminated uncertainty on the demolition date (only March 10)
- IDA Panel review
- Refined the source term
  - # rockets--1250
  - amount of agent per rocket--6.3 kg
  - agent purity--50%
- Dugway testing provided agent reaction in open demolition
  - amount aerosolized/evaporated (2%/ 16%)
- New sources of meteorological data
- Multiple mathematical models/modelers used

Increased Interviews with Soldiers

- Have now interviewed five soldiers, sometimes together
- Indicated demolition occurred on March 10 at 1615 local
- Indicated log entry suggesting demolition on March 12 cannot be relied upon
- Noted varying heights of stacks
- Described placement of charges on rockets

Eliminated Uncertainty on Date

- All evidence points to single event on March 10
- Log entry for March 12 demolition not credible
  - recorded after the fact
  - all soldiers interviewed indicate single event
- Soldiers recall demolition efforts in all parts of the pit on March 10

IDA Panel Review Reiterated Uncertainties that Halted Work in 1996, and Recommended:

- Examining multiple parametric variations--number of rockets & release mechanisms--to bound source term
  - 1996 effort included multiple variations because ground testing had not been conducted
  - current effort draws on Dugway testing and new information to significantly reduce the uncertainties in the source term
- Extending meteorological reconstructions at least 72 hours
  - 1996 work extended 48 hours
  - current work will extend about 100 hours
- Linking dispersion and meteorological models
  - 1996 work had linked, but not coupled, the models used
  - current work is using more models with various linkages; no coupling

Refined Source Term--
Reducing Need for Multiple Parametric Variations

- Number of rockets in pit--best estimate 1250
  - UNSCOM indicates 750 not destroyed
  - potential for 500 to be affected by demolition
- Amount of agent per rocket--6.3 kg
  - learned as warheads for Dugway test were manufactured
  - originally assessed 8 kg per rocket, which also included mass of plastic canisters
- Agent purity--50%
  - UNSCOM samples and Iraqi claims
  - Iraqi production records

Dugway Testing Provided Agent Reaction in Open Demolition-- Further Decreasing Need for Parametric Variations

- Only the rockets with charges placed on warhead burst to aerosolize about 2% of the simulant as vapor and droplets
  - Soldiers at Khamisiyah had a limited number of charges--about 4 boxes or 120 charges
  - 1% of agent aerosolizes as vapor; 1% as droplets
  - Many rockets not harmed--60% of agent contained
- Wooden crates contained and absorbed about 15% of simulant
  - About 2/3 evaporated over 2-3 days
- About 15% spilled into the soil
  - About 1/3 evaporated over 2-3 days
- About 8% burned during detonation

New Sources of Meteorological Data--Extending Reconstructions for about 100 Hours

- Soot patterns from March 10 bunker demolitions indicate NNW wind at initial time of event
- Rained March 5 and 6; scattered showers on March 11
- Wind began changing direction March 11, rotating clockwise through about 270 degrees over next 2-3 days

IDA Panel Recommended the Following Models

- Meteorological
  - MM5
  - RAMS
  - ETA
  - COAMPS
  - OMEGA

IDA noted that the latter two were "not as well established . . . although appear capable"

- Transport/ Diffusion
  - SCIPUFF
  - HYSPLIT4
  - HYPACT
  - LPDM
  - VLSTRACK
  - NUSSE

IDA noted that, while less preferred, VLSTRACK and NUSSE have "advantages" important to evaluating the Khamisiyah release.

--1996 effort used COAMPS, OMEGA, VLSTRACK, NUSSE, and D2PC
--The current effort is using MM5, COAMPS, OMEGA, NOGAPS, GDAS, SCIPUFF, VLSTRACK, and NUSSE

Multiple mathematical models/ modelers used in various combinations

- Synoptic meteorology
  - NOGAPS
  - GDAS
- Mesoscale meteorology
  - MM5
  - COAMPS
  - OMEGA
- Transport/ Diffusion
  - VLSTRACK
  - SCIPUFF
  - NUSSE

- NRL
- NCAR
- SAIC
- DSWA
- NSWC

THE WHITE HOUSE

WASHINGTON

file Gulf War II

August 13, 1995

MEMORANDUM FOR HILLARY RODHAM CLINTON

FROM: **Diana Zuckerman**

RE: **Briefing for August 14, 1995**

Testimony at the First Meeting of the Presidential Advisory Committee on Gulf War Veterans' Illnesses

- Briefing
- Draft Copies of Secretaries' Prepared Testimony
- Testimony/Remarks

August 11, 1995

ADVISORY COMMITTEE MEETING ON GULF WAR VETERANS' ILLNESSES

DATE:	Monday, August 14, 1995
TIME:	9:40
LOCATION:	Congressional Room, 2nd floor Capital Hilton 16th and K
FROM:	Diana Zuckerman

I. PURPOSE

To address the first meeting of the President's Advisory Committee on Gulf War Veterans' Illnesses.

II. BACKGROUND

This is the first meeting of the President's Advisory Committee on Gulf War Veterans' Illnesses. The President announced that he would create the Advisory Committee at a VFW speech in March, and he announced the members just before Memorial Day.

You will be the first speaker. You will be introduced by Dr. Joyce Lashof, the Chair of the Advisory Committee. Robyn Nishimi, the staff director, will escort you into the room. Secretary Jesse Brown, Secretary Donna Shalala, and Deputy Secretary John White will speak after you. You are scheduled to leave before they speak.

You will address your remarks to the Advisory Committee members, although you also welcome the veterans in the audience at the beginning of your talk. The Committee meeting is open to the public, and we are expecting an audience of several hundred, although it could be considerably fewer. The audience will include at least two Gulf War veterans whom you have met with (Nancy Kapplan and Steve Robertson), and several others who have written to you. The latter include Betty Zuspann, whose husband is extremely ill, and Gina Whitcomb, whose son is very ill. Col. Herb Smith is in the hospital and therefore unable to attend, but his testimony will be presented by another Gulf War veteran. The press will be located behind the audience.

Monday's agenda for the meeting includes your remarks, followed by remarks and Q's & A's for the two Secretaries and the Deputy Secretary, and more detailed talks by Dr. Ken Kizer (VA Under Secretary for Health), Dr. Stephen Joseph (DOD Asst. Secretary for Health) and Dr. Henry Falk (Director of the Division of Environmental Hazards and health Effects at CDC). They will also answer questions after their presentations. After lunch, there is a public comment session, which will include brief presentations by veterans, a few researchers and health care providers, and the man who conducted Sen. Riegle's investigation of the use of biological and chemical weapons in the Gulf War.

Meet and Greet

After your remarks, you will have a few minutes to greet the Secretaries and the Advisory Committee members. This will include a photo op. If you choose to do so, you may go to the rope line to greet veterans and other audience members. Unfortunately, they are seated at some distance away so it may be difficult to greet them unless they go to the rope line.

III. PARTICIPANTS

Advisory Committee Attendees
Dr. Joyce Lashof, Chair
Dr. John Baldeschwieler
Dr. Art Caplan
Dr. Don Custis (Ret. Admiral)
Gen. Fred Franks (Gulf War veteran)
Dr. David Hamburg
Marguerite Knox, R.N. (Gulf War veteran)
Dr. Phil Landrigan
Dr. Elaine Larson
Rolando Rios
Dr. Andrea Kidd Taylor

IV. SEQUENCE OF EVENTS

- HRC arrives and proceeds to podium
- Dr. Lashof introduces HRC
- HRC gives remarks
- HRC thanks everyone, walks over to greet Secretaries
- HRC proceeds to meet & greet (10 minutes) members and rope line
- HRC departs

V. PRESS

Open press, photo op with Secretaries, Committee members, and possibly rope line

Wofeki

Statement by

Donna E. Shalala

Secretary of Health and Human Services

at

Meeting of the Presidential Advisory Committee

on Gulf War Veterans' Illnesses

Washington, D.C.

August 14, 1995

Thank you, Dr. (Joyce) Lashof.

I want to join my colleagues in thanking all of you for dedicating your energy and expertise to our veterans and our country.

Five years ago, hundreds of thousands of American men and women left their families, friends, jobs, and homes behind to defend freedom half a world away.

While most of our citizens returned safely from the Persian Gulf War, the journey for some has been fraught with pain and illnesses.

Today, we in the Administration are renewing our promise to these Americans and their families: We are committed to finding the answers.

All of us -- whether we serve on the panel, or in the Cabinet -- are here because President Clinton is determined to get to the bottom of these medical issues.

The President has made it very clear -- we must "leave no stone unturned" in our efforts to identify what these illnesses are, how we can help the victims and their families, and what we can do to prevent similar maladies from afflicting veterans in the future.

At HHS, we have taken these challenges very seriously.

Our involvement with this issue began when we examined the environmental impact of the oil well fires that occurred in the early days of the war.

Since that time, we've provided support to the VA and the DOD for laboratory diagnosis of leishmania infection.

Through the NIH, we've convened a scientific panel to review health effects of the Gulf War and define future research needs.

We've conducted studies of illnesses reported by some Gulf War veterans in a Pennsylvania Air National Guard unit...

...And we've investigated birth defects reported by others in two National Guard units from Mississippi.

Today, we're proud to be part of the interagency Persian Gulf Veterans Coordinating Board.

And I'm pleased to say that HHS, through the Centers for Disease Control and Prevention, will soon be collaborating with the Iowa Department of Public Health to conduct a telephone survey examining the health of Iowa Gulf War veterans and their families.

In a few minutes, Dr. Henry Falk, of the National Center for Environmental Health, at CDC, will provide you with more details about our work.

All of these are important steps -- but we need you to help us do even more.

The commemoration of the 50th anniversary of World War II and the dedication of the Korean War Memorial remind us all of the enormous contributions our veterans have made.

Time and time again, they have sacrificed their lives so that others could be free.

Our veterans must know that long after the battle has ended, long after the mission has been accomplished, long after the last enemy stronghold has been captured, and long after the flag of victory has been planted...

...their country will be there for them and their families.

Again, I want to thank members of the committee for helping us give our veterans and their families the answers and the assistance they deserve.

Thank you.

DRAFT

Remarks
Hon. Jesse Brown
Secretary of Veterans Affairs

Presidential Advisory Committee
on Gulf War Veterans' Illnesses

Washington, DC
August 14, 1995
****

Dr. Lashof and distinguished members of the Committee;

Colleagues from other Departments and agencies;

Fellow veterans;

Honored Guests;

Ladies and gentlemen:

I am very happy to be here today.

More importantly, I am very happy that YOU are here today.

This is a very significant moment for our veterans and their families.

Today's first meeting of this Committee elevates the health problems of our Persian Gulf veterans to the highest possible level.

You -- ladies and gentlemen -- represent the best and the brightest our nation has to offer in a complex area of health and public policy.

Your work has been given top priority.

I think it is also very important that this Advisory Committee will look into reports of the possible detection of chemical or biological agents.

VA will continue to evaluate whether any of these veterans health problems might be the result of exposure to these agents.

We are also looking into the inoculations and medications they received to protect them from chemical and biological weapons.

And we are concerned about the long-term effects of the enormous stress that many of our Gulf War veterans experienced.

So there are clearly many reasons for concern.

Now --

-- Many veterans are reporting symptoms;
-- Some have undiagnosed illnesses; and
-- Nearly all have questions.

All of us have been looking for answers. But the information is incomplete and some answers have been elusive.

When I made this issue a top priority nearly two and a half years ago, only one thing was known for sure --

--Persian Gulf veterans were suffering.

They were suffering from fatigue, memory loss, painful joints, and other physical and psychological problems.

That is why I committed VA to doing everything possible to assist those who were suffering right then.

For the longer term, we not only launched our own research efforts, but teamed up with other Departments to focus our search for scientific answers.

There are a number of basic elements in our comprehensive approach to the problem:

The first step is evaluating immediate problems, and providing care.

• We offer a Special Health Examination -- which includes a free, complete physical with basic lab studies.

This is available to all Persian Gulf veterans concerned about their health, whether they are ill or not.

48,000 veterans have been examined so far, and the results have been entered in our Persian Gulf Registry.

We continue to monitor the Registry to identify any patterns of illnesses and complaints.

And this centralized registry allows us to provide veterans on the Registry with updates on health issues, research findings and new compensation policies.

• At our four Persian Gulf Referral Centers, experts evaluate the cases which are most difficult to diagnose. These are located at Washington, DC, Houston, Los Angeles and Birmingham.

• We offer veterans priority access to VA care for any disability that might be related to an environmental hazard or toxic exposure in the Gulf.

Clearly, this is important to Persian Gulf veterans with serious health problems. So we obtained special authority to augment VA's regular eligibility rules to treat them.

Following evaluation and treatment, our second step in responding to Persian Gulf veterans' concerns deals with disability compensation.

We supported, and worked hard to enact, legislation to pay compensation to Persian Gulf veterans with chronic disabilities –

-- even though their conditions are undiagnosed and have not yet been traced to their military service.

We felt veterans deserved the benefit of the doubt. The Congress agreed, and the President signed this law late last year.

In February, I was proud to join President Clinton in presenting one of the first compensation checks awarded under the new law to a veteran from Illinois.

We are contacting every Persian Gulf veteran who has had a VA registry exam, and urging them to file a claim for compensation benefits.

We are reviewing claims for every Persian Gulf veteran who had filed a claim based on environmental hazards.

The third step in our basic approach is one which I believe will most concern this committee: the matter of getting definitive answers.

This obviously involves research. We have already begun a large and ambitious effort in this direction.

- There are now over 30 government research projects looking into areas including general health, environmental effects and chemical agents.

• VA and the Defense Department have contracted with the National Academy of Sciences to review existing information In this area.

VA is also moving forward with our own research.

• For example, we established three special research centers focused specifically on the effects of exposure to environmental hazards.

• Our mortality rate follow-up study will compare causes of death for Persian Gulf veterans, with the cause of death for veterans serving in the same era, who were not deployed to the Gulf.

• Another of our studies will survey symptoms, illnesses and exposures of 15,000 Persian Gulf veterans. It will compare their experiences with those of a similar size group who served at the same time, but did not go to the Gulf. This study will also evaluate the health status of veterans' family members.

The final step in our approach is getting the word out.

• We are working closely with our nation's veterans service organizations, to reach out to Persian Gulf Veterans and their families.

• Our Persian Gulf Information Center -- operates a nation-wide, toll free information line staffed by trained operators.

We also provide 24-hour-a-day information through electronic bulletin boards.

• The Persian Gulf Review newsletter goes out periodically to everyone on the Persian Gulf Registry, providing them with the latest information on research and other developments.

• We are conducting a series of Persian Gulf Health Days at a number of our VA medical centers around the country. These seminars allow concerned veterans to get direct answers to their questions.

• And finally, VA officials -- from myself and Deputy Secretary Gober, to facility directors -- have participated in hundreds of media interviews, describing VA programs for Persian Gulf veterans.

There are too many things going on for me to describe them all in this setting, but that is a good part of the picture.

The Persian Gulf Veterans Coordinating Board -- which includes the VA, the Departments of Defense and Health and Human Services -- continues to coordinate extensive work on research, clinical issues and disability compensation.

In the end, I believe -- as the President has promised -- that no stone will be left unturned.

But I want to state in the strongest terms possible -- something I have said to many others: If there is anything we are not doing that you would like to see us do, let me hear from you.

Your counsel is very important to us.

And I believe you understand --

-- that we cannot send our men and women in uniform to foreign battlefields, have them put their lives on the line for national security, and then ignore them when they need us.

You, ladies and gentlemen, have a most important responsibility. I pledge to you VA's total cooperation.

Any records, data or other information you feel you need will be available to you. All you need to do is ask. We will respond fully and promptly.

I wish you good luck, and Godspeed in your work.

Thank you.

DRAFT 8/10/95,5:49 PM Gibson/Denny

Remarks by Deputy Secretary White
Presidential Advisory Committee on Gulf War Veterans' Illness
14 August 1995

Want to thank Secretary Brown, Secretary Shalala for leadership, sharp focus & hard work in helping DoD help Gulf War veterans and families who suffered illnesses after the war.

Together, we are aggressively carrying out President Clinton's commitment to address this serious problem.

- And we are energized by his personal attention to the plight of these veterans.
- Goals:
  1) Take care of our service members
  2) Openness; people have right to know;
  2) We don't have a corner on knowledge; want process of investigating and understanding the illness to be interactive.

Dr. Stephen Joseph, Assistant Secretary of Defense for Health Affairs, will brief you on the details of the Defense Department's actions.

- Secretary Perry has asked me to give personal and high-level attention to issue;
- I would like to provide highlights of our initiative.

Many of our Gulf War veterans are ill, and believe it's a result of their service.

- That's all the proof we need to give them the medical attention they need.
- Proust: "Pain we obey."

- The pain of our veterans we will obey.
- It's the least we can do for the men and women who put their lives at risk for our country.
- It's the right thing to do, our duty to do it, we have been doing it and we will continue to do it.

Secretary Perry and General Shalikashvili communicated to all service members on active duty who served in Persian Gulf urging them to come forward, report illnesses -- won't hurt career.

- Following up with four-part program:

1. Treat the illnesses.

- Fundamental and initial emphasis.
- Last June launched Comprehensive Clinical Evaluation Program for Gulf War Veterans.
- Have 23,000 who responded to SECDEF & Chairman's encouragement.
- August 1 report: Review of 10,020 of our in-depth medical exams shows no evidence of unique "Persian Gulf Illness";
- But rather, multiple illnesses with overlapping symptoms.
- Study is clinical, not perfect research nor final word.
- Will continue to provide care and review all records.

2. Understand the illnesses.

- DoD, VA, HHS also funding in-depth medical research into problem.
- In FY95 DoD dedicated $12 million.

- Research is being done by both government and non-governmental entities.

3. Investigate the illnesses.

- DoD, VA & HHS are aggressively gathering clinical information.
- In March, established Investigative Team to analyze Persian Gulf classified and unclassified DoD and non-DoD documents related to actions and incidents that could have had impact on health.
- Set up "1-800" number for people to report incidents and theories that may help investigation.
- Declassifying and analyzing operational and intelligence records.

4. Inform people about the illnesses and possible causes.

- Making all operational and intelligence documents relative to possible causes of illnesses available to the public.
- August 3, announced initial release of 3,700 pages of records, including defense intelligence and captured Iraqi documents.
- All Information should be available by December '96.
- Making public access easier to information about illnesses and what we're doing about them by putting documents on 2 on-line databases on Internet.
- First, GULF-Link for the declassified documents.
- People can click onto this file, browse the data, move it around, put things together, analyze it anyway they like.
- Tried it myself; easy and informative to use.

- We'll update GULF-Link as we receive and declassify more documents.
- Second database for documents we publish, including the clinical report on the medical exams we conducted, press releases, fact sheets and research results.

Dr. Joseph will elaborate on these initiatives on 11 o'clock panel, but I want to reiterate the bottom line:

- As we have for the past year, we will continue our aggressive effort to treat, investigate, understand, and inform people about the illnesses.
- This Administration is committed to caring for our ailing veterans.

file Gulf war

January 30, 1996 DRAFT (Based on Revised Draft Interim Report)

Red Flags From Draft Interim Report Of The

Presidential Advisory Committee on Gulf War Veterans' Illnesses

This is a summary of the draft findings and recommendations that are most likely to capture public attention at the January 31 meeting of the Advisory Committee, when they discuss the interim report.

The draft interim report focuses on four major areas, and the final chapter discusses the issues that will be included in the final report, which is due in December, 1996. The issues of greatest public interest, such as quality of medical care and a review of veterans' reports of chemical weapon exposure, are deferred to the final report.

The draft report includes a substantial number of findings and recommendations, which are too numerous to include in a brief summary. Since most of the criticisms focus on policies, procedures and equipment used during the time of the Gulf War, there are relatively few criticisms of current Administration policies. Many of the findings and recommendations appear helpful and worth pursuing.

Compensation

One issue that may cause concern is something that is missing from the interim report: it does not mention VA's disability compensation program, either in its findings or as a topic for the final report. The Advisory Committee's charter specifies that the coordination of activities between the Departments should be reviewed, and disability and compensation is specified as one of those issues. However, compensation may have fallen off the Advisory Committee's "radar screen" because it was not mentioned as a major topic to be reviewed, in the way that clinical care, outreach, chemical and biological weapons, and research were listed.

Biological and Chemical Weapons:

The draft interim report summarizes the findings of the U.N. Special Commission on Iraq regarding Iraq's biological and chemical weapons programs, discusses the shortcomings of the equipment used to detect chemical and biological weapons during the Gulf War.

Perhaps the most noteworthy finding is that the DOD designed all their chemical warning and detection equipment to detect highly toxic exposures to nerve gas, but not low level exposures. This decision was based on the logical assumption that any chemical weapons would be used at sufficiently high levels to incapacitate troops, and also was intended to avoid false alarms. **Although the report does not say so, the implication is that DOD's repeated assertions that "there is no evidence that Gulf War veterans were exposed to chemical weapons," are misleading because they really mean "there is no**

evidence of high levels of exposure." If U.S. troops were exposed to low levels of chemical weapons when the chemical weapons factories were blown up, there was apparently no detection system that could have provided evidence to that effect. The major point here is not whether such a detection system should have been in place, but rather that without one, DOD has no way of knowing whether U.S. troops were exposed to low levels of chemicals which could potentially cause health problems. The draft report recommends that "DOD should devote more attention to monitoring low-level (subacute) exposures to CW agents."

The report also finds that the M8A1 chemical weapon detectors that were used were **not designed to detect mustard agents** (such as the lethal chemical weapon that was called "mustard gas" in World War I), even though Iraq was known to have them. The draft also points out that these **detectors were sounding alarms very frequently** in response to smoke, dust and other substances (due to an intentionally high false alarm rate), and also sounded in response to low battery levels and routine daily maintenance.

The report also criticizes the lack of a detection and warning system for biological weapons. Efforts are being made to develop such a system, but it does not yet exist despite impressive budgets for defensive BW/CW programs.

The overall impression of the section is that there were many deficiencies in the detection equipment, but that DOD is aware of these shortcomings and working to correct them. Unfortunately, the shortcomings have not yet been corrected, which could raise many questions in the minds of current soldiers and the public, especially those whose family members are serving in the military. The report does not discuss the controversial issue of whether troops were exposed to biological or chemical weapons; that will be included in the final report.

Research:

In the Executive Summary, the Advisory Committee states that several shortcomings are **"undermining the effectiveness of the government's research effort."** The draft report finds that some of the Federal studies on Gulf War illnesses are so poorly designed that they may **waste limited resources and "could provide misleading information, leading to false conclusions."** The report states that in some cases, peer reviewers' recommendations to either improve or not fund these studies were ignored. Although the draft report does not specify which studies it is alluding to, at a recent public meeting the Advisory Committee specifically criticized several DOD studies conducted at the San Diego Naval Research Center (including a study of birth defects). The DOD continues to quote one of these studies as evidence that Gulf War veterans' offspring are not more likely to have such defects, so if this study is called misleading by the Advisory Committee, DOD's credibility could be called into question.

The interim report also expressed concern about the **likely low participation in the VA's health survey**, because it was mailed rather than done by telephone. Although the

interim report does not say so, the current response rate for that VA survey is **only one-third**, which is very low. **This is one of VA's major studies.** VA is making major efforts to improve that response rate, but it is too soon to say how effective they will be. The interim report states that **if the response rate is less than 70%, it would be "difficult to draw conclusions"** because those who participated may be substantially different from those who did not participate. If the response rate remains low, the study would likely be criticized as a waste of valuable resources.

The draft report also criticizes the lack of peer review of some studies, and the lack of coordination and critical evaluation by the Persian Gulf Veterans Coordinating Board (which consists of the Secretaries and relevant staff of the three Departments). It recommends that the Research Working Group of the Coordinating Board be more willing to criticize and coordinate these studies in the future. This suggestion had previously been made by White House staff to the Departments.

The draft report acknowledges that collecting research data is never the primary concern during wartime, but expresses concern that because DOD did not collect objective information on exposures (to oil smoke, insecticides, etc.), it will be extremely difficult for anyone to conduct research that can determine which specific exposures are associated with specific medical problems.

Medical and Clinical Issues:

The section on clinical care focuses on pre-deployment and post-deployment issues, and poor medical record-keeping, because the Committee has not yet evaluated quality of care in VA and DOD hospitals. **The draft report suggests that some of the U.S. troops that were deployed were probably not suitably screened for health problems.** The numbers of individuals involved is unclear. The report recommends establishing a quality assurance program for screening, and also recommends that DOD assign a high priority to **"dealing with the problem of lost or missing medical records."** Although missing records is not a new issue to the VA or DOD, this issue may be newsworthy to the public.

In the Executive summary, the Advisory Committee states that **"FDA has failed, in the five years since the Gulf War, to devise better long-term methods for governing military use of drugs and vaccines for CBW defense."** They also point out that DOD needs to improve training procedures to **warn future U.S. troops that "they may be required to take drugs or vaccines not fully approved by FDA."** This is more clearly stated than it was in the previous draft, and may therefore raise public concerns.

The issues of access to care and quality of care will be dealt with in the final report.

Outreach:

The interim report is generally very positive about current outreach efforts, but criticizes DOD and VA for delays in getting their outreach programs started. It also suggests specific improvements, such as recommending that the VA's broadcast Public Service Announcements should explicitly state that the VA offers medical care to help Gulf War veterans who are ill.

The interim report describes the DOD's GulfLINK program, which makes declassified documents available to the public, as "user friendly" and "accessible." However it recommends a user's guide to make the information it provides more helpful. Without such a guide, the report states that **"The net effect ...could be to confuse rather than enlighten" because documents are made available without explanations and with the caveat that their accuracy is unknown.**

January 29, 1996 DRAFT

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improve that response rate, but it is too soon to say how effective they will be. Anything less than 50% would be considered dismal, and anything less than 70% could be criticized as of questionable value, especially given the cost of this study.

The draft report also criticizes the lack of peer review of some studies, and the lack of coordination and critical evaluation by the Persian Gulf Veterans Coordinating Board (which consists of the Secretaries and relevant staff of the three Departments). It recommends that the Research Working Group of the Coordinating Board be more willing to criticize and coordinate these studies in the future. This suggestion had previously been made by White House staff to the Departments.

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File Gulfwar

01/07/97 9:30 AM

PRESIDENT WILLIAM JEFFERSON CLINTON
RECEIVING PAC REPORT ON GULF WAR ILLNESSES
THE WHITE HOUSE
JANUARY 7, 1997

Acknowledgments:

Secretary White

Secretary Brown

Secretary Shalala

Director Tenet

Dr. Lashof and members of the Presidential Advisory Committee on Gulf War Veterans' Illnesses

Members of Congress

Representatives of military and veterans' organizations:

I'm pleased to accept the final report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses. Dr. Lashof and Committee members -- thank you for your thorough and dedicated work over these past 18 months. I pledge to you, and to all America's veterans: We will match your efforts with action.

Six years ago, hundreds of thousands of American troops defended our vital interests in the Persian Gulf. They braved a dangerous enemy, harsh conditions, and lengthy isolation from family... and they blazed to victory with lightning speed.

But when they came home, for reasons we don't fully understand, thousands of soldiers became ill. These men and women served their country with courage, skill and strength. Now, they must know they can rely on us. We must not -- and we will not -- let them down.

Three years ago, I asked the Secretaries of Defense, Health and Human Services, and Veterans Affairs to form the Persian Gulf Veterans Coordinating Board, to strengthen our efforts to care for our veterans and find the causes of their illnesses.

I signed landmark legislation that pays disability benefits to Gulf War veterans with undiagnosed illnesses. DOD and VA established toll free help lines and medical evaluation programs. And I'm especially grateful to the First Lady, who took this matter to heart -- reaching out to veterans and making sure their voices were heard.

To date, we have provided Gulf War veterans with more than 80,000 free medical exams. We have approved more than 26,000 disability claims. HHS, DOD and VA have sponsored more than 70 research projects to identify possible causes of these illnesses.

But early on, it became very clear that answers weren't emerging fast enough. Hillary and I shared the frustration and concern of many veterans and their families. We realized the issues were so complex they demanded a more comprehensive effort. That is why, in May 1995, I asked some of our nation's best doctors and scientists, as well as Gulf War veterans themselves, to form a Presidential Advisory Committee that could provide an open, thorough, and independent review of the government's response to veterans' health concerns... and the causes of their ailments.

Since that time, we've made some real progress. The Department of Defense, with the CIA, launched a review of more than 5 million pages of Gulf War documents... declassifying some 23,000 pages of materials and putting them on the Internet. Through this effort, we discovered important information concerning the possible exposure of our troops to chemical agents in the wake of our destruction of an arms depot in Southern Iraq.

The Committee made clear -- and the Defense Department agrees -- that this new information demanded a new approach -- focusing on what happened not only during but after the war, and what it could mean for our troops. Based on the Committee's guidance, DOD has restructured and intensified its efforts -- increasing tenfold its investigative team... tracking down and talking to veterans who may have been exposed to chemical agents... and devoting millions of dollars to research on the possible effects of low-level chemical exposure.

I am determined that this investigation be credible and comprehensive. We haven't ended the suffering. We don't have all the answers -- and I won't be satisfied until we've done everything humanly possible to find them.

That is why I welcome the Committee's report and its suggestions on how to make our efforts even stronger. I also take extremely seriously the concern regarding DOD's investigation of possible chemical exposure. I am determined to act swiftly on these findings -- not only to help those veterans who are sick, but to apply the lessons of this experience in the future.

I have asked the Secretaries of Defense, Health and Human Services, and Veterans Affairs to report to me in 60 days with concrete, specific action plans for implementing the recommendations. And I am directing Secretary-designate Cohen, if confirmed by the Senate, to make this a top priority.

I am also announcing two immediate initiatives. First, I have asked the Committee to stay in business nine more months -- to provide independent, expert oversight of DOD's efforts to investigate chemical exposure, and also to monitor the government-wide response to their broader recommendations.

The Committee's persistent, public efforts have helped bring much new information to light. I have instructed them to fulfill their oversight role with the same intensity, resolve and vigor they have brought to their work so far.

Second, I am accepting Secretary Brown's proposal to reconsider the regulation that Gulf War veterans with undiagnosed illnesses must prove their disabilities emerged within two years of their return in order to be eligible for benefits.

Experience has shown that many disabled veterans have had their claims denied because they fall outside the 2-year time frame. I have asked Secretary Brown to report back to me in 60 days, with a view toward extending the limit.

And we will do whatever it takes to research Gulf War illnesses thoroughly. Every credible possibility must be fully explored -- including low-level chemical exposure and combat stress.

I know that Congress shares our deep concern, and I thank Senator Specter, Senator Rockefeller, and Congressman Evans for being here. Caring for our veterans is not a partisan issue -- it's a national obligation. As we continue to investigate Gulf War illnesses, I urge Congress to ratify the Chemical Weapons Convention, which would make it harder for rogue states to acquire chemical weapons in the future.

This report is not the end of the road, any more than it is the beginning. We've done a lot of hard work and we're making some progress, but our task is far from over. The Committee's assessment gives me confidence we're on the right track.

We have much yet to learn, and as we do, we will make our findings public. We will be open in how we view Gulf War illnesses and all their possible causes... open to the veterans whose care is in our hands... and open to the public that is looking to us for answers. I promise our veterans -- and every American -- we will not stop until we have done all we can to care for our Gulf War veterans, to find out why they are sick, and to help make them healthy again.

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MEMORANDUM

To: Melanne Verveer

From: Diana Zuckerman

Re: Summary of the First Advisory Committee Meeting

Date: September 1, 1995

This memorandum is in response to your request for a summary of the first meeting of the Presidential Advisory Committee on Gulf War Veterans illnesses. As you requested, I have provided some detailed information regarding the IOM criticism of the DOD report.

Overall, the meeting was very successful in providing a considerable amount of information to 10 of the 12 members of the Advisory Committee. Based on the members' questions, they were very focused on all the information that was provided, and were sensitive to the kinds of issues that they were created to review, such as coordination of government efforts, and access to medical care.

Monday Morning

The First Lady's opening remarks, and the fact that she was there, were generally well-received, and the press coverage was favorable, focusing on her quote of the President that "just as we relied on our troops, they must now be able to rely on us" and on her encouraging the Advisory Committee to remain open-minded and pursue all reasonable inquiries.

The Secretaries/Deputy Secretary's remarks were also well received. The first question was from Marguerite Knox (the Gulf War veteran who was present), who asked Secretary Brown whether VA medical centers will make Internet available to Gulf War veterans so that they can access the information regarding Gulf War issues that is on it. The Secretary and the audience were obviously very receptive to her question, and Secretary Brown essentially promised that it would be done. It was a good example of the importance of having Gulf War veterans on the Advisory Committee.

The presentations by Dr. Stephen Joseph (DOD), Dr. Ken Kizer (VA), Dr. Henry Falk (CDC), and Dr. Bob Roswell (Coordinating Committee) generated considerable interest and many questions. There were some interesting exchanges about the relative unimportance of determining whether there is a single unique Gulf War illness. Several panel members

pointed out that there could be several different illnesses even if many of them resulted from military service in the Gulf.

Dr. Larson and Dr. Lashof expressed concerns about the DOD report making comparisons between ill Gulf War veterans and a general population that is older, more female, and not really comparable. This was probably the most direct criticism of this session. Dr. Joseph defended the report, saying "I'm sure we could get a sample... that was gender and age comparable. You would still have the argument that no civilian populations are comparable to the health and fitness and perhaps other characteristics...of a military population." Dr. Lashof replied that "If you're going to publish any kind of comparable group, if there is a group that at least is comparable in age and sex, it would have been more helpful than a generalized population that comes to a clinic who basically are much older and sicker people than one would expect in the veterans, and whether its worth going back and doing that now, I don't know. It depends on how much work it is, but I would suggest that you might take a look at that."

Monday Afternoon

In the afternoon, the veterans and their advocates were given approximately 5 minutes each to make presentations, and approximately five minutes each to answer questions from the Committee. Nancy Kapplan, an ill family member who spoke with the First Lady at Walter Reed, testified with her husband about her family members' illnesses. You may recall that she and several of her children got asthma after unpacking her husband's bags from the Gulf (before he returned home). She, her husband, and her 6-year old daughter are now very ill; her daughter weighs only 36 pounds. Several veterans and family members who have written to the First Lady also testified.

The veterans' testimony was often moving, and usually contained detailed information about their illnesses and experiences with the VA medical system. Several mentioned the long waits for appointments at VA medical centers, the lack of informed doctors at some VA medical centers, and their frustration with trying to get VA or DOD doctors to take their complaints seriously. Some of the presentations generated several questions; others did not generate any questions. I think that generally the session provided invaluable information to the Advisory Committee, and satisfied the veterans' desires to be heard.

In addition to the veterans, several advocates also testified. Steve Robertson, the American Legion Legislative Director and Gulf War veteran who met with the First Lady, testified on behalf of the Legion rather than himself. Al Donnay, who works for an organization interested in multiple chemical sensitivity, criticized the DOD study for gathering information in ways that did not include more than 6 symptoms per patient, and did not included "undiagnosed" symptoms if there were six diagnosed symptoms. He concluded that the results were therefore biased because so many veterans had symptoms that were not coded in the study. Jim Tuite, the former staffer of Sen. Riegle, testified about his findings regarding chemical weapons in the Gulf War.

Tuesday

The second day was devoted to presentations by the two expert panels from the Institute of Medicine. One panel reviews the CCEP, which is the clinical evaluation protocol that is used to diagnose the symptoms and illnesses of Gulf War veterans. The other panel reviews the Gulf War research activities of the Federal government.

As you know, the media coverage of the first day focused on the criticisms of the IOM expert panel on the DOD's CCEP report. Unbeknownst to the White House, the IOM released the report on Monday morning, even though the IOM presentation was not made until Tuesday.

The main criticisms of the IOM panel were as follows:

1. The CCEP is intended as a diagnostic tool, not a research tool. The DOD report used it as research data, by comparing symptoms and diagnoses to other samples from the general population. Based on those comparisons, DOD concluded that Gulf War veterans have common symptoms that are not especially different from those of the general population. Since the general population is older and includes more women, these comparisons are not especially meaningful. For example, we expect joint pain in older patients, but not in 30 year old veterans.

2. IOM criticized DOD for failing to specify that some Gulf War veterans are certainly sick because of their military service, such as those with leishmaniasis.

3. IOM criticized DOD for concluding that there is no unique Gulf War illness, saying that they did not have sufficient basis for that conclusion.

4. IOM criticized DOD for minimizing the impact of stress on illness.

Despite these criticisms, the IOM presentation was also quite complimentary to DOD, especially praising their efforts to provide appropriate diagnostic tests and medical treatment. In fact, the IOM panel chair, Dr. Burrow, barely mentioned any criticisms of the DOD report. He explained that the IOM panel had criticized a June draft of the DOD report, and that the DOD had released a revised version in August that had addressed some of the issues that IOM had raised (apparently in response to criticisms from VA or HHS). The Advisory Committee members responded with some frustration, asking why DOD and IOM had not coordinated their efforts. Obviously, it would have been most useful to the Administration if DOD had revised their draft after receiving IOM criticisms, and if IOM's report was based on the DOD final report. White House staff do not know why DOD released a final report before receiving the IOM's feedback, but the IOM witness suggested that DOD was in a hurry to finalize their report and did not want to wait.

During the final hours of the meeting, Committee members listed their concerns and discussed how to proceed. The suggested activities varied from very narrow suggestions, such as possible effects of kerosene use, to a comprehensive review of all the exposures that veterans believe they were exposed to, and the government's response. Other suggestions included investigating the types of equipment used to detect chemical weapons, the extent to which individuals were properly screened for medical problems before they were deployed, and the idea of a "case study" approach by following some veterans who are seeking health care and evaluating their experiences.

One of the more interesting issues raised in this discussion was Dr. Baldeschwieler's suggestion that the CDC's study of the health effects of the oil well fires may have been inadequate. This would be very important, because the oil well fires were an immediate concern, but when the CDC conducted a study that concluded that the risks were no greater than the typical U.S. urban area, that assuaged virtually everyone's concerns. If it were determined that the CDC did not evaluate the health risks appropriately, as Dr. Baldeschwieler suggested might be the case, I would expect that oil fires would once again become a major area of research interest.

The Committee organized into six subcommittees, including such issues as clinical care, vaccines and prophylactic drugs, environmental exposures, psychological stress, infectious diseases, and chemical warfare. They decided that they would hold regional hearings as well as meetings in Washington. The next meeting will be October 18-19 in the Washington, DC area.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. report	[re: advisory committee] (2 pages)	n.d.	b(6)

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

FOLDER TITLE:
Gulf War II [2]

2013-0534-S
ry1553

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(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

File Gulf War

THE WHITE HOUSE

WASHINGTON

March 11, 1995

MEMORANDUM FOR HAROLD ICKES
KITTY HIIGGINS

FROM: JENNIFER O'CONNOR

SUBJECT: PRESIDENTIAL ADVISORY COMMITTEE ON GULF WAR VETERANS' ILLNESSES

These are the decisions to be made or questions to be answered by the end of today's 11:00am meeting with the First Lady, Sandy and yourselves:

I. Who will manage it from the White House?

The Human Radiation Working Group required one White House person, full time, three months to manage it, until it got up and running. Now it is merely a portion of one person's job to watch over it and "liaison" with it. The options in the White House are: NSC, OSTP (Jack Gibbons), First Lady's office, and Cabinet Affairs. If you choose either of the latter options, you almost certainly would have to allow the office to bring on a staff person (detailee) for three months.

II. Committee Makeup

The draft Charter and Executive Order state that the committee will have up to 11 members, one of whom is the chair. The President approved an invitation to David Hamburg, head of Carnegie Corporation, to serve as Chair. I do not know if the invitation has been made yet; the First Lady will be in NY on Tuesday and may talk to him about it there. The remaining questions about committee make-up are:

A. Is 11 members the right size?
B. What criteria will be used to select the members?
   1. Will there be 5 doctors, 3 environmental hazards specialists, 2 all-around well-respected people, and 1 veteran? Should there be some other set proportion of people with different backgrounds? Or will we just look for 11 "good" people?

2. Assuming we answer the above question, is there any particular experience or background we want the members to have? Can any of them work for the federal government, or should they be entirely private citizens? Is it okay if they have contracted with the federal government to research this issue before -- like Josh Lederberg, for example? Should some of them have been combat physicians?

C. What process will we use to select the members?
We are already receiving calls from Members of Congress who want to nominate individuals from their states. Many veterans are calling the Department of Veterans Affairs to say they would like to be on the committee. We need to make sure our process will not be a focus of criticism, given the high degree of interest in this issue. Here is one proposal:

1. We ask the Departments (VA, DoD and HHS), veterans service organizations, the chairs of previous review panels, and Members of Congress who are interested to submit names.

2. A screening committee made up of representatives from DoD, VA, HHS, NSC, the First Lady's office, Cabinet Affairs and Office of Science and Technology (Gibbons' shop) reviews the candidates and selects 20-25 candidates to present to the President.

3. To make this work, we need an intake system for calls and letters. The Office of Public Liaison may be best equipped to perform this role. Or the office that ends up managing this process could do it.

III. Budget and Staff

A. Budget
DoD has agreed to fund it. The draft charter and Executive Order, however, give it such a broad mandate, that the limiting factor will be the budget. We don't want to pull a number out of a hat; however, we need to make a hard call on how much money we want DoD to spend, given that this figure will be the limit on the group's work. For reference, the Human Radiation group initially estimated costs of $ 3 million in a year and actually spent $4.5 million.

B. Staff
In agreeing to fund it, DoD has agreed to put the staff for the Committee on its payroll. We want to make sure, however, that it is independent. Thus we need to develop a process for selecting the staff director (Example: have the Departments and the Chair suggest candidates; then have Sandy, Melanne Kitty plus the Chair select the director.) Then, we probably ought to let the staff director hire wholly independent staff. We could allow DoD to provide the support staff. For reference, Human Radiation has used a bit more than 40 full time staff, including support staff.

C. Public Function

A purpose of the Committee is to show the public that we are seriously attacking this issue. Do we want to ensure that the staff includes persons dedicated to public liaison (with veterans groups), press, and congressional liaison?

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. memo	For John Deutch, et al., From Elisa d. Harris re: Draft Memo on Gulf War Illnesses (4 pages)	02/22/1995	P1/b(1)

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

FOLDER TITLE:
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November 22, 1994

MEMORANDUM FOR HAROLD ICKES

FROM: Jennifer O'Connor

SUBJECT: Persian Gulf Illnesses

I have prepared a brief update for you on the interagency efforts to deal with the unexplained illnesses of Persian Gulf Veterans. In addition to the summary below, I have attached a fact sheet, which the departments periodically update, which describes their ongoing joint research efforts and findings.

BACKGROUND

Many veterans of the Persian Gulf Desert Shield and Desert Storm operations came back with a variety of illnesses. Approximately 130,000 have received outpatient treatment and more than 10,000 have received inpatient treatment for a variety of illnesses. 34,000 veterans have had clinical evaluations as part of Veterans Affairs' Persian Gulf Registry. Many of the symptoms the veterans exhibit include rashes, nausea, aches, fatigue and other illnesses.

As of a year ago, the Departments responsible for caring for these veterans were not coordinated. In January, 1994, we established the Persian Gulf Veterans Coordinating Board to join the Veterans Affairs, Defense Department and Health and Human Services research efforts. They have some 30 research projects between them. I have been serving as the White House point person for this group and I speak with them each week.

The issue has been a lightening rod for attacks on the Administration. Throughout the year, veterans service organizations and individual veterans have attacked the Administration for not doing enough fast enough. Senators Riegle, Shelby, Rockefeller, and Rep. Montgomery have all had multiple hearings on the issue -- which usually include a variety of sick veterans who testify as to how badly they feel and how little they think we are doing about it.

The press has grabbed this issue as well because the sick veterans make an interesting story. Last week there was a two part series on Channel 7 about sick veterans. There are several stories each week from different parts of the country about sick Persian Gulf veterans. The latest focus is on alleged birth defects and contagiousness of the illnesses. Santa Cruz passed an ordinance banning the donation of blood by Persian Gulf veterans and there have been many anecdotal stories about birth defects resulting from Gulf service.

The Departments have responded to the attacks by putting together a significant amount of briefing materials and trying to let the press and members of Congress know about the efforts we are making to test and treat veterans. The problem is that many of these research projects are ongoing and have not produced results. And the few that have produced results have been inconclusive. No doctor has yet been able to find a connection between Gulf service and the aches, rashes, nausea, memory loss, etc. that these veterans are experiencing.

CURRENT ISSUE

There is one major current issue on this topic. Within the next two weeks, the Department of Defense will conclude a portion of one of their research evaluation programs. It will be the first results from DoD's efforts to study the illness. Confidentially, the Department has shown me some of the results. The study still finds no cause, like studies that have come before it. It also shows that a significant percentage of illnesses are caused by what DoD initially termed "psychiatric" causes.

I have alerted the staff at the Department that they need to brief senior staff here before releasing their findings. At the moment, Deputy Secretary Deutch is awaiting an evaluation of the results from the Institute of Medicine. Then he will be ready to show the results to us.

I recommend you chair this meeting and would like your recommendations as to other political senior staff who should attend. (Perhaps Sandy Berger, Pat Griffin, Steve Hilton, George Stephanopoulos, David Dreyer should attend.) The results, if they show the illnesses are largely psychological, will lead to a sound thrashing of our efforts in the press and public.

Please let me know how you would like to proceed.

Persian Gulf Veterans Coordinating Board FACT SHEET

Contacts:
Department of Defense (703) 695-0192
Department of Veterans Affairs (202) 273-5700
Department of Health and Human Services (202) 690-7470

Dec. 1994

Activities Overview — Persian Gulf Veterans' Health

DETERMINING SCOPE OF THE PROBLEM

- Some veterans returning from the Persian Gulf report a range of symptoms which have not been readily explained, such as fatigue, joint pains, headaches, rashes and loss of memory.
- Current evidence suggests these problems are not the result of a single cause but are the result of multiple illnesses with overlapping symptoms.
- No possible causes of unexplained symptoms have been ruled out, including veterans' concerns about medications, possible exposure to chemical agents, depleted uranium used in armaments, oil well fire smoke, and many other possible exposures.
- VA established the Persian Gulf Registry, which now includes 34,000 medical evaluations.
- DOD developed the "Comprehensive Clinical Evaluation Program" for patients whose diagnosis is not readily apparent after routine medical assessment.
- DOD initiated a new toll-free hotline, 800-796-9699, for Persian Gulf veterans who suspect they are experiencing medical problems as a result of their Gulf service.
- VA has designated 3 referral centers to provide a network of specialists for second opinions and additional consultations for hard-to-diagnose patients.
- An expanded examination protocol now is being used at VA hospitals and DOD facilities.
- VA, DOD, and HHS have formed the Persian Gulf Veterans Coordinating Board to develop the most effective strategies for medical care, research and compensation issues.

TREATMENT AND COMPENSATION

- Gulf veterans are provided high-priority access to VA health care under P.L. 103-210.
- Persian Gulf veterans who are chronically disabled by undiagnosed illnesses may receive compensation through P.L. 103-446. A proposed compensation rule was published Dec. 8, 1994.

RESEARCH

- Several military epidemiological studies are now in progress that focus on 1,500 Navy Seabees, medical records from any hospitalizations among 350,000 active duty troops who previously were stationed in the Persian Gulf, and children born after servicemembers returned from the Gulf -- comparing each of these study groups with controls.
- VA is funding three environmental hazards research centers which utilize 14 integrated protocols that view Gulf veterans' health from a variety of risk factors and disease categories.
- The Centers for Disease Control and Prevention is surveying Iowa Gulf veterans' health.
- The Mississippi state health department in conjunction with CDC is studying the occurrence of birth defects in two National Guard units.
- VA will survey a large group of Persian Gulf veterans and their families in 1995 to gather information about symptoms in a representative group of Gulf veterans.
- Under the authority of the "Veterans' Benefits Improvement Act of 1994," P.L. 103-446, VA will conduct medical evaluations for the purpose of studying potential health effects on spouses and children.

Persian Gulf Veterans Coordinating Board FACT SHEET

Contacts:
Department of Defense (703) 695-0192
Department of Veterans Affairs (202) 273-5700
Department of Health and Human Services (202) 690-7470

Persian Gulf Veterans' Health Problems

Dec. 1994

An interagency board — the Persian Gulf Veterans Coordinating Board — was established in January 1994 to work to resolve the health concerns of Persian Gulf veterans, including active duty personnel and reservists with Gulf service. The board, headed by the Secretaries of the Departments of Defense (DOD), Veterans Affairs (VA), and Health and Human Services (HHS), is overseeing and coordinating working groups focusing on research, clinical issues and disability compensation.

Background

Some 697,000 active duty service members and activated National Guard and Reserve unit members served in the Persian Gulf theater of operations. Of this number, 323,491 have separated from the military. Responding to concerns about the health problems of Desert Storm veterans, in April 1994 DOD established a central surveillance system to help identify potential medical problems. A coordinator was designated at each military medical facility to document and record information on service members who served in the Persian Gulf and facilitate appropriate care and treatment. DOD maintains a data base that contains information on all military participants in the Gulf. VA created the Persian Gulf Registry Program in 1992 for concerned veterans who served in the Persian Gulf, inviting them to come to VA for a free examination. The three departments are investigating possible causes of Persian Gulf veterans' health problems, including various chemical exposure combinations, leishmaniasis, health effects of oil well fires, petrochemical exposure, possible exposure to chemical/biological warfare agents, effects of vaccines and medications, and exposure to depleted uranium. DOD, VA and HHS are engaged in more than 30 Persian Gulf-related projects, including general health, environmental effects, chemical agents and depleted uranium.

Persian Gulf Registry

VA's Persian Gulf Registry Program offers a free, complete physical examination with basic laboratory studies to every Persian Gulf veteran who has health concerns, whether or not the veteran is ill. A centralized registry of participants who have had these examinations is maintained to enable VA to update veterans on

In addition to routine preparations for troop deployment, DOD took a number of health-related steps for the latest deployment of troops to the Persian Gulf. These steps include briefings covering preventive medicine information on potential health hazards. Deploying troops also were provided with a handbook containing health information specific to the Persian Gulf area. In addition to the medical personnel normally assigned to ensure appropriate primary and specialty care in the Persian Gulf theater, expert medical teams were requested with expertise in industrial hygiene, stress, infectious diseases and chemical/biological warfare. These supplemental medical teams will provide improved monitoring of environmental exposures and prompt examination of any untoward medical events that occur during this recent deployment. The presence of the teams also will allow better identification of troop locations and the correlation of possible exposures to environmental hazards.

Compensation

While research may take years to find answers about what is causing Persian Gulf veterans' health problems, the Clinton Administration supported legislation, recently passed by Congress, to give VA authority to award compensation benefits to chronically disabled Persian Gulf War veterans with undiagnosed illnesses. The bill authorizes VA to pay compensation to any Persian Gulf veteran suffering from a chronic disability resulting from an undiagnosed illness that became manifest during Persian Gulf service or to a degree of 10 percent or more within a specific period of time following Gulf service. The bill requires that the time period is to be specified by Sec. Brown. VA moved quickly to draft regulations, which were published in the Federal Register Dec. 8, and is reopening benefits claims that were previously denied. Some 14,895 veterans with Persian Gulf service currently are receiving VA compensation or pension benefits for injuries or diagnosed illnesses of all kinds.

Birth Defects/Infectious Transmission

The possibility of either inheriting a birth defect or contracting an infectious disease from a Persian Gulf veteran parent are important medical questions and deserve an extremely careful review. Preliminary results of a study conducted by the Mississippi State Health Department in conjunction with CDC showed no increase in birth defects or childhood illnesses among children born to Persian Gulf veterans in two National Guard units. Among more than 17,000 individuals participating in the VA Persian Gulf Registry, the incidence of reported birth defects was actually less than expected in a normal healthy American population. Despite these preliminary results, a comprehensive, collaborative government response is underway to resolve the lingering concerns of Persian Gulf veterans. VA will study as many as 15,000 veterans who served in southwest Asia and compare them to another group of veterans who served outside the area. HHS will survey 2,000 veterans from Iowa with a similar sized control group, and thousand Persian Gulf veterans and controls. Each study will specifically address birth outcomes and childhood illnesses in the children born to veterans of the Gulf War. VA also will conduct a study to evaluate the health status of spouses and children of Persian Gulf War veterans on VA's Persian Gulf Registry. The study will include diagnostic testing and medical examinations to formulate research hypotheses regarding possible association between illnesses or disorders suffered by Persian Gulf

- DOD is continuing its work as a world leader in developing a less invasive test for viscerotropic leishmaniasis that may provide for broader diagnostic screening use in the future.

- Between April and Dec. 1991, DOD, Environmental Protection Agency and HHS scientists were sent to the Persian Gulf to evaluate environmental exposures from Kuwait oil fires and to investigate respiratory hazards associated with oil well fire smoke exposure.

- From Dec. 1991 through Nov. 1993, HHS's Centers for Disease Control and Prevention (CDC), at the request of DOD, was involved in evaluating serum specimens from persons who served in the Persian Gulf region for evidence of leishmania infection.

- Both VA and DOD are continuing to examine the role of stress from deployment and post-traumatic stress disorder, with a goal of developing intervention strategies.

- CDC will be conducting a telephone survey of Iowa residents to compare the health status of some 2,000 veterans who served in the Gulf with that of 2,000 veterans who served during the Gulf War but were deployed elsewhere.

###

TO: Melanne

FROM: Diana

RE: Visits to DC VA and Walter Reed

file Brief

DoD

DoD is delighted that the First Lady wants to visit Walter Reed. They are looking at possible visits during the week of Feb. 13th. I invited Sec. Perry, but they said Deutch is a more likely companion. Gen. Blanck, who is Commander of Walter Reed, is wildly enthusiastic. So far Larry Cavaiola is great.

DoD will try to arrange for the First Lady to meet with 5-6 Gulf War veterans. They will screen, and then I will screen, before we set up any events. I asked for a range of patients, in terms of how well they were doing, how successful their treatment was so far, etc.

VA

As you can see from the attached memo, VA's list of places to visit includes all the fanciest facilities. I have a few concerns. VA always wants outsiders to visit their few fancy facilities, but when veterans see these places on TV they wonder why they have to go to hospitals that are such dumps, in comparison. The Houston description seems especially off message -- we want the human touch, they have robots delivering food!

After our meeting with the First Lady, I chatted with Dr. Kizer about the advantages for us of having the First Lady visit the DC VA Medical Center, despite the fact that it is a less than ideal facility. I told him that if VA is really opposed, we'll drop the idea, but shared with him our preference that the First Lady be publicly seen with veterans rather than only at a military medical facility. He said he'd get back to me, and did so, saying he will try to arrange such a visit. The main obstacle is supposedly whether they can find 5-6 veterans who they are willing to let the First Lady visit. I told him that we wanted a range of patients, in terms of how well they were doing and how satisfied they are. We agreed that if all the patients said everything was great, it would have no credibility.

Dr. Fran Murphy called as a follow-up and mentioned that he had spoken with Herb Smith and he told her that he might be invited to attend an event at the DC VA. I told her that our original plan had been to do so when he was there anyway, but wasn't sure how they'd feel about it. She said "We'd love to have him."

Department of Veterans Affairs

Memorandum

Date: February 2, 1995

From: Under Secretary for Health (10)

Subj: First Lady's visit to VAMC

To: Asst. Secretary for Public and Intergovernmental Affairs (002)
Dr. Diana Zuckerman, Office of the First Lady, The White House

In follow up to our recent discussions, I offer the following options for the First Lady's visit to VAMCs where PGW activities are occurring.

a. VAMC Durham
Contact: Barbara Small, Director, telephone 919.286.6903
Special Features: excellent Persian Gulf Registry examination program; clinics on Tuesdays and Fridays from 9:00 am to 11:30 am; Geriatric Research, Education and Clinical Center with the GEROFIT Program and an Extended Care and Rehabilitation Center; New Ambulatory Care Building and Intensive Care Tower; Women Veterans Comprehensive Health Center

b. VAMC Houston
Contact: Dr. Ed Young, Chief of Staff, telephone 713.794.7100
Special Features: Persian Gulf Referral Center (four patients in the house as of 1/31/95)
Beautiful new (1991) facility with private rooms and telephones for the patients, very modern OR and recovery rooms, robots for delivery of food to wards, and a large nursing home built around an atrium (This facility was chosen for Queen Elizabeth II to visit several years ago).

c. VAMC Birmingham
Contact: Dr. Bob Roswell, Chief of Staff, telephone 205.933.8101
Special features: active Persian Gulf Health Advisory Clinic every Friday; Southeastern Blind Rehabilitation Center (one of 4 in the system).

d. VAMC Baltimore
Contact: Mike Phaup, Director, or Colleen Shepherd, Associate Director, telephone 410.605.7001
Special features: Depleted Uranium Surveillance Program
Beautiful new facility (1993) with first "filmless" radiology department, DHCP imaging and bedside terminals.

I would recommend the facilities in the order listed, although we would need to get some further data regarding possible timing of the visit, etc., so as to coordinate with clinic activities.

Kenneth W. Kizer, M.D., M.P.H.

VA FORM MAR 1989 2105

IV. SEQUENCE OF EVENTS

1. Visit inpatients at the "day room" of the VA nursing home ward. (15 minutes; open to the press). **Only one of these patients is a Gulf War veteran; she is a 55 year old African American woman named Maybelle Denham.** Most of these patients are elderly and have been hospitalized for a long time. Some are younger and have AIDS or other diseases. You probably met some of them when you visited the VA for Memorial Day in 1993. This part of the visit is in honor of National Hospitalized Veterans Week, and also was included so that veterans don't feel that Gulf War veterans are getting all the attention.

Brown intros that

2. Brief opening remarks before your informal discussion with 6 Gulf War veterans (1 hour; open to the press). {If it seems necessary, we can hold part of this event in a private room without press.}. Jesse Brown and Dr. Ken Kizer will also be there, as will one doctor from the DC VA Medical Center. Information about this is provided later in this memo.

3. You may offer to answer 2-3 press questions after the informal public discussion. If necessary, we can then ask press to leave so that you can continue talking to the veterans privately.

No press?

4. Discussion with DC VA Medical Center health care professionals (15-20 minutes; closed to press). This will give you the opportunity to ask them any questions that you have based on the previous discussion, and give them a chance to tell you what they think you should know.

Application

protect our interests
around the world — want
to Kuwait had to protect —

— might for all of us.
What are pesticides doing
to us?

Future engagements

Can't get compensation
people for early retirement
- thinking they were well -

prohibition vs dual compensation
req change in law

Have Been

Copied

file Gulf war

The American Legion

For God and Country

★ WASHINGTON OFFICE ★ 1608 "K" STREET, N.W. ★ WASHINGTON, D.C. 20006-2847 ★
(202) 861-2700 ★ FAX (202) 861-2728 ★

June 5, 1997

Melanne Verveer
Chief of Staff
Office of the First Lady
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Ms. Verveer:

I am the director of The American Legion's programs for Gulf War veterans. The American Legion is the nation's largest veterans service organization with three million members, 45,000 of whom are Gulf War veterans.

We have been grateful for the First Lady's interest and concern for the thousands of veterans who suffer from Gulf War Illnesses (GWI), and for the children of Gulf War veterans who suffer from birth defects. We are aware of the First Lady's role in creating the Presidential Advisory Committee on Gulf War Veterans' Illnesses (PAC), and we have acknowledged the PAC's positive impact on the federal government's approach to GWI. There are two aspects of GWI that the PAC has not had an impact on, however, and they are: medical treatment provided to Gulf War veterans by the federal government; and an open dialogue between federal agencies and the veterans community.

The PAC failed to adequately assess the effectiveness of the medical treatment offered to Gulf War veterans who suffer from poor health. This failure has prevented the federal government from conducting such an assessment itself. The outcome is that Gulf War veterans are not having their illnesses treated effectively, and they are therefore left feeling ill.

The federal agencies responsible for GWI were criticized by the veterans community for failing to inform its leadership about upcoming announcements concerning completed scientific findings. This failure had been adequately addressed late last year, most notably with the appointment of a Special Assistant for Gulf War Illnesses at the Department of Defense. Recently, however, federal agencies have made a concerted effort in withholding important information from the veterans community in order to affect the media coverage of particular announcements. These efforts have consequently undermined the fledgling period of trust that was developing.

I would appreciate the opportunity to discuss these concerns at your earliest convenience. I hope to offer a view of recent events and government programs that will assist the First Lady in remaining Gulf War veterans' most effective advocate. I look forward to your reply.

Sincerely,

MATTHEW L. PUGLISI
Assistant Director
Gulf War Programs