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001. list	re: Human Radiation Interagency Working Group [partial] (1 page)	01/18/1994	P3/b(3)

COLLECTION:
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FOLDER TITLE:
Gulf War Illness (More) - Gulf War Illnesses [Folder 1]

2013-0534-S
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RESTRICTION CODES

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

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

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

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

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

GULF WAR ILLNESSES

FACT SHEET

Persian Gulf War Nuclear Biological Chemical Logs

No Evidence Withheld

There is no basis for the charge that the Department tried to hide the logs in response to Senator Riegle's March 1994 request. In its "initial interim" response to the request, the Department described the search being conducted throughout DoD and noted that Central Command had, after one search, found no documents meeting the description in the request.

In this response the Department invited Senator Riegle to "provide a more specific description" of the documents sought, and offered to "repeat the search using the new description."

Senator Riegle's office did not respond to this offer.

No Compelling Evidence

The Department of Defense position that there is no compelling evidence of the use of chemical or biological weapons in the Persian Gulf War remains unchanged. The Lederberg Commission investigated these logs and much more in reaching its conclusion.

Log Information Released In June

The information contained in the Nuclear, Biological, and Chemical log extracts mentioned in the Hartford Courant report on a news release by the Gulf War Veteran's of Georgia, Inc. **were previously released** by the Department of Defense as a part of Deputy Secretary Deutch's news conference of June 23, 1994.

It is vital to realize that these logs were part of the total material reviewed by the Lederberg Commission, which after exhaustive study of all materials, concluded that was no evidence that either chemical or biological warfare was deployed at any level against us, or that there were any exposures of US service members to chemical or biological warfare agents in Kuwait or Saudi Arabia.

The Danger of Unconfirmed Reports

It is important to note that a log like this is only **a record of unconfirmed initial reports.** To take this as a confirmed fact is incorrect and unreasonable. These log entries cannot be taken in isolation.

The incidents cited in the CENTCOM NBC log were previously reviewed and discounted as a direct result of the investigations by on-site officers-in-charge.

Report: Jan 18., 6:05 p.m.: "Israeli police confirmed nerve gas probably."

Truth: The CENTCOM NBC log report that Israeli police confirmed nerve gas shown in the January 18, 1991 log was in fact not the case. No nerve agent attack occurred against Israel.

Report: Jan 20, 8:17 p.m.: "Czech recon...report 'detected GA/GB (sarin and tabun, two warfare nerve gasses)' and that hazard is flowing down from factory/storage bombed in Iraq. Predictably, this has become/is going to become a problem."

Truth: The CENTCOM NBC log report on January 20, 1991 that chemical agent was flowing down from factory/storage sites being bombed in Iraq was in error. Hazard prediction calculations performed prior to the bombing and after the bombing discount any downwind hazards in the areas of concern to the coalition troops.

Report: Jan. 21, 9:15 p.m.: Czechs were called(,) who reported trace quantity of 'Tabun (nerve gas), Soman (nerve gas) and Yparite (mustard gas)'...which was caused by fallout from bombing of Iraqi CW (chemical weapons) storage/weapons."

Truth: There were no Czech detections on January 21. This was a report of a telephone call to the Czech detachment which had reported detections on the 19th. The sites that were bombed were too far away to result in fallout to the area where coalition forces were located at the time. No physical evidence of any chemical attack was found.

-END-

2/21/95

Department of Defense
Office of the Assistant to the Secretary
of Defense for Public Affairs
1400 Defense Pentagon
Washington, D.C. 20301-1400

FAX COVER SHEET

DATE: January 2, 1995

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SUBJECT: "60 Minutes" Transcript with DepSec Deutch

Number of pages including cover sheet: 13

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MESSAGE:

Transcript follows

Melanne Verveer

Deputy Secretary of Defense John M. Deutch
60 Minutes Interview
Re: Gulf War Illnesses
Wednesday, February 1, 1995

Q: Let me begin, Mr. Secretary, by asking you from the two registries -- the Veterans Affairs Registry and the Active Duty Registry -- how many veterans have complained of Gulf War related illnesses?

A: I think we have about 12,000 current registry members of the Department of Defense and VA registries. That's out of about 650,000 U.S. troops.

There are 40,000 on VA Registry alone.

Q: Only, 12,000? And that includes the registry kept by the Veterans Affairs?

A: I'm sure it includes the Department of Defense. I believe there's quite a bit of overlap. About 35,000 I think [are] in the Veterans Affairs Registry.

Q: Do you see common symptoms among the sick veterans?

A: A wide range of symptoms have been reported. Multiple sources of complaint by these veterans. We think it's very important that each one of them gets adequate medical treatment and that it's done with caring [and attention].

Q: What's the profile of the sick war veteran?

A: Each person is different, Ed. I think each person who has an illness has a different concern. But one thing is, they're all concerned for their health. That's one thing (inaudible) to them. Each person sees themselves as having gotten ill as a result of their service to the country, and this department wants to make absolutely sure that they get the attention required to make them well and productive in their communities. So we take this very seriously. Indeed, each complaint and each person sees their own problem somewhat differently. You and I know from when we're ill [from one cause or another].

Q: What about if you looked at the average guy? Is there an average age? Do they tend to be younger, older? Where were they stationed? Were they front line, behind the line?

A: I think the incidence of complaints is higher with age groups. But generally speaking, of course, the people who serve in our Armed Forces are younger, so I don't think we see any particular pattern by age or background. There is some higher incidence in a few units which served from different parts of the country. And, of course it's this higher incidence of worries in particular units that lead us to be so concerned. That we've done everything we can to provide them the medical care that they should have.

Q: But you see nothing age? It doesn't occur more often with older veterans?

A: I think there's a big of a higher incidence with age, but this is not the kind of age standards you find in the normal population. It's one that you find in military forces that have a narrow distribution of age.

Q: Do you believe that there is such a thing as what's called Gulf War Syndrome?

A: Well there's no question about the fact that we have 12,000 veterans of the Gulf War who are ill. I believe that they are ill and that they need medical attention. Anybody who says that they are not ill should be questioned, because these are individuals who have served their country. They have symptoms. They deserve to be treated and they deserve to be treated compassionately and completely. My answer is absolutely, I believe that there is Gulf War illness and that it has afflicted a portion of those 650,000 people who served in the Gulf--but a small portion of those men and women of the United States.

The DoD position is that there are GW illnesses

Q: Have you questioned General Blank? He says many of these veterans would have gotten sick if they haven't gone to the Gulf.

A: I have not questioned General Blank.

Q: Do you stand by that? Does the Pentagon stand by him?

A: We certainly stand by our generals.

Q: But with that point of view? Do you agree with that? That many of these veterans would have gotten sick even if they hadn't gone to the Gulf?

A: We think that it's important for every person who serves in the Armed Forces who get sick or perceive themselves to have an illness -- whether it's in peacetime or wartime, whether it's on the United States or overseas--every person who serves in our Armed Forces should get the absolute best medical care. President Clinton believes that, Mrs. Clinton believes that, Secretary of Defense Perry believes that, and General Shalikashvili believes that. Every person who is ill in the Armed Forces of the United States when they are serving their country will get full, complete, compassionate medical care.

Q: Are they getting it now?

A: I believe they are. We are making every effort we can to assure that each person who as an affliction--each person who senses himself as having been ill--gets the most complete care that we can provide.

Q: And if they say they're not, what would you say to those veterans who say we're getting the run-around from our...

A: I would ask every person who believes that they are not getting adequate medical care to go to the nearest Armed Forces medical unit that they can find and ask for additional care.

Let me say that in this particular case. And Secretary Perry, General Shalikashvili, in a very unusual step several months ago, communicated to all levels of command insisting that there be complete and compassionate care provided to each individual who senses any degree of illness from their service in the Gulf. It is especially important to know not only that I recommend it, but that the top command of the military and civilian--of the Department of Defense--has insisted that everybody gets treated for the illness that they feel from their service in the Gulf.

Q: The drug pyridostigmine bromide, the nerve gas pre-treatment medication, was issued to the 700,000 or so troops that went to the Gulf. The Department of Defense estimates that about two-thirds of them probably took it. What was that drug supposed to do?

A: Pyridostigmine is an important treatment which protects troops against the possible use of chemical agents in the Gulf. Technically, it's a pseudocholinesterase inhibitor. The important point of giving those drugs available to service people who were in the Gulf was to protect them from potential Iraqi use of chemical weapons. Iraq had used chemical weapons against Iran, and it was a great concern to the Department of Defense and military commanders that chemical agents might be used, and we felt that it was essential to provide protection any way we could. That drug, Pyridostigmine, protects against chemical [agents].

Q: Did we know enough about that drug? It's our understanding it has never been approved by the FDA as a nerve gas pre-treatment.

A: The FDA has approved that drug for use in a much higher dosage rate for other illnesses. Before we used it in the Gulf we went to the FDA for approval on an interim basis for this purpose. But the comparison is not with the peacetime population. The comparison is protecting our troops. Protecting our troops when they could be subjected to chemical attack. Anything should be done to protect our troops in the field from that kind of catastrophe that could occur.

Q: The Department of Defense told the FDA that it would issue a warning to the troops about the risks involved in taking this drug. Was that warning issue?

A: My understanding is that commanders explained to troops that this drug gave them some protection. In my view, of course this was done in 1991 before I was here at the Pentagon, but we believe that was an excellent judgment made by Secretary Cheney, General Schwarzkopf, and the President at that time. And certainly the judgment today would be that the troops should have taken that treatment to protect them against possible chemical attacks.

veterans have testified that they were not warned of risks.

I should also say, Ed, less than one percent of the troops who took the drug had any concern about it whatsoever -- upset stomach or the like -- and less than a tenth of one percent actually stopped taking the drug because of some side effect from it.

50% were sick according to DoD's own study (not 1%)

Q: According to some report in the Senate--the Veterans Affairs Committee--the warning about the risk was not made to most of the troops involved.

A: Ed, this was wartime. There was a possibility here of a major conflict leading to thousands of casualties. The excellence of our military and the preparedness of our military avoided those casualties in combat. The judgment was made that protection was necessary. I think it was done exactly right. I think most people who have looked at it believe that the way the protection was given to our troops was exactly right for the combat circumstances they were in.

Q: Was it necessary because it was a war situation to say, "Here are the risks involved in taking it?"

A: I think you have to deal with the situation at hand. If the choice is between not protecting our troops and protecting our troops, we will always opt for protecting our troops as best we can, based on the knowledge we have. This drug protected our troops against possible chemical attack.

Q: Is it true that the drug, if taken, makes some people more susceptible to certain nerve agents such as sarin, for example?

A: I think it's the other way around. It makes it obviously less susceptible to the nerve agents. The purpose of taking the drug is to assure that there is less susceptibility to nerve agents which also are pseudocholinesterase inhibitors. The purpose of this drug is to lessen the effect of a possible exposure to sarin or other nerve agents.

Q: But not to sarin? I can cite from... This is the staff report that was prepared for the Senate Committee on Veterans Affairs. It says that, "If Persian Gulf soldiers had been exposed to [soman] it is questionable if the Pyridostigmine treatment would have provided any protection. It also said that it makes them more vulnerable to other nerve agents such as sarin." This is according to the Department of Defense. "It improves the survival of animals exposed to [soman] and treated with [atropine] and 2PAM,"--whatever that is. But the pre-treatment makes individuals more vulnerable to other nerve agents such as sarin.

The Senate report is based on DoD's own research on sarin.

A: My understanding is, and I want to be clear on this, Ed, taking the pre-treatment protectant drug makes one less susceptible to all nerve agents, and in combination to PAM and to [atropine] it gives protection to troops. Once again, that is our fundamental aim, to protect the troops in the field from any exposure to potential chemical attacks.

Q: Then the evidence that was presented to the Senate says just the opposite, and I'd ask you to examine it. But it says just the opposite: that taking this pre-treatment drug makes individuals more vulnerable to other nerve agents such as sarin. That's the staff report to the Senate committee which you should probably have a look at later.

A: I'll be glad to look at this and examine it. But my understanding, I want to stress it again, taking this drug protected--protected--U.S. troops from potential chemical attacks. And I believe that all scientific and medical observers who have considered this matter would share that view.

Q: So you would say that this report is wrong then?

A: I haven't studied the report, Ed. Before I reached a conclusion about it I'd have to read it in its entirety.

Q: We'll leave it with you. Are you aware that there was sarin detected in the theater of operations by the Czech detection team?

A: There were three incidents where a Czech battalion reported indications of a chemical agent in Saudi Arabia. Two of them were nerve agents. One of them was mustard. We have followed that report very, very closely, including going to Czechoslovakia and examining the equipment that was used. We have sought very, very diligently every bit of evidence we could find to confirm that finding by the Czechs.

Q: So is it true? They did detect...

A: We do not believe that it is accurate. We believe that it was a contaminant. Although the Czechs have good equipment, we have found no confirming evidence of those three citings--in all of our investigation that we have worked very diligently to follow every lead on that point.

Q: So you don't think they detected sarin? You think it was a mistake.

A: That's correct.

Q: So at your briefing, November 10, 1993--it was an unclassified briefing for the Senate--you said that the Czech detections were believed to be valid. Something's happened since then to change your opinion?

A: Going back and forth on it, I may have said that I believed it to be valid. I've looked very carefully just recently and I do not think that there's any confirming evidence for those three citings. It may be true, but we see no way that those chemicals got there. And we

diligently sought confirming evidence, including visiting with the Czechs who actually did the detection at the time.

Q: The United Nations reported finding 28 SCUDs with sarin in the warheads in Iraq after the war.

A: All observations of Iraqi chemical agents were north of Basrah--north of where our troops were. To my knowledge, there was no discovery of any chemical agent by the Iraqis in the southern part of Iraq or in the Kuwaiti theater of operations.

There's no question about the fact that Iraq had chemical agents. That was one of the things that was of such great concern to the military commanders at the time. However, there has never been a finding of any chemical munition or chemical agent -- Iraqi chemical munition or agent, or anyone else's chemical or agent south of Basrah in Iraq or in the Kuwaiti theater of operations.

Q: You don't deny that they did find the SCUDs--the missiles--with sarin in the warheads?

A: I do not deny that they found the SCUDs. I do not deny that they found the sarin. But I am quite sure that there was no findings of chemical agent--Iraqi chemical agents or anyone else's chemical agent--south of Basrah in the area where U.S. troops and other allied troops were deployed.

Q: Could those missiles have been fired in that area?

A: Those missiles could have... We know that SCUD missiles were fired. We, of course, have no information, and indeed would have absolute information if a SCUD missile with a chemical agent had been fired.

Q: So those SCUD missiles with sarin in the warhead could have been fired into the area where American troops were? You have no evidence that they were?

A: That's correct.

Q: Have you heard the stories from the Gulf War veterans? They all mention two dates, or many of them mention two dates -- the 19th and 20th of January. Stories of the early morning explosion in the air, over their camps. The chemical alarms going off. They were all told to put on their [MOP-4] protective gear. They talked about--many of them--the burning sensation on their hands, their eyes. Many of them felt nauseous, they said they had headaches afterwards. We heard these stories from veterans who live in various parts of the country. Have you heard these same stories?

A: Certainly there are stories from individual soldiers about feeling burning sensations, smelling malodorous gases, concern whether they were under chemical attack. It's quite understandable in a theater where it was known that the Iraqi enemy had the potential of

using such agents. But in a widespread use of chemicals, the signature to that having happened, the evidence that it has happened, is really quite compelling. There have to be birds, there have to be animals, there have to be small grasshoppers, as well as soldiers who are exposed. Those other species will remain there if they've been exposed to the chemical agents. Such a widespread evidence for any chemical agent is not available.

We do not have any evidence of widespread use of chemicals in the Gulf by anybody.

Let me say a word about the detectors--the chemical detectors. Our chemical detectors are set to go off at the slightest provocation. We want to give warning. We would rather have a false alarm than not to detect a chemical. So it's quite understandable the chemical detectors went off. But if they went off and chemicals were present, there would be no question that those chemicals would affect the environment--and affect the environment in a way that could be rediscovered and confirmed by a team of trained technicians to make sure why that detecting alarm went off.

Q: We talked with one of the six veterans who is a veterinarian, Colonel Herb Smith, who told us that he had encountered groups of 20 to 30 dead camels on two occasions. You mentioned dead animals. He said there were no scars, no bullet holes, no explosions on these camels. The flies on them were also dead. Does that sound like chemical weapons?

This was sworn testimony in the Senate in 1995.

A: Again, I don't know the specific incident that you're mentioning, Ed But let me say that we did do autopsies on animals periodically in the Gulf, and those autopsies on animals did not disclose any presence of chemical agents.

Q: Do you think it's possible that veterans could be suffering from exposure to chemical weapons or fall-out from our bombing of Iraqi chemical weapons plants?

A: Most definitely not. Here again, the issue is if you bomb a chemical... A plant which has chemical agent in it, that agent will have to disburse over a wide area to reach the location of the U.S. troops. And disbursing over that area it will be in certain places in high concentrations, [and] will inevitably leave its effect on both the animals and the humans who are there. And we have no such pattern of exposure to an explosion of chemical weapons which would have happened from the bombing of Iraqi targets by U.S. aircraft well away from the location of U.S. troops.

Q: Then why so many alarms? Fourteen thousand alarms. They were all false alarms?

A: As I mentioned to you, we set our alarms to assure that there is never a situation where a chemical is not detected. We expect false alarms and we have a method for automatically having the unit checked because of a false alarm. It's better to be safe than to be foolish here.

Q: So you had 14,000 false alarms and no real alarms?

A: But remember, there were tens of thousands of chemical alarm detectors in the Gulf. This is not unusual. There are a lot of other kinds of agents -- diesel fumes -- that will set off these alarms.

Let me say that the British troops had a different kind of alarm system than we do, [which] also did not detect any chemical agents in the Gulf. But most importantly, those alarms are set to protect our troops and we would rather have false alarms than to miss a real attack.

Q: In August of 1991--well inside areas occupied by U.S. and British troops--some 250 gallons of chemical agents were found in Kuwait. An Army captain, Michael Johnson, was awarded a Meritorious Service Medal for "the positive identification of suspected chemical agents." That's what's on his citation. The tests run on those agents by the Fox vehicle confirmed 21 times that mustard gas was present.

How can the Pentagon then say that no chemical weapons were deployed?

A: Ed, where did you say this suspected chemical agent was located?

Q: It was found in Kuwait, well inside the theater of operations occupied by U.S. and British forces.

A: I'm not familiar with that finding. I'm not aware of any case where chemical agents were found in the Kuwait theater of operations.

Q: He had a service medal for it. An Army captain, Michael Johnson, was awarded the Meritorious Service Medal. I'd be happy to show you a copy of the record. This is the recommendation for award of Army Achievement Medal, the Army's Commendation Medal, and the Meritorious Service Medal for Michael P. Johnson. Deployed his troops to Kuwait where he supervised the positive identification of a suspected chemical agent.

A: Positive identification of a suspected chemical agent?

Q: Yes.

A: It's a matter which I'm not aware of in the Kuwaiti theater of operations, and I'll have to go back and look into it.

Q: In March of '91, an American sergeant, David Fisher, found what appeared to be a stash of chemical weapons in an Iraqi artillery bunker inside Iraq. His arm was burned and blistered by the material. And an Army doctor, Colonel Michael Dunn confirmed at the time, in writing, that Fisher's injuries were a result of exposure to chemical agents.

A Pentagon spokesperson later said that these agents must have been left over from the Iran/Iraq War, but according to Fisher, this was an active artillery bunker. Doesn't this also establish that chemical weapons...

A: There were several times in the case of the Gulf War, Ed... Several times there were individuals who believed that they had come across chemical agents. There is also no question about the fact that of the 600,000 U.S. individuals who were there, that many of them came in contact with all sorts of different chemicals that one wouldn't expect in peacetime. To my knowledge, we have no confirmation of any soldier having actually been injured by any chemical agent during the Gulf War.

Q: Let me give you the... This is Fisher. David Fisher I think his first name is. David Alan Fisher, a private first class. Colonel Michael Dunn prepared and authenticated this report. He said, "I conclude that PFC Fisher's skin injury was caused by exposure to liquid mustard gas, the liquid mustard chemical warfare agent." Colonel Michael Dunn. "I conclude that PFC Fisher's skin injury was caused by exposure to liquid mustard chemical warfare agent." This is a report.

A: Ed, we had 650,000 troops in the Gulf. The main point that we care about is to assure that each one of those soldiers... The men and women who served there--have the medical care to treat them from any symptom that they may have had, from coming in contact with any chemical or any other injury that they may have had. I want to repeat to you again that we have no confirming evidence that chemical agents were used in a widespread manner against our troops in the Gulf. [We do have] the important matter of people who have Gulf War illness, and they have got to be treated in a caring and compassionate way. For them, it's not whether it's a chemical or not. For them, it's the kind of treatment the Department of Defense is giving to them. And we care a lot that those people know that we are going to give them medical care to treat whatever illness they may have.

Q: But Secretary Deutch, you say there is no evidence. There's a report by an American colonel who says that blisters and skin injury caused by exposure to mustard chemical warfare agent. You have another report where another soldier gets a medal of commendation for positive identification of a suspected chemical agent. You've got cases where the Czechs say they found sarin. You say they didn't, they say they did. You have soldiers saying that they experienced burning sensations after explosions in the air. That they became nauseous, that they got headaches. You have 250 gallons of chemical agents that were found inside Kuwait. You have chemical weapons that were found in an Iraqi ammunition bunker. You had SCUDs that had sarin in the warhead. If that's not evidence, what is it?

A: Our most thorough and careful effort to determine whether chemical agents were used in the Gulf lead us to conclude that there was no widespread use of chemicals against U.S. troops.

not the same as no use. It would be better if he admitted there may have been some use.

Q: Was there any use? Forget widespread. Was there any use?

A: I do not believe there was any offensive use of chemical agents by Iraqi military troops.

Q: Was there any accidental use? Were our troops exposed in any way?

A: I do not believe that our troops were exposed in any widespread way to chemical...

Q: In any narrow way? In any way?

A: I cannot give you confirmation that there wasn't a soldier that came across a chemical somewhere. We're talking here about worrying about the health of our troops and the kind of medical care that they're getting. We are continuing to look as diligently as we can for evidence on this question. As of now, it is our judgment, after marshaling every bit of independent and outside analysis that we can... The Defense Science Board did an independent study of this matter and found, in their judgment, there was no confirmation of chemical weapons, widespread use in the Gulf.

[Pause to change tapes]

Q: What do you say to these men and women who say, "I'm sick. This is what's wrong with me. I wasn't sick before I went to the Gulf."

A: I say to those people, "Come to the nearest armed forces medical center and get treated for your illness."

Q: They say, "Mr. Secretary. I go there and I get the run-around. They don't do anything for me. They don't take this seriously."

A: That is something that we have to fix, and we intend to fix it. We have done everything we can to assure that every individual who serves in the Armed Forces gets the medical care that they need to get rid of their sickness and their illness, from whatever cause. I want to stress that point, Ed.

General Shalikashvili, Secretary Perry, have written a very stern order to all elements of all commands: do not turn away somebody who is sick. Do not turn away somebody who is sick serving their country. We are very serious that each one of these individuals--no matter how difficult a complaint they have--get the most caring and most complete medical attention that we can possibly deliver to them.

Q: A few weeks ago, the National Institute of Medicine released a report that was very critical of the government handling [and research] into this health problem. They say the government hasn't done meaningful studies on these veterans. Your response to that?

A: We think the National Institute of Medicine's report is a very helpful and constructive report to the Department. We believe they've made very constructive comments.

Indeed, we are the ones who have asked them to help us--as an independent, credible medical group--to formulate our clinical approach to these problems and our research program. We think their criticism is important and it helps the way we will address this problem.

Actually Congress passed a law requiring the IOM to do a report.

Q: They say you haven't done meaningful studies.

A: I believe we haven't done all the studies we should do, and we do have an aggressive research program underway and planned. Outside, independent investigators. The Institute of Medicine is performing a very important function here that we welcome -- a critical review about what we should be doing in reviewing and studying all possible sources of Gulf War illnesses and appropriate clinical treatment. We welcome the Institute of Medicine's remarks and participation.

Q: Secretary Deutch, the Institute of Medicine is critical of what the Department of Defense has done. Certainly there are hundreds, thousands of veterans out there who are critical of what the Department has done and are not doing.

A: Ed, my view is... I would not call the Institute of Medicine report critical. I would call it...

Ed Bradley is correct

Q: They say you haven't done meaningful studies. I would say that's critical.

A: I would call it constructive. I would call that constructive: pointing to the kind of research we should have underway by independent reviewers, scrutinized by outside reviewers.

Second Ed, I'd like to say something about the hundreds of thousands of veterans of the United States military forces. It is important that they have the confidence that this Department is providing medical attention to anyone who serves under all circumstances. That's what we stand for, Ed. That is our main, principal message that we want your viewers to understand. We want to provide medical care to everybody under all circumstances who served in the United States armed forces. We believe the veterans of the United States want that to be the case and want to [see it to be the case].

Q: These veterans we've talked to say they're not getting it. It's as simple as that.

A: Well, we have to do a better job, then, of explaining what we're doing. That's why we're so happy to have the opportunity to talk to you here.

Q: We've talked to doctors all over the country--dozens of them, some of the employed by the Veterans Administration--who believe that Gulf War sufferers have had a chemical exposure of some sort. Have you talked with any of these doctors? Dr. Ray, for example, the Texas Environmental Center in Dallas; Dr. Mira Shavitz at the North Hampton VA Center in Massachusetts, just to name two.

A: Yes, I have spoken to doctors. When we undertook our comprehensive clinical evaluation programs intending to cover all 12,000 people in our registry, I personally went out and addressed those physicians--to give them the instructions about the need for full, objective, and complete clinical evaluation of the individuals carrying out the clinical evaluation for Gulf War illness. I spent the time to talk to those 80 or 100 doctors--physicians who throughout the country were going to do clinical evaluations. I think it's important that those doctors heard from the top of the Department about the kind of thorough and complete investigation (inaudible).

Q: One brief final question. Does the Department of Defense believe that there could have been repeated low-level exposures to chemical nerve agents?

A: Low-level exposure to chemical nerve agents have a whole array of symptoms. Some of which have been studied, some of which are not adequately studied. But generally speaking, the kinds of symptoms that come from low-level exposure to nerve agent or to mustard gas do not correspond to the symptoms that most of the Gulf War illness people are complaining about.

Q: My question is, could there have been repeated low-level exposure?

A: I don't believe it's possible because there's no credible mechanism for disbursing, even at very low levels, a chemical over broad areas of the Gulf. You have to have some way of distributing even very low levels of chemicals.

Q: Fallout from bombing?

A: Fallout from bombing will have certain locations of low-level, and certain cases where a chemical agent will be...

Q: You do have clusters?

A: ...certain places where the chemical agent will be much more concentrated, and therefore, have more severe physiological impacts. So the answer to your question is no, we find no credible mechanism for large area exposure to low-level chemical agents. It is one of those mechanisms that we did think about and have investigated and have come to the conclusion that is improbable.

-END-

Department of Defense
Office of the Assistant to the Secretary of Defense for Public Affairs
1400 Defense Pentagon
Washington, D.C. 20301-1400

FAX COVER SHEET

DATE: January 2, 1995

TO:	Jennifer O'Connor White House	**PHONE:** **FAX:**	 202-456-6704
FROM:	Jim Turner Media Relations	**PHONE:** **FAX:**	703-695-0192 703-697-3501

SUBJECT: "60 Minutes" Transcript with DepSec Deutch

Number of pages including cover sheet: 13

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MESSAGE:

Transcript follows

Deputy Secretary of Defense John M. Deutch
60 Minutes Interview
Re: Gulf War Illnesses
Wednesday, February 1, 1995

Q: Let me begin, Mr. Secretary, by asking you from the two registries -- the Veterans Affairs Registry and the Active Duty Registry -- how many veterans have complained of Gulf War related illnesses?

A: I think we have about 12,000 current registry members of the Department of Defense and VA registries. That's out of about 650,000 U.S. troops.

Q: Only, 12,000? And that includes the registry kept by the Veterans Affairs?

A: I'm sure it includes the Department of Defense. I believe there's quite a bit of overlap. About 35,000 I think [are] in the Veterans Affairs Registry.

Q: Do you see common symptoms among the sick veterans?

A: A wide range of symptoms have been reported. Multiple sources of complaint by these veterans. We think it's very important that each one of them gets adequate medical treatment and that it's done with caring [and attention].

Q: What's the profile of the sick war veteran?

A: Each person is different, Ed. I think each person who has an illness has a different concern. But one thing is, they're all concerned for their health. That's one thing (inaudible) to them. Each person sees themselves as having gotten ill as a result of their service to the country, and this department wants to make absolutely sure that they get the attention required to make them well and productive in their communities. So we take this very seriously. Indeed, each complaint and each person sees their own problem somewhat differently. You and I know from when we're ill [from one cause or another].

Q: What about if you looked at the average guy? Is there an average age? Do they tend to be younger, older? Where were they stationed? Were they front line, behind the line?

A: I think the incidence of complaints is higher with age groups. But generally speaking, of course, the people who serve in our Armed Forces are younger, so I don't think we see any particular pattern by age or background. There is some higher incidence in a few units which served from different parts of the country. And, of course it's this higher incidence of worries in particular units that lead us to be so concerned. That we've done everything we can to provide them the medical care that they should have.

Q: But you see nothing age? It doesn't occur more often with older veterans?

A: I think there's a big of a higher incidence with age, but this is not the kind of age standards you find in the normal population. It's one that you find in military forces that have a narrow distribution of age.

Q: Do you believe that there is such a thing as what's called Gulf War Syndrome?

A: Well there's no question about the fact that we have 12,000 veterans of the Gulf War who are ill. I believe that they are ill and that they need medical attention. Anybody who says that they are not ill should be questioned, because these are individuals who have served their country. They have symptoms. They deserve to be treated and they deserve to be treated compassionately and completely. My answer is absolutely, I believe that there is Gulf War illness and that it has afflicted a portion of those 650,000 people who served in the Gulf--but a small portion of those men and women of the United States.

Q: Have you questioned General Blank? He says many of these veterans would have gotten sick if they haven't gone to the Gulf.

A: I have not questioned General Blank.

Q: Do you stand by that? Does the Pentagon stand by him?

A: We certainly stand by our generals.

Q: But with that point of view? Do you agree with that? That many of these veterans would have gotten sick even if they hadn't gone to the Gulf?

A: We think that it's important for every person who serves in the Armed Forces who get sick or perceive themselves to have an illness -- whether it's in peacetime or wartime, whether it's on the United States or overseas--every person who serves in our Armed Forces should get the absolute best medical care. President Clinton believes that, Mrs. Clinton believes that, Secretary of Defense Perry believes that, and General Shalikashvili believes that. Every person who is ill in the Armed Forces of the United States when they are serving their country will get full, complete, compassionate medical care.

Q: Are they getting it now?

A: I believe they are. We are making every effort we can to assure that each person who as an affliction--each person who senses himself as having been ill--gets the most complete care that we can provide.

Q: And if they say they're not, what would you say to those veterans who say we're getting the run-around from our...

A: I would ask every person who believes that they are not getting adequate medical care to go to the nearest Armed Forces medical unit that they can find and ask for additional care.

Let me say that in this particular case. And Secretary Perry, General Shalikashvili, in a very unusual step several months ago, communicated to all levels of command insisting that there be complete and compassionate care provided to each individual who senses any degree of illness from their service in the Gulf. It is especially important to know not only that I recommend it, but that the top command of the military and civilian--of the Department of Defense--has insisted that everybody gets treated for the illness that they feel from their service in the Gulf.

Q: The drug pyridostigmine bromide, the nerve gas pre-treatment medication, was issued to the 700,000 or so troops that went to the Gulf. The Department of Defense estimates that about two-thirds of them probably took it. What was that drug supposed to do?

A: Pyridostigmine is an important treatment which protects troops against the possible use of chemical agents in the Gulf. Technically, it's a pseudocholinesterase inhibitor. The important point of giving those drugs available to service people who were in the Gulf was to protect them from potential Iraqi use of chemical weapons. Iraq had used chemical weapons against Iran, and it was a great concern to the Department of Defense and military commanders that chemical agents might be used, and we felt that it was essential to provide protection any way we could. That drug, Pyridostigmine, protects against chemical [agents].

Q: Did we know enough about that drug? It's our understanding it has never been approved by the FDA as a nerve gas pre-treatment.

A: The FDA has approved that drug for use in a much higher dosage rate for other illnesses. Before we used it in the Gulf we went to the FDA for approval on an interim basis for this purpose. But the comparison is not with the peacetime population. The comparison is protecting our troops. Protecting our troops when they could be subjected to chemical attack. Anything should be done to protect our troops in the field from that kind of catastrophe that could occur.

Q: The Department of Defense told the FDA that it would issue a warning to the troops about the risks involved in taking this drug. Was that warning issue?

A: My understanding is that commanders explained to troops that this drug gave them some protection. In my view, of course this was done in 1991 before I was here at the Pentagon, but we believe that was an excellent judgment made by Secretary Cheney, General Schwarzkopf, and the President at that time. And certainly the judgment today would be that the troops should have taken that treatment to protect them against possible chemical attacks.

I should also say, Ed, less than one percent of the troops who took the drug had any concern about it whatsoever -- upset stomach or the like -- and less than a tenth of one percent actually stopped taking the drug because of some side effect from it.

Q: According to some report in the Senate--the Veterans Affairs Committee--the warning about the risk was not made to most of the troops involved.

A: Ed, this was wartime. There was a possibility here of a major conflict leading to thousands of casualties. The excellence of our military and the preparedness of our military avoided those casualties in combat. The judgment was made that protection was necessary. I think it was done exactly right. I think most people who have looked at it believe that the way the protection was given to our troops was exactly right for the combat circumstances they were in.

Q: Was it necessary because it was a war situation to say, "Here are the risks involved in taking it?"

A: I think you have to deal with the situation at hand. If the choice is between not protecting our troops and protecting our troops, we will always opt for protecting our troops as best we can, based on the knowledge we have. This drug protected our troops against possible chemical attack.

Q: Is it true that the drug, if taken, makes some people more susceptible to certain nerve agents such as sarin, for example?

A: I think it's the other way around. It makes it obviously less susceptible to the nerve agents. The purpose of taking the drug is to assure that there is less susceptibility to nerve agents which also are pseudocholinesterase inhibitors. The purpose of this drug is to lessen the effect of a possible exposure to sarin or other nerve agents.

Q: But not to sarin? I can cite from... This is the staff report that was prepared for the Senate Committee on Veterans Affairs. It says that, "If Persian Gulf soldiers had been exposed to [soman] it is questionable if the Pyridostigmine treatment would have provided any protection. It also said that it makes them more vulnerable to other nerve agents such as sarin." This is according to the Department of Defense. "It improves the survival of animals exposed to [soman] and treated with [atropine] and 2PAM,"--whatever that is. But the pre-treatment makes individuals more vulnerable to other nerve agents such as sarin.

A: My understanding is, and I want to be clear on this, Ed, taking the pre-treatment protectant drug makes one less susceptible to all nerve agents, and in combination to PAM and to [atropine] it gives protection to troops. Once again, that is our fundamental aim, to protect the troops in the field from any exposure to potential chemical attacks.

Q: Then the evidence that was presented to the Senate says just the opposite, and I'd ask you to examine it. But it says just the opposite: that taking this pre-treatment drug makes individuals more vulnerable to other nerve agents such as sarin. That's the staff report to the Senate committee which you should probably have a look at later.

A: I'll be glad to look at this and examine it. But my understanding, I want to stress it again, taking this drug protected--protected--U.S. troops from potential chemical attacks. And I believe that all scientific and medical observers who have considered this matter would share that view.

Q: So you would say that this report is wrong then?

A: I haven't studied the report, Ed. Before I reached a conclusion about it I'd have to read it in its entirety.

Q: We'll leave it with you. Are you aware that there was sarin detected in the theater of operations by the Czech detection team?

A: There were three incidents where a Czech battalion reported indications of a chemical agent in Saudi Arabia. Two of them were nerve agents. One of them was mustard. We have followed that report very, very closely, including going to Czechoslovakia and examining the equipment that was used. We have sought very, very diligently every bit of evidence we could find to confirm that finding by the Czechs.

Q: So is it true? They did detect...

A: We do not believe that it is accurate. We believe that it was a contaminant. Although the Czechs have good equipment, we have found no confirming evidence of those three citings--in all of our investigation that we have worked very diligently to follow every lead on that point.

Q: So you don't think they detected sarin? You think it was a mistake.

A: That's correct.

Q: So at your briefing, November 10, 1993--it was an unclassified briefing for the Senate--you said that the Czech detections were believed to be valid. Something's happened since then to change your opinion?

A: Going back and forth on it, I may have said that I believed it to be valid. I've looked very carefully just recently and I do not think that there's any confirming evidence for those three citings. It may be true, but we see no way that those chemicals got there. And we

diligently sought confirming evidence, including visiting with the Czechs who actually did the detection at the time.

Q: The United Nations reported finding 28 SCUDs with sarin in the warheads in Iraq after the war.

A: All observations of Iraqi chemical agents were north of Basrah--north of where our troops were. To my knowledge, there was no discovery of any chemical agent by the Iraqis in the southern part of Iraq or in the Kuwaiti theater of operations.

There's no question about the fact that Iraq had chemical agents. That was one of the things that was of such great concern to the military commanders at the time. However, there has never been a finding of any chemical munition or chemical agent -- Iraqi chemical munition or agent, or anyone else's chemical or agent south of Basrah in Iraq or in the Kuwaiti theater of operations.

Q: You don't deny that they did find the SCUDs--the missiles--with sarin in the warheads?

A: I do not deny that they found the SCUDs. I do not deny that they found the sarin. But I am quite sure that there was no findings of chemical agent--Iraqi chemical agents or anyone else's chemical agent--south of Basrah in the area where U.S. troops and other allied troops were deployed.

Q: Could those missiles have been fired in that area?

A: Those missiles could have... We know that SCUD missiles were fired. We, of course, have no information, and indeed would have absolute information if a SCUD missile with a chemical agent had been fired.

Q: So those SCUD missiles with sarin in the warhead could have been fired into the area where American troops were? You have no evidence that they were?

A: That's correct.

Q: Have you heard the stories from the Gulf War veterans? They all mention two dates, or many of them mention two dates -- the 19th and 20th of January. Stories of the early morning explosion in the air, over their camps. The chemical alarms going off. They were all told to put on their [MOP-4] protective gear. They talked about--many of them--the burning sensation on their hands, their eyes. Many of them felt nauseous, they said they had headaches afterwards. We heard these stories from veterans who live in various parts of the country. Have you heard these same stories?

A: Certainly there are stories from individual soldiers about feeling burning sensations, smelling malodorous gases, concern whether they were under chemical attack. It's quite understandable in a theater where it was known that the Iraqi enemy had the potential of

using such agents. But in a widespread use of chemicals, the signature to that having happened, the evidence that it has happened, is really quite compelling. There have to be birds, there have to be animals, there have to be small grasshoppers, as well as soldiers who are exposed. Those other species will remain there if they've been exposed to the chemical agents. Such a widespread evidence for any chemical agent is not available.

We do not have any evidence of widespread use of chemicals in the Gulf by anybody.

Let me say a word about the detectors--the chemical detectors. Our chemical detectors are set to go off at the slightest provocation. We want to give warning. We would rather have a false alarm than not to detect a chemical. So it's quite understandable the chemical detectors went off. But if they went off and chemicals were present, there would be no question that those chemicals would affect the environment--and affect the environment in a way that could be rediscovered and confirmed by a team of trained technicians to make sure why that detecting alarm went off.

Q: We talked with one of the six veterans who is a veterinarian, Colonel Herb Smith, who told us that he had encountered groups of 20 to 30 dead camels on two occasions. You mentioned dead animals. He said there were no scars, no bullet holes, no explosions on these camels. The flies on them were also dead. Does that sound like chemical weapons?

A: Again, I don't know the specific incident that you're mentioning, Ed But let me say that we did do autopsies on animals periodically in the Gulf, and those autopsies on animals did not disclose any presence of chemical agents.

Q: Do you think it's possible that veterans could be suffering from exposure to chemical weapons or fall-out from our bombing of Iraqi chemical weapons plants?

A: Most definitely not. Here again, the issue is if you bomb a chemical... A plant which has chemical agent in it, that agent will have to disburse over a wide area to reach the location of the U.S. troops. And disbursing over that area it will be in certain places in high concentrations, [and] will inevitably leave its effect on both the animals and the humans who are there. And we have no such pattern of exposure to an explosion of chemical weapons which would have happened from the bombing of Iraqi targets by U.S. aircraft well away from the location of U.S. troops.

Q: Then why so many alarms? Fourteen thousand alarms. They were all false alarms?

A: As I mentioned to you, we set our alarms to assure that there is never a situation where a chemical is not detected. We expect false alarms and we have a method for automatically having the unit checked because of a false alarm. It's better to be safe than to be foolish here.

Q: So you had 14,000 false alarms and no real alarms?

A: But remember, there were tens of thousands of chemical alarm detectors in the Gulf. This is not unusual. There are a lot of other kinds of agents -- diesel fumes -- that will set off these alarms.

Let me say that the British troops had a different kind of alarm system than we do, [which] also did not detect any chemical agents in the Gulf. But most importantly, those alarms are set to protect our troops and we would rather have false alarms than to miss a real attack.

Q: In August of 1991--well inside areas occupied by U.S. and British troops--some 250 gallons of chemical agents were found in Kuwait. An Army captain, Michael Johnson, was awarded a Meritorious Service Medal for "the positive identification of suspected chemical agents." That's what's on his citation. The tests run on those agents by the Fox vehicle confirmed 21 times that mustard gas was present.

How can the Pentagon then say that no chemical weapons were deployed?

A: Ed, where did you say this suspected chemical agent was located?

Q: It was found in Kuwait, well inside the theater of operations occupied by U.S. and British forces.

A: I'm not familiar with that finding. I'm not aware of any case where chemical agents were found in the Kuwait theater of operations.

Q: He had a service medal for it. An Army captain, Michael Johnson, was awarded the Meritorious Service Medal. I'd be happy to show you a copy of the record. This is the recommendation for award of Army Achievement Medal, the Army's Commendation Medal, and the Meritorious Service Medal for Michael P. Johnson. Deployed his troops to Kuwait where he supervised the positive identification of a suspected chemical agent.

A: Positive identification of a suspected chemical agent?

Q: Yes.

A: It's a matter which I'm not aware of in the Kuwaiti theater of operations, and I'll have to go back and look into it.

Q: In March of '91, an American sergeant, David Fisher, found what appeared to be a stash of chemical weapons in an Iraqi artillery bunker inside Iraq. His arm was burned and blistered by the material. And an Army doctor, Colonel Michael Dunn confirmed at the time, in writing, that Fisher's injuries were a result of exposure to chemical agents.

A Pentagon spokesperson later said that these agents must have been left over from the Iran/Iraq War, but according to Fisher, this was an active artillery bunker. Doesn't this also establish that chemical weapons...

A: There were several times in the case of the Gulf War, Ed... Several times there were individuals who believed that they had come across chemical agents. There is also no question about the fact that of the 600,000 U.S. individuals who were there, that many of them came in contact with all sorts of different chemicals that one wouldn't expect in peacetime. To my knowledge, we have no confirmation of any soldier having actually been injured by any chemical agent during the Gulf War.

Q: Let me give you the... This is Fisher. David Fisher I think his first name is. David Alan Fisher, a private first class. Colonel Michael Dunn prepared and authenticated this report. He said, "I conclude that PFC Fisher's skin injury was caused by exposure to liquid mustard gas, the liquid mustard chemical warfare agent." Colonel Michael Dunn. "I conclude that PFC Fisher's skin injury was caused by exposure to liquid mustard chemical warfare agent." This is a report.

A: Ed, we had 650,000 troops in the Gulf. The main point that we care about is to assure that each one of those soldiers... The men and women who served there--have the medical care to treat them from any symptom that they may have had, from coming in contact with any chemical or any other injury that they may have had. I want to repeat to you again that we have no confirming evidence that chemical agents were used in a widespread manner against our troops in the Gulf. [We do have] the important matter of people who have Gulf War illness, and they have got to be treated in a caring and compassionate way. For them, it's not whether it's a chemical or not. For them, it's the kind of treatment the Department of Defense is giving to them. And we care a lot that those people know that we are going to give them medical care to treat whatever illness they may have.

Q: But Secretary Deutch, you say there is no evidence. There's a report by an American colonel who says that blisters and skin injury caused by exposure to mustard chemical warfare agent. You have another report where another soldier gets a medal of commendation for positive identification of a suspected chemical agent. You've got cases where the Czechs say they found sarin. You say they didn't, they say they did. You have soldiers saying that they experienced burning sensations after explosions in the air. That they became nauseous, that they got headaches. You have 250 gallons of chemical agents that were found inside Kuwait. You have chemical weapons that were found in an Iraqi ammunition bunker. You had SCUDs that had sarin in the warhead. If that's not evidence, what is it?

A: Our most thorough and careful effort to determine whether chemical agents were used in the Gulf lead us to conclude that there was no widespread use of chemicals against U.S. troops.

Q: Was there any use? Forget widespread. Was there any use?

A: I do not believe there was any offensive use of chemical agents by Iraqi military troops.

Q: Was there any accidental use? Were our troops exposed in any way?

A: I do not believe that our troops were exposed in any widespread way to chemical...

Q: In any narrow way? In any way?

A: I cannot give you confirmation that there wasn't a soldier that came across a chemical somewhere. We're talking here about worrying about the health of our troops and the kind of medical care that they're getting. We are continuing to look as diligently as we can for evidence on this question. As of now, it is our judgment, after marshaling every bit of independent and outside analysis that we can... The Defense Science Board did an independent study of this matter and found, in their judgment, there was no confirmation of chemical weapons, widespread use in the Gulf.

[Pause to change tapes]

Q: What do you say to these men and women who say, "I'm sick. This is what's wrong with me. I wasn't sick before I went to the Gulf."

A: I say to those people, "Come to the nearest armed forces medical center and get treated for your illness."

Q: They say, "Mr. Secretary. I go there and I get the run-around. They don't do anything for me. They don't take this seriously."

A: That is something that we have to fix, and we intend to fix it. We have done everything we can to assure that every individual who serves in the Armed Forces gets the medical care that they need to get rid of their sickness and their illness, from whatever cause. I want to stress that point, Ed.

General Shalikashvili, Secretary Perry, have written a very stern order to all elements of all commands: do not turn away somebody who is sick. Do not turn away somebody who is sick serving their country. We are very serious that each one of these individuals--no matter how difficult a complaint they have--get the most caring and most complete medical attention that we can possibly deliver to them.

Q: A few weeks ago, the National Institute of Medicine released a report that was very critical of the government handling [and research] into this health problem. They say the government hasn't done meaningful studies on these veterans. Your response to that?

A: We think the National Institute of Medicine's report is a very helpful and constructive report to the Department. We believe they've made very constructive comments.

Indeed, we are the ones who have asked them to help us--as an independent, credible medical group--to formulate our clinical approach to these problems and our research program. We think their criticism is important and it helps the way we will address this problem.

Q: They say you haven't done meaningful studies.

A: I believe we haven't done all the studies we should do, and we do have an aggressive research program underway and planned. Outside, independent investigators. The Institute of Medicine is performing a very important function here that we welcome -- a critical review about what we should be doing in reviewing and studying all possible sources of Gulf War illnesses and appropriate clinical treatment. We welcome the Institute of Medicine's remarks and participation.

Q: Secretary Deutch, the Institute of Medicine is critical of what the Department of Defense has done. Certainly there are hundreds, thousands of veterans out there who are critical of what the Department has done and are not doing.

A: Ed, my view is... I would not call the Institute of Medicine report critical. I would call it...

Q: They say you haven't done meaningful studies. I would say that's critical.

A: I would call it constructive. I would call that constructive: pointing to the kind of research we should have underway by independent reviewers, scrutinized by outside reviewers.

Second Ed, I'd like to say something about the hundreds of thousands of veterans of the United States military forces. It is important that they have the confidence that this Department is providing medical attention to anyone who serves under all circumstances. That's what we stand for, Ed. That is our main, principal message that we want your viewers to understand. We want to provide medical care to everybody under all circumstances who served in the United States armed forces. We believe the veterans of the United States want that to be the case and want to [see it to be the case].

Q: These veterans we've talked to say they're not getting it. It's as simple as that.

A: Well, we have to do a better job, then, of explaining what we're doing. That's why we're so happy to have the opportunity to talk to you here.

Q: We've talked to doctors all over the country--dozens of them, some of the employed by the Veterans Administration--who believe that Gulf War sufferers have had a chemical exposure of some sort. Have you talked with any of these doctors? Dr. Ray, for example, the Texas Environmental Center in Dallas; Dr. Mira Shavitz at the North Hampton VA Center in Massachusetts, just to name two.

A: Yes, I have spoken to doctors. When we undertook our comprehensive clinical evaluation programs intending to cover all 12,000 people in our registry, I personally went out and addressed those physicians--to give them the instructions about the need for full, objective, and complete clinical evaluation of the individuals carrying out the clinical evaluation for Gulf War illness. I spent the time to talk to those 80 or 100 doctors--physicians who throughout the country were going to do clinical evaluations. I think it's important that those doctors heard from the top of the Department about the kind of thorough and complete investigation (inaudible).

Q: One brief final question. Does the Department of Defense believe that there could have been repeated low-level exposures to chemical nerve agents?

A: Low-level exposure to chemical nerve agents have a whole array of symptoms. Some of which have been studied, some of which are not adequately studied. But generally speaking, the kinds of symptoms that come from low-level exposure to nerve agent or to mustard gas do not correspond to the symptoms that most of the Gulf War illness people are complaining about.

Q: My question is, could there have been repeated low-level exposure?

A: I don't believe it's possible because there's no credible mechanism for disbursing, even at very low levels, a chemical over broad areas of the Gulf. You have to have some way of distributing even very low levels of chemicals.

Q: Fallout from bombing?

A: Fallout from bombing will have certain locations of low-level, and certain cases where a chemical agent will be...

Q: You do have clusters?

A: ...certain places where the chemical agent will be much more concentrated, and therefore, have more severe physiological impacts. So the answer to your question is no, we find no credible mechanism for large area exposure to low-level chemical agents. It is one of those mechanisms that we did think about and have investigated and have come to the conclusion that is improbable.

-END-

To: Elissa
Melanne
From: Jennifer
O'Connor

HUMAN RADIATION INTERAGENCY WORKING GROUP
UPDATE
January 18, 1994

HUMAN RADIATION INTERAGENCY WORKING GROUP

On January 3, 1994, the White House called for the formation of a Human Radiation Interagency Working Group to coordinate the government-wide effort to uncover the nature and extent of any government sponsored experiments on individuals involving intentional exposure to ionizing radiation.

The members of the Human Radiation Interagency Working Group include the Secretary of Energy, the Secretary of Defense, the Secretary of Health and Human Services, the Secretary of Veterans Affairs, the Attorney General, the Administrator of the National Aeronautics and Space Administration, the Director of Central Intelligence, and the Director of the Office of Management and Budget.

ADVISORY COMMITTEE ON HUMAN RADIATION EXPERIMENTS CHARTERED

The White House today released President Clinton's Executive Order that will establish an Advisory Committee on Human Radiation Experiments. The Advisory Committee, to be made up of outside-government experts in medicine, science and ethics, will provide to the Human Radiation Interagency Working Group advice and recommendations on human radiation experiments conducted by the government since the 1940's. This Advisory Committee shall comply with the terms of the Federal Advisory Committee Act.

A copy of the President's Executive Order is attached.

AGENCIES FORMALLY INSTRUCTED TO RETRIEVE AND INVENTORY RECORDS

Christine Varney, Secretary to the Cabinet, will issue a memorandum tomorrow to federal departments and agencies with formal instructions concerning the retrieval and inventory of records on human radiation experiments consistent with discussions by staff of the Human Radiation Interagency Working Group. The memo calls for each agency to establish procedures for document handling and review.

HUMAN RADIATION HOTLINE EXPANDED TO MEET DEMANDS

The Human Radiation Hotline service has been upgraded to handle 500 calls an hour.

The Hotline number is 1-800-493-2998.

Human Radiation Interagency Working Group
As of January 10, 1994

Secretary Les Aspin
Attorney General Janet Reno
Secretary Donna Shalala
Secretary Hazel O'Leary
Secretary Jesse Brown
Director Leon Panetta
Director James Woolsey
Administrator Daniel Goldin

Department of Defense

Rudy de Leon
Chief of Staff
Jamie Gorelick
General Counsel
John Deutch
Under Secretary of Defense for Acquisition
Dr. Gordon Soper
Deputy Assistant Secretary for Atomic Energy
Dennis Boxx
Deputy Assistant Secretary for Public Affairs Information
Sandi Stuart
Assistant to the Secretary of Defense for Legislative Affairs

Department of Justice

Nancy McFadden
Deputy Associate Attorney General
Dan Metcalfe
Co-Director, Office of Information and Privacy
Eva Plaza
Deputy Assistant Attorney General, Civil Division
Paul Friedman
Deputy Associate Attorney General
Sheila Anthony
Assistant Attorney General, Office of Legislative Affairs
Julie Anbender
Deputy Director, Office of Public Affairs
Lois Schiffer
Acting Assistant Attorney General, Environment and Natural Resources Division
Rosemary Hart
Attorney-Advisor, Office of Legal Counsel

Department of Health and Human Services

Kevin Thurm
Chief of Staff
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Deputy Assistant Secretary for Health and Science
Kathy Hudson
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Beverly Dennis
Deputy General Counsel
Avis LaVelle
Assistant Secretary for Public Affairs
Karen Pollitz
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General Counsel
Tara O'Toole
Assistant Secretary for Environment Safety and Health
Lisa Schiazo
Special Assistant to the General Counsel
Steve Galson
Chief Medical Officer
Mike Gauldin
Director of Public and Consumer Affairs
William Taylor
Assistant Secretary for Congressional and Intergovernmental Affairs
Heather Stockwell
Acting Director of Epidemiology and Health Surveillance

Department of Veterans Affairs

Harold Gracey
Chief of Staff
Dennis Duffy
Deputy Assistant Secretary for Congressional Affairs
Mary Lou Keener
General Counsel
John H. Thompson
Assistant General Counsel
Susan Mather
Assistant Chief Medical Director, Environmental Medicine
David Law
Acting ADCMD Clinical Programs

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001. list	re: Human Radiation Interagency Working Group [partial] (1 page)	01/18/1994	P3/b(3)

COLLECTION:
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FOLDER TITLE:
Gulf War Illness (More) - Gulf War Illnesses [Folder 1]

2013-0534-S
rc1866

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
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b(1) National security classified information [(b)(1) of the FOIA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

David Brigham
Director, Veterans Assistance Service

Office of Management and Budget

Alice Rivlin
Deputy Director
T.J. Glauthier
Associate Director for Natural Resources, Energy and Science

(b)(3)

[001]

NASA

Jeffrey Lawrence
Associate Administrator for Legislative Affairs
Dr. Harry Holloway, M.D.
Associate Administrator for Life and Microgravity Sciences
Ed Frankle
General Counsel
Geoffrey Vincent
Acting Associate Administrator for Public Affairs
Dr. Earl Ferguson, M.D., Ph.D.
Acting Director,Aerospace Medicine and Occupational Health Office of Life and Microgravity Sciences
Chris Dunn
Senior White House Liaison

White House

Bill Burton
Phil Caplan
Mark Gearan
Jack Gibbons
Mrc Greenwood
Patrick Griffin
Holly Gwin
Marcia Hale
Elgie Holstein
Joel Klein
Phil Lader
Rachel Levinson
Sylvia Mathews
Lorraine Miller

Steve Neuwirth
John Podesta
Carol Rasco
Heather Ross
George Stephanopoulos
George Tenet
Ginny Terzano
Tracey Thornton
Christine Varney

January 4, 1993

MEMORANDUM TO PHIL LADER

FROM: Christine Varney
Phil Caplan

SUBJ: Agency Coordination of Radiation Experiments

After our interagency meeting yesterday, we have taken several steps to ensure that the review of Cold War-era government sponsored human radiation experiments proceeds smoothly.

As you know, the Agency Coordinating Group will reconvene on Monday, January 10, 1993. As a first step, we have also established several smaller working groups that will meet and discuss mission statements and establish some preliminary timelines for their work. For the moment there are five working groups:

Public Information and Communications Working Group

Retrieval and Review of Records Working Group

Ethical and Scientific Standards Working Group

(Please note that the "Ethical and Scientific Standards" and "Retrieval and Review of Records" groups will work closely together as their missions are closely related and dependent upon each other.)

Congressional Relations Working Group

Legal Issues Working Group

These working groups will convene within the next 1-2 days; we will attend the initial meetings. The groups will be able to make some preliminary reports on Monday.

In a separate attachment, we have outlined 1) an initial mission for each group (the groups have discretion to shape the missions as they see fit), and 2) the members of each group. The membership of each group is fluid and people/agencies may be added or subtracted as needed. Down the line, additional groups may also be appropriate.

Please let us know if you have any questions or comments.

Thank you.

1/4/93

Working Groups:

Public Information and Communications Working Group

This group will 1) establish government-wide guidelines on the intake and distribution of information from 800# phone calls and other means, and 2) coordinate the dissemination of information to the public and the media.

DOE:	Mike Gauldin (Chair)
DOD:	Dennis Boxx
VA:	Dave Brigham
HHS:	Avis Lavelle
NASA:	Jack Vincent
DOJ:	Julie Ann Binder
Other:	Rachel Levinson, OSTP
	LG Holstin, NEC
	_____, WH Communications
	Barbara Chow, WH Leg Affairs

Retrieval and Review of Records Working Group

This working group will coordinate the government-wide retrieval and review of records relating to human radiation experiments sponsored by the federal government during the Cold War era. This group will also establish, if necessary, declassification guidelines.

DOE:	Tara O'Toole
DOD:	George Soper
VA:	Susan Mather
HHS:	D.A. Henderson
NASA:	Earl Ferguson
DOJ:	Don Metcalfe
Other:	Steve Neuwirth, WH Counsel (Chair)
	Rachel Levinson, OSTP

Ethical and Scientific Standards Working Group

This group will examine the procedure for establishing an independent, ethical and scientific review board to assess the experiments.

DOE:	Tara O'Toole
DOD:	Jamie Gorelick
VA:	Susan Mather

HHS: D.A. Henderson
NASA: Harry Holloway
DOJ: Paul Freidman

Other: Jack Gibbons, OSTP (Chair)
Marcy Greenwood, OSTP

(Please note that the "Ethical and Scientific Standards" and "Retrieval and Review of Records" groups will work closely together as their missions are closely related and dependent upon each other.)

Congressional Relations Working Group

DOE: William Taylor
DOD: Sandra Stuart
VA: Ed Scott
HHS: Jerry Klepner
NASA: Jeff Lawrence
DOJ: Sheila Anthony

Other: Tracey Thornton, WH Leg Affairs (Co-Chair)
Barbara Chow, WH Leg Affairs (Co-Chair)

Legal Issues Working Group

DOE: Bob Nordhaus
DOD: Jamie Gorelick
VA: Jack Thompson
HHS: Beverly Dennis
NASA: Ed Frankel
DOJ: Webb Hubbell, Nancy McFadden

Other: Joel Klein, WH Counsel, (Chair)
Steve Neuwirth, WH Counsel
Holly Gwin, OSTP

*** These brief descriptions are by no means definitive. Each group has discretion to refine its mission.

*** Membership in each group may change due to the availability of additional information or other circumstances.

Please fax any misspellings to Phil Caplan, 456-6704...apologies in advance.

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NASA:	Chris Dunn	358-1827	358-2810
DOJ:	Nancy McFadden	514-9500	514-4371

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Phil Lader, WW
Pat Griffin, WW
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Steve Neuwirth, 130 OEOB
George Tenet, NSC, 300 OEOB
Sylvia Matthews, WW
Bill Burton, WW

MEMORANDUM FOR HEADS OF DEPARTMENTS AND AGENCIES

FROM: CHRISTINE A. VARNEY
Secretary to the Cabinet

SUBJECT: Retrieval and Inventory of Records of Human Radiation Experiments

1. Direction to Agencies

Each Agency shall establish forthwith a procedure for retrieval and inventory of records of human radiation experiments conducted by the Agency or under a contract or grant of the Agency. Agencies shall coordinate their procedures with the Human Radiation Interagency Working Group to ensure, where appropriate, that uniform procedures for the retrieval and inventory of records are applied at each Agency.

2. Definitions

(a) "Agency" means Department of Defense, Department of Energy, Department of Health and Human Services, Central Intelligence Agency, Department of Veterans Affairs, and NASA.

(b) "Human radiation experiments" means:

(i) Experiments on individuals involving intentional exposure to ionizing radiation. This category does not include common and routine clinical practices, such as established diagnosis and treatment methods, involving incidental exposures to ionizing radiation; and

(ii) Experiments involving intentional environmental releases of radiation which

(1) were designed to test human health effects of ionizing radiation; or
(2) were designed to test the extent of human exposure to ionizing radiation.

3. In addition, Agencies will retrieve and inventory all records pertaining to:

(a) The research experiment into the atmospheric diffusion of radioactive gases and test of detectability, commonly referred to as "the Green Run test," by the former Atomic Energy Commission (AEC) and the Air Force in December 1949 in Hanford, Washington;

(b) Two radiation warfare field experiments conducted at the AEC's Oak Ridge office in 1948 involving gamma radiation released from non-bomb point sources at or near ground level;

(c) Six tests conducted during 1949-1952 of radiation warfare ballistic dispersal devices containing radioactive agents at the U.S. Army's Duqway, Utah site;

(d) Four atmospheric radiation-tracking tests in 1950 at Los Alamos, New Mexico; and

(e) Any other experiments which may later be identified by the Human Radiation Interagency Working Group.

4. The Committee shall review experiments since 1944. Those records of human radiation experiments undertaken since the date of issuance (1974) of the U.S. government biomedical research guidelines will be sampled to determine their priority for review. Further inquiry into such experiments conducted after 1974 will be pursued if warranted.

5. Each Agency Head shall institute procedures for notifying and making records available to subjects of human radiation experiments and their next of kin. As appropriate, Agencies shall coordinate these procedures with the Human Radiation Interagency Working Group.

6. Each Agency Head shall institute procedures for making records on human radiation experiments available to the public. In implementing these procedures, each Agency Head shall immediately issue an order to all elements of the Agency:

(a) Not to destroy any records relating to human radiation experiments.

(b) To locate forthwith all records relating to human radiation experiments in the custody of the Agency, and to identify any such records in the custody of contractors or grantees of the Agency. Agencies shall work together with the Human Radiation Interagency Working Group to standardize the retrieval of theses records, which may involve the transfer of files to a designated repository. Until specific instructions are given for the transfer of the records, individual documents shall not be removed from their file series.

(c) To review all such records for national security classification and to declassify such records to the maximum extent as as soon as possible. Agencies shall avail themselves of every opportunity to cooperate in expediting this process.

(d) To make any deletions required for the protection of privacy interests of the subjects of the experiments or their next of kin.

7. Agencies shall work together with the Human Radiation Interagency Working Group to standardize the inventory of records of human radiation experiments. Such standards will address methods for describing records, collecting, transcribing and verifying inventory information, and documenting records search strategies.

8. In developing guidelines for retrieval and inventory, Agencies shall take account of advice provided by the Advisory Committee on Human Radiation Experiments.

TALKING POINTS FOR CALLS TO SECRETARY PERRY AND SECRETARY BROWN

1. Calling on behalf of the POTUS to inform that the POTUS has asked the First Lady to look at concerns related to illnesses incurred by veterans of the Gulf War and their families.

2. These concerns have been brought directly to the White House through letters from veterans and family members who suggest that their problems are not being responded to adequately or quickly and from media attention, which appears to be increasing, not abating.

3. Mrs. Clinton is aware that certain laws have recently been passed which can help address these problems if they are implemented sooner, rather than later.

4. Ask that the Assistant Secretary for Health be allowed to work with the First Lady on this matter: at DOD, Dr. Stephen Joseph and at VA, Dr. Kenneth Kizer.

gulf war

TO: Melanne

FROM: Diana

RE: Update on Birth Defects Issue

DATE: October 19, 1995

You asked me to keep you up to date on this issue, so I have attached the new Life Magazine cover story on birth defect children born to Gulf War veterans. The First Lady and Jay Rockefeller are praised as two of the few Washington folks who care. (The First Lady is described as the point person on this issue for the Administration). I highlighted that part of the xeroxed copy.

Unfortunately, the DOD does not come across as caring and Sec. Glickman is quoted defending Dr. James Moss losing his job at USDA after testifying about his research on pyridostigmine and insecticides. Those sections are also highlighted.

One of the families in this story, Steve and Bianca Miller and their son Cedrick, were interviewed on Good Morning America yesterday morning. The father, Steve Miller, testified before Sen. Rockefeller last year, and wrote to the First Lady a few months ago to ask for her help. I called him at the time, and referred his letter to the White House agency liaison office. He has not yet received the help he requested.

The Minns family is also in the story; they also wrote to the First Lady about their son's birth defect. A copy of their letter is attached; I believe that it was never answered because we were waiting to hear about the outcome of the debate re diagnostic tests for offspring.

Sen. Daschle and Sen. Rockefeller recently notified VA that they are unhappy with the VA's failure to implement the legislation regarding diagnostic tests for spouses and offspring. I don't know Sen. Daschle's current veterans staffer particularly well, because she recently returned to his staff after being away for more than a year. However, I know that she was his point person on Agent Orange, so she will probably be quite assertive on this issue. I don't know what the Senators were told about the status of the legislation's implementation, and I don't know what the status is.

I will be away the week of October 22, but I'll leave a number where I can be reached if you need me.

The second meeting of the President's Advisory Committee on Gulf War Veterans' Illnesses was held yesterday and today. The Committee seems to be scrutinizing some of the same issues that you and I discussed earlier this year, such as the quality of Federally funded research, the unnecessary overlap between studies, and the tendency of DOD to diagnose PGW veterans as having psychological rather than physical illnesses.

Photo attached

Marilyn Minns 7764B Nelson Loop Fort Meade, Maryland 20755

May 18, 1995

First Lady Hilary Clinton
c/o Diana Zuckerman
Room 101 OEOB
White House
Washington, D.C. 20500

Dear Ms. Clinton:

I have a 21 month old son named Casey who was born following the Persian Gulf War. He was diagnosed with Goldenhar Syndrome, esophagal atresia, and TEF. He does not have a left ear. His jaw and right ear are small and are deformed. He has undergone eight unsuccessful surgeries to correct his esophagal problems. He is being fed by a gastrointestinal tube (G-tube) 20 hours per day. He is only allowed 4 hours off of the pump to enjoy playing with his two brothers. I believe his birth defects were caused by my husband's participation in the Persian Gulf War. To date there are 8 cases of Goldenhar Syndrome reported just from Gulf War families. One of the other Goldenhar cases is a serviceman who did not go to the Gulf War. Instead he received all the inoculations in preparation, if called.

This is a great concern of mine. This syndrome is extremely rare and it is not a genetic problem. We have two other sons (age 9 and 5) who were born normal with no birth defects and before the Gulf War. I feel the need for testing all vets, spouses, and effected children is an absolute must. I viewed the interview that President Clinton addressed regarding the research needed into the "Gulf War Syndrome". I agree, and support him 100%. But I also feel the VA is not conducting enough in helping all of us. Many interviews show Dr. Roswell speaking of funding and conducting research on all the birth defected children. To date not one person has contacted my family or the other 8 Goldenhar families for any testing or questions. My husband has pursued Gulf War testing on his own and has begun the Phase I at Fort Meade.

I am asking for your influence to keep pushing the Department of Defense as well as Congress to not only help my child, but all the other babies who are ill, the born and the unborn.

Sincerely,

Marilyn Minns

CC: Sandy B/NSC
Leon
DS
HRC

CC Melanne

file Griffiths

THE PRESIDENT HAS SEEN
12-16-96

THE PRESIDENT HAS SEEN
12-16-96

Gulf War illness linked to Iraqi germ weapons

12/11/96

Gene-altered bacterium found in vets' blood

By ED OFFLEY
P-I MILITARY REPORTER

Evidence exists that could link the ailments of sick Persian Gulf War veterans to Iraqi biological weapons, independent medical researchers warn.

Such weapons pose a more serious health threat than chemical agents because they are designed to spread germs throughout a wide population, including soldiers, their spouses, children and even family pets, experts say. And, they say, symptoms can appear years after exposure.

While the Pentagon has acknowledged that U.S. troops in the Gulf War were exposed to chemical agents, officials said they still are checking data on biological weapons.

Garth Nicolson, a research biochemist who has tested the blood of hundreds of sick Gulf War veterans and members of their families, said he has discovered a mycoplasma – a primitive bacterium – that had been genetically altered in many of the samples. The only logical conclusion to draw, he said, was that the germ had been deliberately manipulated for use as a weapon.

"We found very unusual infections that have genetic structures not found in the wild," said Nicolson, scientific director of the non-profit Institute for Molecular Medicine in Irvine, Calif.

Given the artificial structure of the bacterium, its widespread detection among hundreds of Gulf War veterans and their families, and Iraq's confirmed work on such weapons, Nicolson said, he concluded that people are sick as a result of "invasive . . . biological weapons."

In separate interviews, two experts in related medical fields confirmed the validity of Nicolson's research. They also shared most of Nicolson's premise that many Gulf War veterans show signs of bacteriological infection and not chemical poisoning.

Whether Gulf War troops were exposed deliberately or accidentally is not clear. It is possible, for instance, that exposure occurred when biological agents were dispersed into the air as a result of allied bombing of Iraqi storage bunkers, Nicolson and other experts said.

Nicolson and his wife, Nancy, both of whom are biomedical researchers, became interested in the issue when their daughter, an Army soldier, returned from the war with multiple ailments.

See ILLNESS, Page A10

1 of 5

Illness: Pentagon had no way to

from Page 1

Defense Secretary William Perry said last week there is no evidence U.S. Gulf War troops were exposed to Iraqi biological weapons. But, Perry said, "since we know that the Iraqis had the weapons, we have to continue to examine data and we cannot categorically rule it out." Earlier, the Pentagon ended more than five years of denial and admitted that thousands of soldiers in the war were exposed to chemical agents.

Biological warfare uses bacteriological agents that are infectious and can cause illness and death not just after initial contact but even years later, Nicolson said. Chemical warfare agents, in contrast, are chemical compounds that attack the skin and nervous system but can be washed off. They leave victims sick but not infectious.

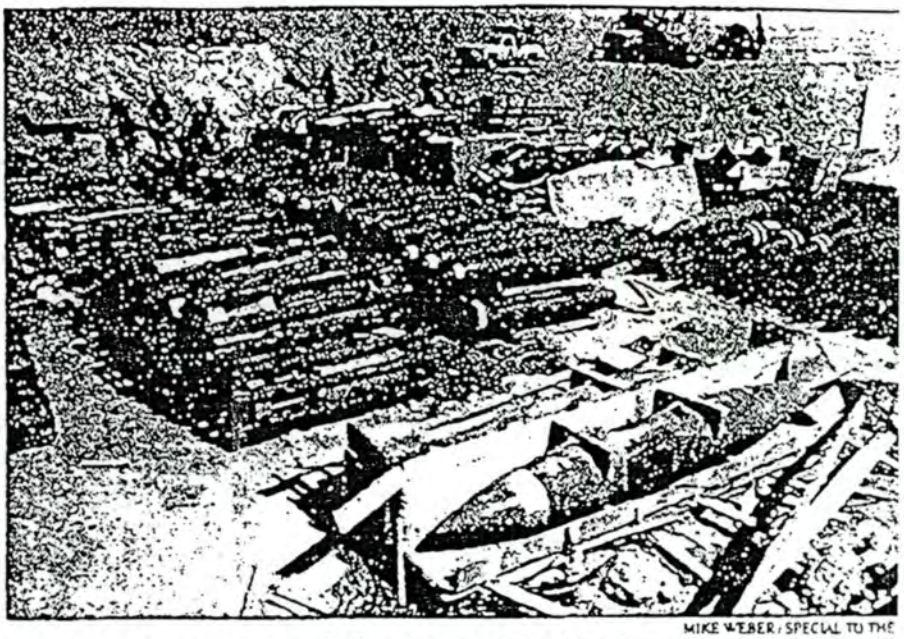
Since the seven-week Gulf War, which began Jan. 17, 1991, tens of thousands of veterans and their family members have complained of a wide array of ailments, including memory lapses, chronic fatigue, aching joints, dizziness and benign tumors. Some veterans have reported children born with severe birth defects. The ailments are loosely classified as Gulf War syndrome. But the cause remains under debate.

Complicating the issue is the fact, discovered in 1994 during a Senate Banking Committee investigation, that even three years after the war the Pentagon had no means to detect biological warfare agents on the battlefield.

John Deutch, then-deputy secretary of defense and now head of the CIA, told a government conference in New Mexico in 1994 that the United States has "no biological-detection capability deployed with any forces, anywhere," the Banking Committee noted in a report after its investigation.

The year before, according to the Banking Committee report, Deutch said that the Department of Defense was "withholding classified information on the exposure of U.S. forces (in the Gulf War) to biological materials."

The report contained the results of a survey of 4,000 veterans reporting medical symptoms after serving in the Gulf War. It noted that 77 percent of their spouses and 65 percent of their children showed similar symptoms.



MIKE WEBER / SPECIAL TO THE

American troops examine stockpiles of captured Iraqi bombs at a storage complex nea Nasiriyah. The munitions were then blown up, releasing a plume of chemical agents.

Since 1991, the Pentagon, Veterans Administration and a number of federal scientific organizations have studied the widespread rash of illnesses afflicting between 35,000 Gulf War veterans (the VA's estimat and as many as 100,000 veterans and fam members (the estimate by outside researche such as Nicolson).

The Pentagon initially said veterans r porting ailments were suffering from psych logical stress. Before the Pentagon admitt last week that nerve agents may have be dispersed over the battlefield, theories abc the cause of the ailments included exposure pollution from oil-field fires, reaction experimental vaccines or parasitic infectio such as leishmaniasis found in the des environment.

PI 12/11/98

2 of 5

DESERT STORM DIAGNOSIS

Gulf War: Illness reported in Kuwait

From Page A10

by economic sanctions.

The U.N. agency also documented a fivefold increase in reported cases of leishmaniasis between 1989 and 1992, from 2,159 cases to 12,645 per 100,000 population.

There also is evidence Iraq's infant mortality rate increased after the war. No studies have suggested a connection between the deaths and possible exposure to chemical or biological agents.

A study of Iraqi civilians comparing records before the war and in late 1991, conducted by the International Team on the Gulf Crisis, found a 380 percent increase in the mortality rate of children under 5. The survey attributed this to "a complex interaction of factors," including shortages of food and medicine, lack of clean water and poor sanitation.

The survey, funded by UNICEF, the MacArthur Foundation and other organizations, also noted epidemic outbreaks of typhoid, cholera, hepatitis, measles and tetanus throughout Iraq.

Hinshaw said a Kuwaiti physician told him an ailment mirroring Gulf War syndrome is widespread among the Kuwaiti population.

"The word is the Kuwaitis have this (illness) and the Kuwaiti government is suppressing this whole issue," Hinshaw said.

Neither the Pentagon nor Veterans Affairs Department have compared health data on Gulf War veterans and Iraqi civilians with the government of Iraq, officials said.

"There is currently no cooperation in health programs between the United States and Iraq in looking at Gulf War illness," Pentagon spokesman Bryan Whitman said yesterday.

He said the Pentagon task force on Gulf War health issues had received Nicolson's research findings and was reviewing them, along with other independent medical studies.

"We are interested in looking at all research that may help us better understand the causes of Gulf War illness," Whitman said.

Iraq's biological and chemical warfare capability never has been questioned.

U.S. military commanders during and after the Gulf War freely admitted their greatest fear was that advancing allied units might get pinned down in the Iraqi minefields and obstacle belts in Kuwait and Iraq, then slaughtered by massive attacks with chemical and biological weapons.

As for Iraqi biological warfare capability, the Pentagon and the United Nations reported after the war that Iraq possessed a sophisticated biological warfare industry by the late 1980s.

The Banking Committee probe found evidence Iraq was working on the following biological warfare agents at the time of the Gulf War:

- Anthrax – An often fatal infections disease caused by the ingestion of anthrax spores that blocks breathing and leads to fatal blood poisoning.
- Botulinium toxin – Symptoms of exposure, which is often fatal, are vomiting, thirst, weakness, fever, dizziness and muscle paralysis.
- Other biological agents identified include histoplasma (similar to tuberculosis), brucella melitensis (which causes damage to major internal organs), and clostridium perfringens, toxic bacteria that cause gangrene.

Iraq started in 1986 to initiate an offensive biological warfare capability, according to the U.N. special commission that investigated alleged manufacturing and storage sites beginning in 1991. U.N. inspectors said that while no explicit evidence of Iraqi biological weaponry was found, they noted that the main site was razed by the Iraqi government a week before inspectors were allowed in.

The Senate Banking Committee also discovered that from 1986 to 1989 a non-profit medical institute called the American Type Culture Collection exported to Iraq, with approval of the U.S. Commerce Department, 70 shipments of bacterial cultures that could have been used for producing biological weapons.

The newspaper Newsday on Nov. 27 reported that Joshua Lederberg, head of a U.S. scientific panel that earlier had denied any links between biological weapons and Gulf War syndrome, was a director of the American Type Culture Collection.

However, Lederberg, a Nobel Prize-winning geneticist and former president of Rockefeller University, told The New York Times on Monday that the Pentagon had withheld key evidence from his panel, including the presence of chemical agents at the Iraqi bunker complex blown up by U.S. troops.

Lederberg said the disclosures mandate an intensified effort to determine whether low doses of nerve gas can cause long-term illnesses.

While the Nicolsons have specialized in microbiology and infectious illnesses for decades, it was their role as parents that first led them into the hunt for the source of Gulf War syndrome.

Their daughter, Sharron, served in Operation Desert Storm with the 101st Air Assault Division, which made the deepest penetration into Iraqi territory and from whose ranks many of the sick veterans have come, Nicolson said. She returned from the war with symptoms of Gulf War syndrome and has many friends who also became sick, Garth Nicolson said.

After compiling a database of common symptoms among ailing veterans, Nicolson said, he and his wife began to suspect the immediate cause was an unknown "mycoplasmic infection." Mycoplasmas, he explained, are small micro-organisms related to bacteria, some of which can aggressively invade blood cells.

Using a technique he calls "gene tracking," Nicolson in one study made a detailed analysis of the DNA structure of blood samples of several dozen sick Gulf War veterans. He found that 55 percent of the sample group were victims of an "invasive" mycoplasma that had "penetrated deeply into the patients' blood cells."

In analyzing the samples, Nicolson said, he discovered evidence of "genetic manipulation" of the mycoplasma that converted it from a relatively benign bacterium to "a much more invasive and pathogenic mechanism." Preliminary surveys of veterans are turning up a possible pattern of infection linked to specific areas of the battlefield.

"The soldiers that were involved in the deep (attacks) in Iraq and those that were near Saudi and Kuwaiti Scud-B (missile) impact sites . . . may be at highest risk," Nicolson wrote in an article last May in The Townsend Letter for Doctors and Patients.

Antibiotics tailored to treat the mycoplasma have helped alleviate symptoms for many veterans, Nicolson said, but he noted that it is too early to know if the drugs will provide a permanent cure.

Joyce Riley, a civilian intensive care nurse in Houston and co-founder of the American Gulf War Veterans

ing extensive reports from sick veterans who say their family members and even pets and domestic livestock also have become ill.

Riley, an Air Force Reserve captain, said she developed symptoms while on active duty in an Air Force C-130 unit during the war. But, Riley added, she did not even travel to the Persian Gulf; her air crew ferried sick and injured troops within the continental United States.

She said a former Special Forces soldier with 22 years on active duty told her last month that he called her group after military doctors could not explain why his wife and two children also were plagued with symptoms of Gulf War syndrome.

"I asked him, 'Did your pets die?' " Riley said.

"Yes," the soldier said. "How did you know?"

Riley said dead pets are common in reports the veterans association receives from the 20 to 30 sick veterans who contact it each day.

For the Nicolsons, perhaps the most startling information they have collected on Iraqi biological warfare turned up two years ago with a knock on their front door in Houston.

Nicolson said he and his wife were stunned to find an Iraqi army general standing on the doorstep. The middle-aged man in civilian clothes was sweating profusely as he handed Nicolson a letter in Arabic and introduced himself in fluent English.

"He said he was sick with the Gulf War illness," recalled Nicolson, who at the time was chairman of the Tumor Biology Department at the University of Texas M.D. Anderson Medical Center. "He wanted to talk about it to see what we knew about it." The Iraqi said he had learned of Nicolson through several of his articles in medical journals.

"He tested positive for this mycoplasmic infection," Nicolson said.

The Iraqi, who used an Iraqi diplomatic passport to travel quietly to Texas, told the Nicolsons that Iraqi President Saddam Hussein had deliberately released biological agents in southern Iraq.

"He told us there were at least 300,000 (Iraqis) dead and 1 million sick because of the release of chemical and biological weapons in southern Iraq," Nicolson said. Unofficial reports from medical colleagues at Mideast health research facilities indicate up to 25 percent of the populations of Kuwait, Jordan, southern Iraq and northern Saudi Arabia are experiencing Gulf War syndrome ailments.

"He (the Iraqi general) told us there were both chronic and acute biological agents used in the Gulf War," Nicolson said.

Mike Weber, a Fort Lewis-based soldier treated for tumors after serving with an Army unit that blew up the Iraqi weapons bunker complex now confirmed to have contained chemical agents, said recently that he recalled a radio news item picked up shortly before the ground war began. "The BBC reported Saddam Hussein threatened not only the soldiers in the Gulf but (also) their wives and babies as well," he said. "Maybe this is what he meant."

Help for Gulf War veterans

VA Puget Sound Health Care System, Persian Gulf health clinics:
VA Medical Center, Seattle
Dr. Stephen Hunt
(206) 762-1010, Ext. 1139
(206) 764-2140

American Lake-Medical Center, Lakewood
Dr. Tesfai Gabre-Kidan
(800) 581-8308
(206) 589-4058

Other sources

For civilian veterans: Information on medical exams, marital/family counseling, disability compensation, VA benefits programs — VA Persian Gulf Information Helpline, (800) 749-8387

For active-duty personnel: Defense Department Persian Gulf Hotline, (800) 796-9699

Reporting Gulf War incidents: For firsthand incidents affecting health, such as chemical agent attacks — Defense Department Incidents Hotline, (800) 472-6719

Washington Department of Veterans Affairs: General information on Gulf War health issues — (800) 562-2308, Rick Price

Internet Sites and Post Operations

GulfLink, official Defense Department information site for Persian Gulf War illness issues:
http://www.dtic.dla.mil/gulflink

Gulf War Veteran Resource Pages, volunteer, non-official home page clearinghouse for Gulf War health issues:
http://www.gulfwar.org/index.html

American Gulf War Veterans Association, new veterans activist organization:
3506 Highway 6 S., No. 117
Sugar Land, TX 77478-4401
Contact Dave Riddell or Joyce Riley
(281) 438-1699, office
(281) 587-5437, voice mail
(713) 438-4581, fax

Sources: Veterans Administration, Department of Defense and the American Gulf War Veterans Association

PI
ILLNESS
12/11/96
SAS

detect biological war agents

Garth and Nancy Nicolson, who hold doctorates in biochemistry and biophysics, respectively, say a growing number of veterans and their families still are becoming sick in the years since the Gulf War ended.

Their research is supported by other experts.

Charles Hinshaw of Wichita, Kan., former president of the American Academy of Environmental Medicine, reviewed the scientific procedure Nicolson used to detect the genetically manipulated bacterium. Hinshaw said of Nicolson's work, "The scientific techniques used to identify the (bacterium) in these Gulf War veterans is valid."

Ed Hyman, a New Orleans-based specialist in kidney and urinary tract medicine who was cited by the Senate Banking Committee in 1994 for his work with sick Gulf War veterans, said that he, too, has found a bacterial link to Gulf War syndrome.

Hyman said he concluded that the ailments stem from a source that is either a bacterium that exists in the desert environment or a biological warfare agent.

"I think the best bet is (a bacterium) endemic to that region. The second-best bet is germ warfare," he said.

Hyman supported Nicolson's assertion that chemical agents such as sarin could not cause symptoms among family members of veterans.

"Once a person is damaged by sarin there's no way they can pass it on to their wife and children," he said of the veterans. "The Nicolsons are dead right about it."

The Nicolsons and Hinshaw also said they have received information from colleagues in the Persian Gulf region that the type of illness afflicting U.S. veterans is rampant among the civilian populations there, particularly in Iraq, Kuwait, northern Saudi Arabia and Jordan.

A survey of Iraqi health conditions published in March by the United Nations World Health Organization disclosed "an explosive rise" in the incidence of diseases in Iraq since the war, including cholera, typhoid, malaria and meningitis." The U.N. agency report attributes the health crisis to the deterioration of the medical system, breakdown in water and sewage treatment, and hardships caused

See GULF WAR Page A 1

Common symptoms

These are the most common symptoms that occurred in a sample of 625 veterans from Operation Desert Storm diagnosed with Gulf War syndrome.

Aching joints	90 percent
Chronic fatigue	75 percent
Memory loss	73 percent
Sleep difficulties	72 percent
Headaches	70 percent
Skin rashes	60 percent
Concentration loss	59 percent
Depression	53 percent
Muscle spasms	52 percent
Nervousness	51 percent
Diarrhea	51 percent
Blurred vision	49 percent
Anxiety	49 percent
Breathing problems	49 percent
Chest pain	47 percent
Dizziness	46 percent
Nausea	42 percent

Source: "Chronic Fatigue Illness and Desert Storm," by Garth Nicolson, Ph.D., and Nancy L. Nicolson, Ph.D., 1995

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NATIONAL SECURITY COUNCIL

GULF WAR ILLNESSES

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

(202) 456-9391

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From: RADM Paul Busick

To: Melanne Verveer

Agency: Dep Chief of Staff to the First Lady

Fax Number: 6-6244

Date/Time: 1815 on 18 Dec 96

No. of pages to follow: 2

Message: I spoke briefly with the First Lady today on the Nicolson article in the Seattle PI. REP Dicks has approached DOD, the VP's office and NIH on their behalf. Attached are two e-mails on the issue. In addition, I've learned DOD's action officer will be meeting with REP Dicks tomorrow to be sure they've captured his concerns. I have coordinated the interagency effort to be sure we are responsive .

I'll keep you posted on the outcomes as the First Lady requested.

Rosa, Frederick M.

From: Busick, Paul E.
To: Bass, Peter E.
Cc: /R, Record at A1; Rosa, Frederick M.; Sens, Andrew D.; @NSA - Natl Security Advisor; @PRESS - Public Affairs
Subject: REP Dicks update [UNCLASSIFIED]
Date: Wednesday, December 18, 1996 12:08PM

As requested for Tony:

REP Dicks has been briefed by the Nicolson's, who are a pair of respected cancer researchers. They believe that much of the "Syndrome" experienced by Gulf War vets can be traced to mycoplasma , a genetically-altered primitive bacterium -- which they theorize were in biological weapons either used by the Iraqis against the deployed troops or accidently released by allied bombings.

Their research approach has some technical flaws, and is not given much credence by the PAC. The apparent problem is that while the team has found evidence of organisms in some veterans, there is no clear connection of those organisms to the symptoms they are experiencing. It may turn out that virtually the entire population of Gulf veterans may have these organisms in their systems, while only a small subset has the common symptoms (which to date have not been proved to have any relationship to the organisms).

There is concern that the Nicolson high-visibility media approach may stimulate a public health scare as they suggest these organisms can be transmitted through casual contact. VA/DOD/HHS have repeatedly reached out to Nicolson. He has been invited by CDC to do blind studies of Pennsylvania Guardsmen who have extensive symptoms. He has also been approached by the Armed Forces Institute of Pathology. Those invitations remain open. Also, the University of Alabama is currently conducting a similar research effort.

Nevertheless, REP Dicks has pressed the Pentagon to proceed with funding an independent review by NIH. When advised of the previous DOD/VA/HHS unsuccessful attempts to engage the Nicolson team in structured tests, REP Dicks discounted those efforts as not "truly independent," but rather part of the government "cabal" and therefore suspect.

Bernie Rostker, DOD's special assistant for GWI has had two conversations with REP Dicks. In the first, he listened and explained most of the above. In the second, after having consulted with me and Dr. Steve Joseph (DOD's Assistant Secretary for Health), he agreed to do the studies using NIH as the agent. Gary Christopherson in Dr. Joseph's office will be the action officer.

The President has designated VA the lead agency for coordination of all GWI research. DOD will coordinate its efforts through the Persian Gulf Veterans Coordinating Board, a VA/DOD/HHS interagency body set up for that purpose. DOD will need to work out the study protocols and funding arrangements before they can proceed, but doesn't view either as roadblocks to being responsive. I have spoken to VA and expressed our interest in moving expeditiously on the research. Neither DOD nor VA could give me a firm date for the effort to begin, nor the cost. REP Dicks has also spoken with NIH and advised them of his interest in having the research performed.

REP Dicks has also spoken with someone on the Vice President's staff, and the Walter Reed complex commander, Major General Burger, with whom he has had previous experience and apparently some level of confidence. DOD believes he is satisfied with the assurances obtained from Rostker, the Walter Reed commander, and NIH that the effort he wants performed will happen.

Please advise if you need further information.

Rosa, Frederick M.

From:	Busick, Paul E.
To:	Bass, Peter E.
Cc:	/R, Record at A1; Rosa, Frederick M.; Sens, Andrew D.; @NSA - Natl Security Advisor; @PRESS - Public Affairs
Subject:	REP DICKS Continued [UNCLASSIFIED]
Date:	Wednesday, December 18, 1996 5:28PM

More info for you:

REP Dicks called Rostker again today, apparently NOT as satisfied as DOD thought. DOD has now agreed to fund a trip to Walter Reed for the Nicolsons on 12/23/96 to meet with MG Burger and some of the medical people who will be involved with reviewing his research efforts to date. Both MG Burger, the Walter Reed commander, and Gary Christopherson, the DOD Assistant Secretary for Health action officer, will call REP Dicks to assure him they are on board to get the review accomplished.

I will keep you posted on further developments.