Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	re: Visit to Walter Reed Army Medical Center [partial, pages 2-3 and 5 closed in full] (5 pages)	02/21/1995	b(6)
002. list	re: Gulf War Veteran Patients at Walter Reed Medical Center (1 page)	00/00/0000	b(6)
003. bio	re: personal medical (1 page)	00/00/0000	b(6)
004. bio	re: personal medical (1 page)	00/00/0000	b(6)
005. bio	re: personal medical (1 page)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20033

FOLDER TITLE:
Gulf War Illness (More) - Gulf War Illnesses [Folder 2]

2013-0534-S
rc1870

RESTRICTION CODES

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

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

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

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

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

GULF WAR ILLNESSES

CBS

524 57 STREET NEW YORK, NY 10019-2985

August 23, 1996

GOVERNMENT OFFICIAL SAYS DEPT. OF DEFENSE KNEW IN 1991 THERE WERE CHEMICAL WEAPONS IN BUNKERS BLOWN UP BY U.S. TROOPS IN GULF WAR IN A "60 MINUTES" REPORT THIS SUNDAY ON THE CBS TELEVISION NETWORK

Report Alleges Pentagon Coverup and Provides Evidence of a Probable Link Between the Explosion and "Gulf War Syndrome"

The Pentagon finally admitted this summer that a network of bunkers blown up by U.S. troops in the Gulf War contained chemical weapons, but Assistant Secretary of Defense for Health Affairs Stephen Joseph said the Department of Defense knew that information in 1991, according to a 60 MINUTES report by Ed Bradley to be broadcast Sunday, Aug. 25 (7:00-8:00 PM, ET/PT) on CBS.

60 MINUTES' report suggests the Pentagon -- which denied for years there was evidence our troops were exposed to chemical agents -- may have been covering up to dispel the claims of thousands of soldiers and veterans who say they are suffering the effects of chemical exposure generally referred to as "Gulf War Syndrome."

Bradley's report features Joseph's videotaped testimony on Capitol Hill, in which he admits the Department of Defense had in 1991 a UN report saying weapons containing the nerve agent Sarin and mustard gas were in the bunkers, located in Kamisiyah, Iraq.

A group of nine veterans from the 37th Engineering Battalion, the unit that blew up the bunkers, provided 60 MINUTES with evidence that suggests a link between the explosion and gulf war syndrome. They say chemical alarms went off after the blast and that they donned only protective masks on a directive from their unit commander, a directive aimed at conserving the suits that were short in supply. Only one of the nine, Dan Tipulski, put on an entire chemical warfare suit after the explosion and he is the only member of the group who does not suffer any illness. Tipulski was a chemical officer specially trained in detecting chemicals in the air and had detected them after the blast. He tells Bradley "I blatantly ignored corp's directive (to don only masks) because I knew it was wrong."

60 MINUTES has also learned that the number of sick Gulf War veterans, estimated by the government at 30,000, is really closer to 80,000.

* * *

Press Contact: Kevin Tedesco (NY) 212/975-2328

PRESIDENT'S COMMITTEE ON THE ARTS AND THE HUMANITIES
1100 Pennsylvania Avenue, N.W. Suite 526
Washington, D.C. 20506
(202) 682-5409 Fax (202) 682-5668

August 22, 1996

MEMORANDUM Melanne Verveer, Deputy Chief of Staff

FROM: Ellen McCulloch-Lovell, Executive Director EML

RE: Presidential letter to Alberta Arthurs

There are at least two good-bye parties to Alberta where a letter from President Clinton could be read: September 3 from 4-6 pm at the Rockefeller Foundation and September 5 in the evening at Sarah Lawrence College.

Points for a letter to follow:

· The Rockefeller Foundation is one of our major national foundations, among the top fifteen private funders of U.S. cultural life - and Alberta Arthurs is considered the Dean of arts and humanities program directors.
· She is one of the most (~~the most?~~) respected professionals in her field, providing leadership in charitable giving to arts and culture over her 14 year long career at Rockefeller.
· She is not only respected, she is revered, for her wisdom, her national perspective, her leadership, her guidance.
· Whenever this Administration has sought guidance on cultural issues, she has always been there, with her wise and honest advice.
· She helped us during the transition, she helped our staff, she helped our President's Committee on the Arts and the Humanities.
· More than that, she has helped our cultural organizations to prosper and our nation's cultural life to deepen and grow. More people have experienced the joy of the arts and the enlightenment of the humanities because of Alberta Arthurs.
· For that, and for your great generosity and vision, we cannot thank you enough.

~~Do you want specific examples of her accomplishments?~~ We can do some research and add.

TOTAL P.02

file Bulgwar

CLOSE HOLD--Material will be presented to Advisory Committee on Sept. 5th

WORKING DRAFT: DO NOT CITE, QUOTE, REPRODUCE, OR CIRCULATE

Staff memo from PAC Staff to Committee - Very critical of DOD CIA efforts

Search for evidence

The U.S. government has relied on CIA and DOD internal investigations to review relevant information. CIA has been assigned responsibility for reviewing intelligence information relevant to possible CBW exposures, and performing downwind hazard modeling for possible chemical agent releases. DOD's current efforts are concentrated at PGIT, which has been assigned principle responsibility for investigating allegations of possible CBW exposures during the Gulf War, as well as other potential risk factors. A DOD Senior Level Oversight Panel, which operates parallel to PGIT, is responsible for coordinating the declassification and release of documents related to CBW and other potential risk factors.

In its Interim Report, this Committee announced its "plans to monitor closely the progress of DOD and CIA in their renewed investigations of possible CBW exposures during the Gulf War." Staff's review of these efforts leads us to conclude that although CIA has fully engaged its resources in the search for evidence relating to possible CBW exposures, PGIT has failed to capitalize on its unique position to thoroughly investigate all alleged incidents.

CIA Is Fulfilling Its Commitment to Re-examine Intelligence Related to Possible CBW Exposures. Staff can report that although limited in the scope of their review to intelligence records, CIA analysts have aggressively pursued information related to possible CBW exposures from both classified and open sources. With respect to downwind hazard modeling, staff also can report that CIA officials have been responsive to concerns about potential low-level contamination and have modified modeling assumptions and parameters to reflect these concerns. CIA completed the bulk of its work with the 2 August 1996 Report that recently was mailed to the Committee, but CIA still is reviewing information concerning the destruction of chemical agents by U.S. forces at Khamisiyah, as discussed below [CIA August 1996 Report, Copeland, McNally].

DOD Has Conducted a Superficial Investigation of Possible CBW Exposures. Since 1991, DOD has taken the public position that no U.S. troops were exposed to chemical or biological agents during the Gulf War. In response to congressional investigations in late 1993 and early 1994, DOD initiated an internal review of alleged CBW incidents. During this same time period, the Defense Science Board (DSB) established a task force to review concerns about possible health effects of the Gulf War. Relying largely on materials collected in DOD's on-going internal review, after six months of work in June 1994, the DSB concluded there was "no evidence that either chemical or biological warfare was deployed at any level against us, or that there were any exposures of U.S. service members to chemical or biological warfare agents in Kuwait or Saudi Arabia." In March 1995, DOD began a second internal review through PGIT that has adhered to this position despite new and growing evidence of low level chemical agent exposures [Blanck, DSB June 1994 Report, Koenigsberg, J.Martin, Nalls, Wallner].

PGIT staff is comprised of 12 individuals: intelligence officers, members of the Chemical Corps, pilots, chemists, physicians, and one trained investigator. Reflecting its staffing, PGIT has devoted substantial resources to literature reviews and scientific studies, rather than collecting first-hand evidence of possible CBW incidents from eye witnesses, battlefield intelligence, unit logs, diaries, and other original documents. By

doing so, PGIT has failed to take advantage of its unique access to both classified and routine military records to *investigate* and help answer the public's questions about possible CBW exposures. Given CIA's findings related to Khamisiyah, however, PGIT's recent efforts have involved pursuing investigative leads [Koenigsberg, J.Martin, Moldenhaurer, Nalls]. With, perhaps, this single exception, PGIT's work related to CBW incidents lacks vigor, falls short on investigative grounds, and stretches credibility.

There are, however, other possible CBW incidents that merit a thorough review and full investigation. As pointed out in the Interim Report, the automated M8A1 early warning detectors, which employ an ionization process that can react to many compounds, only could detect nerve agents and suffered an extremely high false alarm rate. Two other, more reliable, detectors also were fielded to verify chemical agent alarms: Fox reconnaissance vehicles equipped with mobile mass spectrometers and M256 kits, which employ enzymatic tests for organophosphate nerve agents as well as chemical tests for blister agents. Fox reconnaissance vehicles detected blister and nerve agents at various sites in Kuwait and Saudi Arabia, and M256 kits also confirmed the presence of chemical warfare agents during the ground war. Rather than thoroughly investigate these site-specific incidents, PGIT plans to include them in a theater-wide time/distance analysis [Koenigsberg, Lyons, J. Martin, Grass, Sullivan, Wages].

In response to questions about potential low level chemical agent exposures, PGIT first reported to the Committee in May 1996 that it had no formal, objective standard(s) against which it would measure to reach a conclusion of confirmed/not confirmed. Two months later in July 1996, however, PGIT reported it did have a standard, but the lack of a standard until so late in its tenure calls into question PGIT's entire work to that point; only a thorough re-review seemingly can remedy this situation. Moreover, PGIT's stated standard also is problematic. PGIT has adopted military CBW standards that require not only agent detections, but also physical symptoms of poisoning. Thus, PGIT continues to confuse the separate question of potential chemical agent *exposure*, with that of possible chemical agent *health effects*. The inflexible insistence on using this standard--even when assessing possible low level exposures that do not cause physical symptoms--has severely undermined PGIT's credibility on CBW issues [Koenigsberg, J.Martin].

PGIT's slow progress and DOD's erratic efforts to release information to the public have further served to erode the public's trust. To date, 5 of 54 investigations have been addressed in public through reports or in testimony before our Committee, then posted on DOD's GulfLINK Internet site; review of the remaining 49 cases is ongoing. Yet the use of GulfLINK to convey information also has undermined DOD's credibility.

In 1995, DOD established a Wide World Web site and pledged to post copies of relevant declassified documents there. Two actions by DOD have reduced the credibility of this pledge and the usefulness of this site. First, DOD officials issued instructions to declassifiers that before posting sensitive documents, they should be forwarded to PGIT "to allow the investigation Team time to begin preparation of responses on particular 'bombshell' reports" (Wallner 3 November 1995 Memorandum). Second, over 300 declassified documents were removed from GulfLINK in early 1996 and, although DOD reported to the Committee at the Denver meeting that the documents were not classified as of the meeting, these 300 items have not been reposted. Both of these actions create the impression that DOD is failing to live up to its commitments

much to be done, but
with women here
& those gathered
here — we are on
the right path.

Human rts of women
are inalienable,
indivisible & integral
to human rts ~~not from~~
~~[illegible] category~~. As I said
in B — w.r & h.r —

how rts are seen — on this
why stressed all be seen —
the ~~entire~~ platform of action
that is ~~[illegible]~~ based on
premise of women's rts as human rts.

regarding openness, and that DOD is still withholding relevant information from concerned veterans and members of the public [Koenigsberg, Lyons, Muldenhauer, Sullivan, Wallner].

Conclusion

The government's investigations must be timely, thorough, independent, credible, and public. DOD's efforts on CBW issues have been neither timely nor thorough, and as a result many question their independence and credibility. At this juncture, it appears to Committee staff that the needed credibility can be earned only through an independent investigation by a group outside the Department of Defense. Staff suggest the Committee make three findings and adopt three recommendations as follows.

FINDINGS

- The evidence of chemical agent release at Khamisiyah is overwhelming and exposure to troops within 25 km of the demolition activity should be presumed.

- Other site-specific exposures of U.S. troops to low-levels of chemical agents cannot be ruled out.

- DOD has conducted a superficial investigation of possible CBW exposures, which is unlikely to provide credible answers to veterans' questions.

RECOMMENDATIONS

- All personnel assigned to units within 25 km of the Khamisiyah demolition activity should be notified and encouraged to enroll in VA's Persian Gulf Health Registry (Registry) or DOD's Comprehensive Clinical Evaluation Program (CCEP).

- Investigation of all reports of positive M256 kits and Fox detections should continue. Where unit logs record positive detections by either type of equipment, members of that unit should be notified and encouraged to enroll in VA's Registry or DOD's CCEP.

- Any further investigation of possible CBW exposures during the Gulf War should be conducted by a group independent of DOD.

Selected references

Blanck, Major General Ronald R., U.S.A, Commander, Walter Reed Army Medical Center. Testimony before the Presidential Advisory Committee on Gulf War Veterans' Illnesses, May 1, 1996, Washington, DC.

Central Intelligence Agency, Office of Weapons, Technology and Proliferation, "CIA Report on Intelligence Related to Gulf War Illnesses," 2 August 1996 ["CIA August 1996 Report"].

Extend my greetings + support
for all you are doing
~~To all who are so blessed~~

to advance women's rights
around the world. To ~~the~~
Picaldo
Ambassador My ~~Adalet~~
leadership on human rts
not just in C.A. but
~~for~~ for women everywhere.

My special congrat's
to the awardees ~~for~~ whose work
~~who~~ ~~type~~ directly affects
the lives of women on three continents:
Africa, S.A. + Asia.

DOD/PGIT

We understand that the Committee has expressed concerns about the Department's investigation into the potential causes of Persian Gulf Illnesses. While we are always open to constructive criticism, let me respectfully suggest that this concern fails to recognize and appreciate the departments complete commitment to investigating the possible causes of Persian Gulf Illness in the context of its support for all Gulf War Veterans. It has investigated its own operations, opened itself up to independent public review, and fully supported the review by an independent Presidential Advisory Committee. The Department has opened itself up on this issue whether it is declassification, the investigation team, external peer review of research, making clinical databases available, or work with your Committee.

The Persian Gulf Investigation Team was designed to help the Department meet the President's commitment to leave no stone unturned. As an internal investigation into possible causes of Persian Gulf Illnesses, it has made a major contribution to the Department and, we would suggest, to the public. It has been a major and positive contributor to the work of your Committee to date. It continues to meet with and make its work available to your Committee. The Investigation Team is also moving the results of its work out to the public via GulfLink. More is coming. If you have specific criticisms or you have found things they have missed, we need to know as well and we will respond positively.

We clearly understand that the Department's efforts can never fully meet the expectations of those who want an independent, external review. That is why the President took the positive step of establishing your Committee, and why your Committee's efforts are important. In addition, the Department has called upon other independent bodies to assist your work and ours. For example, the Institute of Medicine, the Defense Science Board, and the external reviewers of our research work have all carried out independent reviews. This work has been made available to your Committee and has been incorporated into your review.

As you know, our investigation continues. We welcome your suggestions as to how these efforts can be improved. Furthermore, the Department would welcome discussing with the Committee more intensive or extensive investigations that proceed from an agreed upon framework.

GULF WAR ILLNESS PRESIDENTIAL ADVISORY COMMITTEE

- President established this committee to conduct an independent assessment of the myriad issues associated with the illnesses that are being reported by Gulf War veterans.

- Assessment includes examination of government's response to President's mandate to DoD, VA and HHS to leave no stone unturned in attempts to establish cause of illnesses and restore health to sick vets.

- It is important to recognize the enormous amount of work DoD, in conjunction with HHS and VA, has done to advance our understanding of Gulf War veterans' illnesses. We expect DoD will consider the concerns of the Advisory Committee and take appropriate corrective action.

file bulfwar

TO: Hillary Rodham Clinton
Melanne Verveer
FROM: Pauline Abernathy
RE: Your question about the Agent Orange study cited in the attached op-ed
DATE: December 6, 1996

You asked whether the attached op-ed accurately described the Air Force's Agent Orange study. The op-ed says this ongoing, well-designed study found that the 1,200 veterans who worked in the Agent Orange spraying program have died at the same rate as the control group, and even show a 13% *lower* incidence of cancer deaths.

I spoke with the Air Force researcher directing the study and researchers at the Institute of Medicine, which reviews Agent Orange research for the Veterans Administration. The answer is the op-ed is generally accurate, but fails to indicate that the study's results are *not* statistically significant -- they could be the result of chance. In addition, the latest data from the study show these veterans have a 10%, rather than a 13%, lower incidence of cancer deaths than the control group, but again this figure is not statistically significant.

The researchers said it is not surprising that the results are not significant since the study has a small sample size and other research has only produced evidence of an association between Agent Orange and specific cancers that are relatively rare. Their results also did not yet reflect the 20 years it can take for cancer to develop after exposure to a carcinogen. The researchers expect to have new data shortly on the veterans' health 20 years after their contact with Agent Orange. I will let you know if it is significant.

As an aside, my sister works for a non-profit organization in North Carolina called IPAS that works primarily in developing countries, including Bolivia, to reduce maternal mortality due to unsafe abortion. She and her organization were thrilled with your comments in Bolivia and your column -- as was I!

Attachment

Jim Schnabel

The Real Causes Of 'Gulf War Syndrome'

"Gulf war syndrome" is a bit like the supernatural. Scientific culture doesn't really believe in it, yet popular culture embraces it. In fact, the enthusiasm for gulf war syndrome goes all the way up to the White House, Congress, CNN, "60 Minutes" and the New York Times.

This divide between the popular and the scientific was made especially clear this week when President Clinton, sounding like Fox Mulder, told veterans that "there are mysteries still unanswered," and pledged further study of gulf war syndrome. His comment came three days after a blue ribbon panel he had appointed leaked its finding that there was no evidence the syndrome even exists.

Reports of mysterious ailments among gulf war veterans were first investigated and debunked by the Army in 1992. Veterans reacted angrily with accusations of a "coverup," and politicians, quack doctors and the media soon jumped on their bandwagon. Thousands, then tens of thousands of veterans and their families registered with the Department of Veterans Affairs as apparent victims. Several panels of big-name scientists, plus hundreds of laboratory and clinical researchers (at a cost of tens of millions of taxpayers dollars) were made to explore almost every possibility, however remote, that might explain the mysterious syndrome.

The latest expensive goose chase involves an Iraqi ammo dump where some nerve gas was stored. Nearby U.S. troops suffered zero cases of nerve gas poisoning when the dump was blown up.

Yet the political momentum of gulf war syndrome means that the frontiers of medicine must now be expanded in pursuit of absurdly unlikely "delayed" illness.

One medical conclusion on gulf war syndrome has always been the same: It is not a syndrome (a specific pattern of symptoms) in search of an explanation. It is an explanation (the gulf) in search of a syndrome. The illnesses suffered by gulf veterans, far from having a specific pattern, cover the spectrum of medical diagnosis. So far it appears that they are about what one would expect to find in such a large population (700,000) moving through time. Why have veterans and the rest of us taxpayers been put through all this?

■ **Anecdotal evidence.** A soldier tells you he went to war, was exposed to all sorts of hazards there and later acquired a terrible illness. Only trained medical researchers, looking at large groups of soldiers, can sort out causation in such cases. But your instinct will be to empathize with the soldier and to assume with him that the war caused his illness. The media's instinct, similarly, will be to play up his emotionally compelling "human interest" story.

■ **Politics.** Politicians have been especially reckless in their promotion of the syndrome, falling over each other in their eagerness to satisfy the powerful veterans' lobby. One senator even earmarked funds for a special study of gulf veterans in his home state, a study that was pure pork and scientifically worthless. John Bailar, chairman of a National Academy of Sciences panel on gulf war syndrome and a professor of epidemiology at Montreal's McGill University, told me his experience studying the syndrome had left him "appalled at the way issues of science and medicine are sometimes handled in Congress."

■ **The power of suggestion.** When people are told that they might have a new "syndrome," they can easily imagine aches and pains and rashes into existence. Others who already have symptoms for other reasons, and may have ignored them, might seize upon the new syndrome as an explanation. One wife of a gulf veteran tearfully told a Senate hearing that her husband had come back from the gulf with semen so "toxic" it burned her. In clinical studies of gulf veterans, psychiatric ailments account for the largest category of diagnosis.

One especially surprising fact is that there are hardly any reports of "mystery illnesses" among gulf war veterans from other countries. Perhaps this is because this syndrome hasn't had as much play in the foreign media. Perhaps another reason is that, thanks to Vietnam and Agent Orange, Americans share a deep belief in the possibility of mysterious and delayed post-war ailments.

■ **Agent Orange.** In 1968 it was found that certain batches of this defoliant were contaminated with trace amounts of dioxin, a carcinogen. The use of Agent Orange was phased out, but within 10 years a handful of veterans who had developed cancer began to blame it on the chemical. More veterans took up the cry, and a class-action suit was arranged. Before long a quarter of a million Vietnam vets had signed on the victim list, claiming a wide variety of ailments.

The chemical companies that had made Agent Orange decided to avoid a long battle by settling for $180 million, and the Veterans Administration also compensated many veterans with Agent Orange claims—despite a lack of real evidence that would validate those claims.

Assembling such evidence was something that would take time. Scientists first had to isolate a group of veterans with high exposures to Agent Orange and then follow them for decades to see whether they developed unusually high rates of cancer and other illnesses. That is precisely what government-sponsored researchers have been doing. In the best-defined study, they have followed the health of the approximately 1,200 Air Force veterans who actually worked in the Agent Orange spraying program, Operation Ranch Hand. Measurement of dioxin levels in the blood of these men made clear that they had had exposures that were well above average.

The study will not conclude until the year 2002, but at last count, Ranch Hand personnel seemed just as healthy as the control group in the study. They have died at the same rate, and they even show a 13 percent *lower* incidence of cancer.

The supposedly dark history of Agent Orange has widely been seen as sufficient reason to take gulf war illness fears seriously. But because America has ignored the real history of Agent Orange, it has been doomed to repeat it with the spurious "gulf war syndrome."

Jim Schnabel is a science writer based in London.

100

fr Gulf war

8043

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

December 12, 1996

INFORMATION

MEMORANDUM FOR SANDY BERGER

THROUGH: PAUL BUSICK

FROM: FRED ROSA

SUBJECT: Meeting on Gulf War Illnesses, Thursday, December 12, 4:30-5:00 pm, White House Situation Room

Later this afternoon, you will host a meeting with Kitty Higgins, Melanne Verveer, Jack Gibbons, Nancy Soderburg and Paul Busick on Gulf War Illnesses. Julia Moffett, Elisa Harris, Cliff Gabriel and Fred Rosa will also attend.

The meeting focus is planning for receipt of the Final Report of the Presidential Advisory Committee (PAC) due to the President by December 31st. The goal is to reach an agreement in principle on the nature/timing of the report rollout and the related issue of whether/how to extend the PAC.

PAC Roll-Out

-- We anticipate a report with mostly "good or acceptable news," but some "bad news" centered primarily on DOD's role, and we expect the press to focus on the negative (e.g., cover-up theory, inadequate low-level chemical research, etc.).

-- The strong consensus is that POTUS should announce report receipt in an appropriate ceremony. The event would afford him the opportunity to: take credit for the PAC process; thank the PAC for its contribution; highlight several immediate White House initiatives in this area (perhaps including extension of the PAC and/or increased research funding); and promise a Cabinet-level announcement of the detailed Administration response to the PAC recommendations in 45-60 days.

-- The POTUS announcement could occur before or after the holidays. While there is support for a pre-holiday announcement, the President's schedule and the majority view favor an event on or about January 7-8. The post-holiday option would: provide more time to review the report and develop the substance of the announcement; increase the availability of PAC Members and Cabinet Secretaries as well as Hill and VSO representatives; and

obtain either final or more complete interim reports from the ongoing DOD Intel Oversight, Army IG, and CIA IG investigations.

-- The leading concern with this post-holiday approach is the possibility of the final report leaking, and press guidance would certainly need to be prepared for this eventuality.

PAC Extension

-- While the language of the latest draft report appears to call for taking incident investigations wholly away from DOD, we are hoping that the final version recommends robust independent oversight. If not, a contingency option would be to craft an authoritative POTUS interpretation/decision consistent with holding DOD accountable for performance vice assigning the responsibility elsewhere.

-- There is strong support on the Hill, among VSOs, and here at the White House for extending the PAC to provide the broad independent oversight all have agreed is essential. DEPSECDEF has indicated that this would be "OK," yet did point out that DOD discussions with NAS/IOM had resulted in an agreement in principle for them to perform an oversight function.

-- As a practical matter, any decision to extend the PAC should be taken very soon owing to the increasing risk of losing key PAC staff and the lead time necessary to clear a revised E.O. prior to December 31st.

One final point. NSC/GWI is planning an interagency intiative to achieve improved coordination, clearer issue framing, and a more proactive approach by the DOD/VA/HHS public affairs teams handling the issues relating to Gulf War illnesses.

Concurrences by: Julia Moffett; Elisa Harris; Cliff Gabriel

CC: Kitty Higgins, Melanne Verveer, Jack Gibbons, Nancy Soderburg

Attachments

Tab A Draft Scheduling Proposal

DRAFT 12/12

Schedule Proposal **December 12, 1996**

_____ACCEPT _____REGRET _____PENDING

TO: Stephanie Streett
Anne Hawley

FROM: Samuel R. Berger
John H. Gibbons
Kitty Higgins
Melanne Verveer

REQUEST: Acceptance Ceremony for Final Report of Gulf War Illnesses PAC

PURPOSE: To highlight the significant contribution that the President's Advisory Committee (PAC) has made to resolution of Gulf War Illnesses issues and announce in broad terms the Administration's plan for responding to PAC's recommendations.

BACKGROUND: The Administration made a strong commitment early on to determine all relevant facts and address various issues relating to possible health problems stemming from chemical or biological exposures by Gulf veterans. This commitment assumed even greater importance after the June 1996 revelations that U.S. forces unknowingly destroyed chemical munitions at Khamisiyah after the Gulf War. The ongoing priorities have been: (1) ensure all veterans are receiving needed care; (2) conduct thorough investigations of reported incidents and related medical research; (3) implement lessons learned for future deployments; and (4) restore public confidence in the government's commitment to taking care of its veterans.

PREVIOUS PARTICIPATION:	Visits with Gulf veterans by the First Lady on February 22, 1995. VFW Speech on March 6, 1995 with announcement of PAC. PAC E.O. signed on May 26, 1995. Veteran's Day Speech on November 11, 1996 (reiterated commitment to leave no stone unturned and cited PAC's requirement to report by year end).
DATE AND TIME:	OPEN -- Recommend 11 AM on first available date after January 6, 1997
BRIEFING TIME:	TBD
DURATION:	One hour
LOCATION:	White House, large venue preferred
PARTICIPANTS:	Cabinet and Agency Officials Members of Congress PAC Members and Families Veterans Service Organizations
OUTLINE OF EVENTS:	Speech by President highlighting PAC's contribution, thanking PAC Members, and announcing plan for responding to PAC recommendations; follow-on reception including the PAC Members and select congressional and VSO Representatives.
REMARKS REQUIRED:	Remarks to be provided by NSC
MEDIA COVERAGE:	TBD
FIRST LADY'S ATTENDANCE:	Recommended
VICE PRESIDENT'S ATTENDANCE:	TBD
SECOND LADY'S ATTENDANCE:	TBD
RECOMMENDED BY:	NSC; Cabinet Affairs; OSTP
CONTACT:	Fred Rosa (NSC/GWI: 6-9391)
ORIGIN OF THIS PROPOSAL:	Memorandum from Samuel R. Berger

September 11, 1996

NOTE TO: **LEON PANETTA**
EVELYN LIEBERMAN

FROM: **KITTY HIGGINS** KH

I want to make you aware of the attached. I think it is time to have a face-to-face discussion with DoD (Perry, White) on this issue.

cc: Tom Vellenga

bcc: Melanne Verveer

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF SCIENCE AND TECHNOLOGY POLICY
WASHINGTON, D.C. 20502

September 10, 1996

MEMORANDUM TO JACK GIBBONS, MELANNE VERVEER, SANDY BERGER, AND KITTY HIGGINS

FROM: CLIFFORD GABRIEL

SUBJECT: DOD GULF WAR INVESTIGATIVE EFFORTS

On Sept. 5, 1996 the Advisory Committee staff proposed that the Committee adopt a recommendation that would require the creation of an independent (of DOD) investigation effort focusing on chemical warfare agent exposures associated with the Gulf War. The staff cited problems of thoroughness and credibility with existing DOD efforts. With little discussion, the Committee accepted the recommendation as written. Therefore, we can assume this recommendation will be part of the Committee's final report.

Since the Sept. 5th PAC meeting, I have learned that Rep. Shays is planning to hold a hearing (September 19th) on exposure related issues in the Persian Gulf, and that Rep. Glen Browder is planning to introduce legislation that may mandate an independent commission, as recommended by PAC staff, to investigate chemical exposures.

Advisory Committee staff have received press calls from 60 Minutes and The News Hour. David Brown of the Washington Post may have a story out by the end of the week. Other press interest continues.

cc: J. Seaton
B. Cullin
A. McGuire

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF SCIENCE AND TECHNOLOGY POLICY
WASHINGTON, D.C. 20503

September 20, 1996

MEMORANDUM TO KITTY HIGGINS
JACK GIBBONS
SANDY BERGER
MELANNE VERVEER

FROM: Cliff Gabriel

SUBJECT: Gulf War Veterans Illnesses

As you know, yesterday's Shays hearing went badly for DOD and CIA and for the administration in general. DOD was invited to participate, but due to a scheduling conflict and other factors they declined to participate. DOD offered to send Stephen Joseph, but that offer was rejected by Shays' staff. In addition to CIA, the only other government witnesses were from VA and EPA. The subcommittee also heard testimony from veterans and nongovernment scientists. The intent of the hearing was to try to link exposure to low levels of chemical warfare agents to the reported illnesses. Even though little new information was presented at this hearing, the sensational "packaging" was irresistible to the press.

Another hearing is scheduled for September 25th. This is a joint Senate hearing of the Committees on Veterans' Affairs and Select Intelligence. On Monday, Sept. 23rd, at 2:00 pm in room 422, we (OSTP, Cabinet Affairs, and NSC) will have an interagency meeting with DOD, VA, CIA, and HHS representatives to coordinate agency testimony.

cc: Jim Seaton
Anne McGuire

6948 1

Theys:

- he agreed with David H
- Concerned w staff dept tone
- also concerned about Steve J — style not good, doesn't question intellect

- he has to formulate a new mechanism to deal with DoD & outside the Defense Science Board

- Comm w tech competence
  [John B. & ~~Phil Sandrey~~ — designate a go-between]

- Perry felt both w/a mech — He's pro honest & organizationally shrewd

- no report before Election
- He'll call Joyce

NASW members are very involved in the 1996 elections at both the state and national levels. The NASW is a strong grassroots organization. Last fall, they created a national voter registration campaign to register, educate and mobilize voters. The headline of the June 1996 edition of the NASW newspaper, which reaches approximately 155,00 readers, was an endorsement of President Clinton in the upcoming election.

Melanne

ONE HUNDRED FOURTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT

2157 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515–6143

SUBCOMMITTEE ON HUMAN RESOURCES
AND INTERGOVERNMENTAL RELATIONS
Christopher Shays, Connecticut
Chairman
Room B-372 Rayburn Building
Washington, D.C. 20515
Tel: 202 225-2548
Fax: 202 225-2382

NEWS RELEASE

For Immediate Release
September 13, 1996

Contact: Robert Newman
(202) 225-2548

Congressman Shays to Convene Fourth Hearing on Persian Gulf War Syndrome Focussed on Veterans' Illnesses and Effects of Low Level Chemical Exposures

(Washington, DC) -- Congressman Christopher Shays (R-CT), Chairman of the Human Resources and Intergovernment Resources Subcommittee, will convene an oversight hearing on the role of low level chemical exposures in causing illnesses among Persian Gulf War veterans. The September 19 hearing was announced today by Congressman William F. Clinger, Jr. (R-PA), Chairman of the House Government Reform and Oversight Committee.

"This is the Subcommittee's fourth hearing on Gulf War veterans' illnesses," said Chairman Shays, "and our focus will be to examine the connection between the recently admitted chemical detections in Iraq, the probability that our troopes were exposed to chemical warfare agents, and how these exposures caused the illnesses being endured by so many Gulf veterans."

The DoD has denied since the 1991 war that U.S. troops were exposed to chemical agents. However, in a June 21 announcement DoD said there may have been exposures when Army engineers detonated Iraqi munitions bunkers at Khamisiyah in Southern Iraq containing chemical weapons. On August 5, DoD posted on the Internet a notice that additional detections and exposures from fallout may have occurred following U.S. bombing of Iraqi chemical plants.

Last week before a Presidential Advisory Committee on Gulf War Veterans' Illnesses hearing, the committee's chief investigator, James Turner, reported that since the war DoD's position has remained essentially unchanged "and inflexible...in the face of growing evidence that there were possible low level exposures." Turner said Dod's position "can be summarized in three no's...there was no use, no exposures, and no presence" of chemical warfare agents in-theater.

(more)

Turner said, "The slow, reluctant on again, off-again release of information to the public by the...[DoD's] senior level oversight panel, has also served to undermine credibility and confidence in the DoD's efforts. To fulfill the government's obligation to tell the truth about chemical warfare agent exposures to veterans and the American public, DoD's investigations must be timely, thorough, independent, credible and public. On each of these counts...DoD's efforts have fallen short of the mark."

Turner's investigative report found that the evidence of chemical agent release at Khamisiyah is overwhelming, other site-specific exposures must be presumed, and DoD has conducted a superficial investigation of possible chemical *and biological* [emphasis added] exposures "which is unlikely to provide credible answers to veteran's questions."

"For whatever reason, DoD has built a wall of denial around itself," Shays said. "It began and conducted its investigations with the notion that the military had fully protected its troops during the war. But the fact is, they refuse to believe they failed. They put our forces in harm's way and now thousands of sick veterans are left to suffer the consequences. For the vets, the war will never be over. It's an outrage and a stain on our national honor."

"The Pentagon believes that the chronic symptoms of the Gulf War veterans cannot be the result of low level chemical exposures that did not cause acute symptoms at the time of exposure," Shays said. "We are going to challenge that statement."

The hearing will convene on September 19, at 10 a.m., Room 2247, Rayburn H.O.B. Witnesses will include: Gulf veterans with a variety of symptoms possibly caused by low level chemical exposures; Dr. Claudia Miller, Environmental & Occupational Medicine, University of Texas; Dr. Stephanie Padilla, Neurotoxicology Division, Environmental Protection Agency; Dr. William Baumzweiger, Neurologist and Psychiatrist; and James Tuite, Gulf War Research Foundation.

Representatives from the DoD, Central Intelligence Agency (CIA), and the VA have been invited to testify.

#

To. Elisa + Ann

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL # of pages ▶ 2

To Gil Gabriel From Tim Wine

Dept./Agency Phone #

Fax # 456-6027 Fax #

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IMMEDIATE RELEASE September 25, 1996

DEPUTY SECRETARY OF DEFENSE BROADENS DOD INVESTIGATIVE ACTIONS ON PERSIAN GULF ILLNESS

Deputy Secretary of Defense John White today informed Congressional leaders that the Department of Defense will redouble its efforts to investigate matters relevant to the illnesses of Persian Gulf War veterans. White's actions reflect President Clinton's direction to "leave no stone unturned" in the effort to determine the causes of the illness being experienced by veterans of the Gulf War.

In a letter to Senate Armed Services Committee Chairman Senator Strom Thurmond (with copies to Senator Nunn and Congressmen Spence and Dellums), White ordered the establishment of a DoD Action Team that will completely reassess all aspects of DoD's program. Reporting directly to White, the team will draw on additional outside analytical and management resources to help determine any necessary organizational, resource or personnel initiatives required. "New information recently gathered from a variety of sources, to include veterans who served in the Gulf, demands new and different expertise," White said.

White's actions are designed to insure that DoD activities are well-coordinated and that a single focal point exists for monitoring all actions related to Persian Gulf illnesses. New actions include:

- A $5 million research effort into the possible effects of low-level chemical exposure and direction to the Assistant Secretary of Defense for Health Affairs to identify other research projects where additional resources could be useful.

- Broadening clinical investigation efforts to include personnel in the area of potential exposure around the Khamisiyah ammunition storage facility in Iraq where U.S. troops destroyed chemical munitions on two separate occasions in 1991.

-MORE-

- Requesting the Institute of Medicine to re-validate DoD clinical protocols and practices in light of possible low-level exposure.

- Directing the Army to conduct an Inspector General inquiry into events surrounding the destruction of munitions at Khamisiyah and to supplement the efforts of the DoD Persian Gulf Investigation Team where possible.

- Directing the Assistant to the Secretary of Defense for Intelligence Oversight to investigate intelligence information received by the U.S. government about activities which occurred at Khamisiyah in 1991 including how the information was handled. The ATSD for Intelligence Oversight will report directly to White on this matter.

- Requesting the Interagency Security Classification Appeals Panel to review procedures and guidelines for declassifying documents placed on the GulfLINK and provide recommendations regarding the process.

In a related event today, Dr. Stephen Joseph, Assistant Secretary of Defense for Health Affairs, testified before a joint hearing of the Senate Select Committee on Intelligence and the Committee on Veterans Affairs about the possible exposure of U.S. troops to chemical weapons during and after the Persian Gulf War. In a prepared statement, Joseph addressed the impact of the Khamisiyah issue. "Khamisiyah has changed the paradigm of our approach to Persian Gulf Illnesses," said Joseph. "Previously, we had a number of Gulf War veterans who were ill and we sought explanations for those illnesses. Now, we have evidence of possible chemical warfare agent exposures. It is imperative that we now attempt to find clinical evidence that might be linked to those exposures in our troops who were in the exposure zone."

-END-

(Note: A copy of the letter to the SASC is attached)

Date: 09/25/96 Time: 14:50
GSenators Castigate Pentagon Over Chemical Exposure In Gulf

WASHINGTON (AP) A senior senator demanded a top-level shakeup in the Pentagon Wednesday following new revelations that American forces were exposed to nerve gas explosives during the Persian Gulf War.

''It's time to face the music,'' Sen. Jay Rockefeller, D-W.Va., the ranking Democrat in the Veterans' Affairs Committee. ''I have decided to call upon the president to bring new health leadership to the Department of Defense.''

At the same time Wednesday, Deputy Secretary of Defense John White wrote Senate Armed Services Chairman Strom Thurmond, R-S.C., to promise broadened efforts to study possible low-level exposure to toxic chemicals. He said $5 million would be spent in this research.

Rockefeller joined other senators in pressing CIA, Pentagon and VA officials for explanations concerning the recent Pentagon announcement that American forces may have been exposed to chemical weapons when they blew up an Iraqi weapons complex in southern Iraq shortly after the war ended in March 1991.

Questions focused on why the Pentagon, which has previously stated there was no evidence U.S. troops were exposed to chemical or biological agents, waited until this June to make the announcement despite knowing as early as October 1991 that there were chemical agent rockets at the Khamisiyah weapons complex.

Sen. Arlen Specter, R-Pa., the Senate Intelligence Committee chairman, said he felt ''a sort of disgust at what the Department of Defense has done.''

Sen. Richard Shelby, R-Ala., called it a ''shameful campaign of obstruction and delay.''

Dr. Stephen Joseph, the assistant secretary of Defense for health affairs, said that while intelligence offices knew of the chemical weapons at Khamisiyah in 1991, the medical significance did not become apparent until recently.

''This was not in our awareness until June of this year,'' he said. ''I'm not making an excuse. I'm telling you what happened.''

Lawmakers and veterans groups have long insisted that exposure to Iraqi chemicals or biological weapons is a possible cause of the debilitating illnesses that have afflicted thousands of Gulf War veterans. The Pentagon says there is no proof of exposure and no medical confirmation that low-level exposure causes chronic illnesses.

The Pentagon in June said that 300 to 400 members of the Army's 37th Engineer Battalion from Fort Bragg, N.C. may have been exposed to nerve agents when they destroyed weapons at the complex on March 4.

Officials have since revised upward the number of possible exposures. Joseph said Wednesday that 4,000 to 5,000 were in the area on March 4, and 3,000 to 4,000 were near a second nearby site where weapons were destroyed on March 10.

He said the Pentagon is now attempting to reach those who could have been exposed, and that so far more than 400 have been contacted. He said records show that there were no unusual numbers of hospitalizations after the demolition action.

White, in his letter to Thurmond, also said that ''at this time, we do not know if U.S. troops were exposed to toxic chemicals during these events.''

John E. McLaughlin, a senior CIA officer testifying at the

hearing, said a CIA investigation concluded that Iraq did not use chemical or biological weapons or deploy those weapons in Kuwait during the war.

He said the CIA has also concluded through computer analyses that poisoned residue from allied bombing of Iraqi chemical warfare facilities during Desert Shield operations did not reach U.S. troops in Saudi Arabia. Veterans have speculated that toxic elements from the bombings could have been carried south by winds, exposing U.S. troops.

Specter said Iraq violated international law in deploying the weapons and that if it is found that Americans were exposed, ''it may well be that reparations and damages can be collected from Iraq.''

APNP-09-25-96 1501EDT

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

25-Sep-1996 05:55pm

TO: John Hilley
TO: Susan Brophy

FROM: Alphonse Maldon
Office of Legislative Affairs

CC: Elisa M. Millsap
CC: Kathryn Higgins

SUBJECT: Persian Gulf Illness

Senators Specter and Simpson held a joint committee hearing today on the Persian Gulf illness. The hearing actually went much better than expected. All of our witnesses did a good job before the committee. John Deustch did not testify. Dr. Mclaughlin testified for the CIA and did a superb job. The following members participated: Simpson, Rockerfeller, Shelby Jefford, Specter,Bryan, Wellstone, Craig, J. Kerry, Kerrey, Thurmond, Hutchinson, and Robb. Senator Rockerfeller was the harsher of DOD's critics. Senator Specter also was very critical of DOD. All members expressed their frustrations toward DOD on the way this issue has been handled. Rockerfeller indicated that he would be calling on the President to make changes in the leadership of the Pentagon's health care organization. The letter that John White sent to Chairman Specter with copies to Senators Nunn, Thurmon and Kerrey received less than favorable comments from Senator Specter. White's letter listed actions the Pentagon was taking to resolve concerns over the persian Gulf issue. Specter viewed the letter as being too little too late. The POTUS and Secy Brown, VA took no hits on this issue.

I think DOD should move quickly to put together substantive briefings for jurisdictional committees. The focus should be on facts. The briefers must appear positive and cooperative. DOD can still influence the outcome of this issue.

PERSIAN GULF WAR SYNDROME

In the years following the brief but intense 1991 Persian Gulf War, a significant number of U.S. troops who saw service in this conflict have reported chronic, often serious illnesses in themselves and in their families. Disturbing questions have also been raised about birth defects in the children of Persian Gulf veterans. These young soldiers left for the Gulf in peak physical condition and returned suffering; it is hard to believe that their subsequent illnesses are unrelated to their service in Desert Shield/Desert Storm.

As the ranking member of the Senate's Committee on Veteran Affairs, I, for the past three years, have been aggressively pursuing the facts to help explain the numerous illnesses being reported by Gulf War veterans. A recent ally in this investigation has been the Presidential Advisory Committee on Gulf War Veteran's Illnesses. This Presidential Committee was established in August of 1995 to help us get to the bottom of this complex issue. Through the creation of this Advisory Committee, President Clinton demonstrated his enormous commitment to helping suffering Gulf War veterans and their families. Slowly, we are unravelling the medically and scientifically complex issues associated with Gulf War veterans' illnesses. And much more remains to be done.

We know, for example, that our Gulf War veterans were subjected to a wide variety of risk factors during Desert Shield/Desert Storm. Some speculate that exposure to chemicals released from burning oil wells may be a factor. Some recent studies by scientists at Duke University indicate that vaccinations soldiers received to protect them against biological and chemical weapons like anthrax and botulism toxin may be the cause of some of the ailments. The drug pyridostigmine bromide was prescribed to troops in an effort to lessen the effects of nerve gas agents should they be exposed during the conflict but these vaccines were not properly tested, administered or tracked by the Pentagon when they were given to the troops. Some soldiers also were exposed to pesticides, used to control insect-born diseases including the tropical disease leishmaniasis. At first, there was massive reluctance within the government to aggressively pursue these mystery illnesses. But prodding from the Congress and the White House has resulted in more action. After serious foot dragging, the Congress have forced the Pentagon and Veterans Administration to study some of the possible health consequences from exposure to these toxins, particularly when combined. And the President's Commission prompted the Pentagon to finally admit knowledge of at least one unit's exposure to chemical weapons fallout.

There were reports of credible detections of chemical warfare agents by coalition forces during the war which the Department of Defense received but sadly ignored. Subsequent investigations by

the Congress and the Administration have reported that U.S. troops also may have been exposed to chemical agents during postwar efforts to destroy Iraq's weapons of mass destruction. Due to the poor handling of the reports and a very disturbing Pentagon failure to alert the soldiers and their doctors about the exposures, we are just now beginning to study and understand the extent of our troops' exposures to chemical warfare agents. Consequently, we are now looking at what chronic effects, if any, might be expected from exposure to low levels of chemical warfare agents, research long overdue considering the changing nature of warfare.

To be sure, the battlefield is a very difficult place to conduct medical research or gather health data. Much of the data we need to link particular risk factors to reported illnesses is lacking. We simply do not have the extensive data required that tell us exactly what troops were exposed to what risk factors because of poor record keeping by the military bureaucracy. Therefore, we may never know for sure why some of our Gulf War veterans are sick.

Certainly, finding causes and cures after the fact with so many possible toxins and combinations of chemicals to examine is terribly difficult. The magnitude of the challenge makes the Pentagon's sluggish response and failure to honestly share information about exposures profoundly disappointing. Our troops deserve better from their commanders. I am also extremely troubled by actions taken by the Agriculture Department after one of their contract researchers unearthed a potential tie between some of the pesticides used in the Gulf and the symptoms reported by soldiers. The contract was terminated and the researcher admonished for his initiative. Our troops deserve better from their government.

I know that the President is determined to unravel the causes of Gulf War veterans' illnesses and to provide effective medical care to those who are ill. Our military and veterans affairs researchers are among the best trained doctors and scientists in the world, and they work with outstanding colleagues in academia, industry, and other parts of the government. The Pentagon and the Veterans Administration must be pressed to bring all their resources to bear to repair their mistakes from the Gulf and better protect our troops in future conflicts. In the meantime, we need to make certain that we provide the best counsel and care available to veterans already suffering from the effects of exposure during their service in the Persian Gulf.

ROBERT CATHCART SMITH

February 18, 1996

Mrs. Hillary Clinton
The White House
Washington, D. C.

Dear Mrs. Clinton:

Today I read an article by John Harris and Ann Devroy of the Washington Post about you. In the article it was said that you have supervised the administrations work on the "Persian Gulf Syndrome".

I am a physician - in World War II I spent two years in the Persian Gulf Command - I was with the 113th Station Hospital in Ahwaz and later with the 21st Station Hospital in Karramshar.

In the summer of 1943 I was ordered by Colonel McDill, the Surgeon of the Persian Gulf Command to make a rather detailed inspection of all of the American Hospitals in the Command.

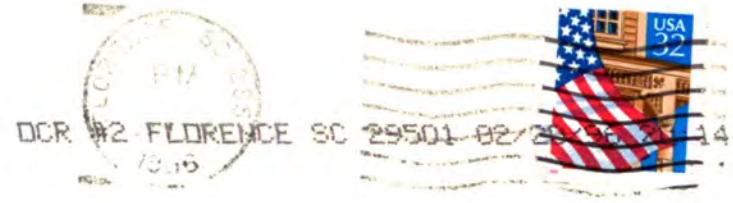
Recently I found my notes on these two inspection trips in a notebook that I kept. Also, in this there are notes concerning my stay in Jerusalem where I had been sent to work with Dr. Saul Adler, a world known parasitologist at the Hebrew University. The extreme heat and severe dust storms in that region are recalled and may have had some transitory effect on troops in that area but I doubt that this could have caused any lasting problem.

If these notes are of any interest to those who are working with you I will be glad to make them available.

Sincerely,

R. Cathcart Smith, M. D.
#36 Creek Front
Murrells Inlet, S. C. 29576

RCS/jh



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Mrs. Hillary Clinton
The White House
Washington, D. C. 20500

[redacted]

[redacted]

R. C. & NANCY A. SMITH
36 CREEK FRONT
MURRELLS INLET, S. C. 29576

FEB 26 1996

file Gulfwar

GULF WAR ILLNESSES

-- I am committed to finding out the causes of Gulf War Illnesses and to providing the best possible care for those who are ill. I have charged the Pentagon, Veterans Affairs, and Health and Human Services to leave no stone unturned both in their efforts to learn what happened and in restoring these veterans to full health.

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

-- We have also provided free medical exams to more than 80,000 Gulf War veterans, initiated more than 80 research projects on Gulf War illnesses, approved more than 26,000 disability compensation claims for Gulf War veterans with diagnosed and undiagnosed illnesses, and declassified more than 27,000 pages of information from the Gulf War that may help determine the possible causes of these illnesses.

-- Information that U.S. troops may have been exposed to low levels of chemical agents from post-war demolition of Iraqi chemical weapons in 1991 came to light as part of our effort to learn all that we can. We are developing sophisticated computer models to help determine the extent to which our troops may have been exposed. This work is ongoing, and we will make the results public as soon as they become available.

Background/Current Status

DoD is preparing to announce details of a second incident at the Khamisiyah ammunition storage facility in Iraq on March 10, 1991. This event, known as Khamisiyah II, will detail the possible low level exposure to chemical agents by soldiers involved in the destruction of a storage pit there. It is important to note that the Khamisiyah I incident accounted for the possibility of low level exposure of close to 5,000 soldiers. The incident to be announced this week will likely account for possible low level exposure of a considerably higher number.

In order to determine an approximate number of possible exposures, CIA has been working on a computer model that uses wind patterns and other information to estimate the size and range of a chemical cloud that may have resulted from the pit explosion. This model will allow DoD to understand which troops may have been under this cloud or otherwise affected. The CIA should complete the model on Saturday. DoD will then incorporate historical data on unit locations to determine an approximate number of troops possibly exposed to low level chemical agents as a result of destruction.

No formal press briefings or interviews will be given during the period that DoD is working on the model. If there are leaks or speculative stories on the model, DoD and CIA will maintain the stated position that a briefing will be provided as soon as DoD has completed their work. CNN ran a story on Friday that the model was near completion and that it could account for up to 100,000 soldiers being exposed.

The Story/Announcement

Story: Unlike most recent news reports that have alleged a DoD cover-up, the Khamisiyah II story will be about large numbers of possible exposures and what the Administration is doing about it. The goal of the announcement should be: to ensure that veterans are aware of the chemical exposure issue and the Administration's concern for their welfare; to make military members and others understand what this means to the individual Persian Gulf War veteran; and, to communicate the continuing treatment and research being conducted by both DoD and VA. The presentation should enhance DoD's credibility and underscore the Administration's attention to this issue. While the White House will need to be prepared to respond, the story will be reported by the DoD press corps.

Timing: DoD will complete their work late Tuesday. They then need an additional day to prepare the principals and components of the public presentation such as materials, charts, new actions, etc. As a result, they will hold a coordinated briefing on Thursday afternoon from DoD.

Format: Deputy Secretary John P. White will open the briefing with an overview of the findings and what actions are being taken as a result. CIA, DoD, U.S. Army and VA representatives will then give a detailed briefing on the model, application of data, medical evaluation and care, plans to contact appropriate veterans and active duty personnel. DoD and VA will also review their efforts to date and announce additional actions they are taking based on this information -- notification letters to veterans and active duty personnel, an outreach initiative to active duty Gulf War participants which goes beyond those who may have been in the area of Khamisiyah or the plume calculated by the model, additional medical initiatives, etc. By reaching out to veterans beyond the scope of the CIA model, DoD wants to show that, in their effort to "leave no stone unturned," they will let every veteran know of possible exposure and available treatment.

Comprehensive Roll-out

A comprehensive roll-out plan is being coordinated by WH, DoD, CIA and VA to ensure that Thursday's announcement is open, thorough and proactive. The plan includes: preparation of fact sheets, talking points, Q&A including responses to tough questions of timing, cover-up, etc.; making officials available for interviews outside of the briefing; congressional notification; and, a briefing for the Presidential Advisory Committee. (* Note: VA participation is still tentative.)

GULF WAR VETERANS' ILLNESSES

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

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

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

A RECORD OF ACCOMPLISHMENT:

Advisory Committee:

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

Coordinating Board:

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

Medical Care:

- Provided free health examinations to more than 80,000 Gulf War veterans -- whether ill or not -- at Department of Defense (DOD) and Department of Veterans Affairs (VA) medical facilities.

- In April 1996, VA initiated a new program to provide medical examinations to more than 4,000 spouses and children of Gulf War veterans.

- In September 1996, enhanced clinical efforts to U.S. personnel in the area of potential exposure around the Khamisiyah ammunition storage facility in Iraq where U.S. troops destroyed chemical munitions on two separate occasions in 1991.

Service to Veterans:

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

- VA has approved more than 26,000 disability compensation claims for Gulf War veterans with diagnosed and undiagnosed illnesses.

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

Research Efforts:

- Sponsored more than 80 government and private research studies on Gulf War illnesses, including the potential effects of exposure to smoke from oil well fires, anti-nerve agent drugs, depleted uranium, stress, and infectious diseases common in the Gulf.

- Initiated new research into the possible effects of low-level exposure to chemical agents.

- DOD has declassified and made available to the public over 27,000 pages of operational and intelligence information from the Gulf War that may help determine the possible causes of Gulf War veterans' illnesses.

- Began to reexamine records for evidence of possible exposure to chemical or biological agents or other incidents which might be linked to veterans' illnesses.

Improved Precautions:

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

THE CHALLENGES AHEAD:

- Upgrade military medical information systems to enhance collection and documentation of exposure and health information.

- Improve methods for detecting and identifying chemical and biological warfare agents rapidly and accurately to enable troops to take the necessary protective measures.

- Enhance our understanding of Gulf War veterans' illnesses and their causes through sponsorship of scientific research.

- Establish hotlines and clinical programs to respond rapidly to the health care needs of veterans of future deployments.

Last Updated: **October 4, 1996**

OFFICE OF THE SECRETARY OF DEFENSE
1000 DEFENSE PENTAGON
WASHINGTON, DC 20301-1000

THE SPECIAL
ASSISTANT

January 24, 1995

MEMORANDUM FOR MAGGIE WILLIAMS, CHIEF OF STAFF TO THE FIRST LADY
MELANNE VERVEER, DEPUTY CHIEF OF STAFF TO THE FIRST LADY

FROM: Margie Sullivan MS

SUBJECT: Follow-Up on Persian Gulf Illnesses Meeting

In the aftermath of our Monday afternoon discussion with the First Lady, John Deutch and I met with Secretary Perry to map out a plan of action. Because I will be off traveling with John Deutch, I wanted to follow-up in writing so you would have a clear notion of how the Department plans to proceed.

1. Reschedule *60 Minutes* interview to next Wednesday, February 1st, and use John Deutch as Department spokesperson. (Point of contact: Dennis Boxx, (703) 697-9312.)

2. Develop a press strategy to heighten public awareness of Clinton Administration initiatives and accomplishments in responding to the inherited problems of illnesses affecting veterans of the Persian Gulf War. The media plan will be developed in close coordination with the White House Communication office. (Point of contact: Dennis Boxx, (703) 697-9312.)

3. Carefully examine last year's legislative language to ensure that DoD is in full compliance with the law on the execution of research studies and clinical evaluations. (Point of contact: Larry Cavaiola, (703) 695-0661.)

4. Draft a letter from Secretary Perry to the First Lady suggesting ways in which Mrs. Clinton might personally involve herself in elevating the profile of the Administration's responsiveness to sick vets. (Point of contact: Larry Cavaiola, (703) 695-0661.)

5. Propose a Blue Ribbon panel of outside individuals representing average Americans to review the Administration's comprehensive response to the Gulf War illnesses. Recognizing that the establishment of another panel brings with it both political costs and benefits, this idea would be presented in writing to the First Lady before any action was embarked upon by the Department. (Point of contact: Larry Cavaiola, (703) 695-0661.)

In addition to these new steps, DoD will continue on-going work with Cabinet Affairs to ensure more demonstrable coordination between DoD, VA, HHS, and The White House.

While I am traveling throughout the week with John Deutch, I can be reached through my office at (703) 693-0566.

file Gulf war

GEORGE BUSH

February 20, 1996

Dear Bill,

I would appreciate someone at the Department of Defense writing me regarding the so-called Gulf War Syndrome. I have been told by everyone who has investigated this matter that there was no record of Iraq using poisoned gas during Desert Storm. Yet, letters like this keep surfacing, and we're not sure how to reply to them. I'm damn upset that certain people like Senator Rockefeller are calling the DOD "reckless" in their investigation, which I know is not true.

I've also noticed that Mrs. Clinton has some interest in this area, although I'm not sure what it is. I've been asked about it several times, so also would appreciate some guidance from you on that, Bill.

Thanks for your attention to this matter. Keep up the good work you are doing.

Sincerely,

George Bush

HA16281

U02589 /96

10000 MEMORIAL DRIVE · HOUSTON, TEXAS 77024

Melanne,

This is what went out from working groups to the agencies.

WH version for McCurry is shorter.

Elisa took over, revising the version Jennifer + I worked on. It's ok, but as usual plays down the significance of the research.

FINAL CONTINGENCY PRESS GUIDANCE ON DUKE STUDY RELATED TO GULF WAR VETERANS' ILLNESSES

The Administration is actively pursuing research into all possible causes of the illnesses reported by Gulf War veterans and will leave no stone unturned in this effort.

That is why the President has decided to establish a Presidential Advisory Committee on Gulf War Veterans' Illnesses. This Advisory Committee will review and make recommendations on the full-range of U.S. government activities aimed at diagnosing and treating Gulf War veterans who are ill.

We welcome other experts work that can help us to unravel the causes of these illnesses.

We are aware of Dr. Abou-Donia's independently-financed research, although we have not seen a copy of the study. According to news reports, the study indicates that the anti-nerve gas pills and insecticides that were used in the Gulf can, when combined, cause nerve damage in hens. We share the concerns of the Duke researchers about these preliminary findings.

DOD is currently completing a study of rats that were exposed to extremely high doses of the same combination of chemicals. The preliminary results indicate that, in rats, the combination of the anti-nerve gas drug with insecticides is more toxic than when the chemicals are used separately.

Based on a study of hens or rats, it would be impossible to say whether this combination of chemicals helps explain the causes of the undiagnosed illnesses that have been reported by some Gulf War veterans.

Neither study is published yet, so neither has been subjected to scientific peer review. Peer review is considered essential to assure the accuracy and interpretation of the findings. So too is replication of the results by other researchers, which is a common scientific practice.

We hope that the preliminary findings from the Duke and DOD studies will move us forward in our efforts to understand the causes of the illnesses being reported by some Gulf War veterans.

In a few weeks, DOD will publish a request for research proposals to scientists across the country, offering research grants for studies that seek to help us answer those questions.

URGENT

UNCLASSIFIED

FAX TRANSMITTAL SHEET

THE NATIONAL SECURITY COUNCIL

NONPROLIFERAITON AND EXPORT CONTROLS OFFICE

FROM: Elisa Harris

PHONE: 456-9181

FAX: 456-9180

TO	FAX	PHONE
Jennifer O'Connor	67929	
Diana Zuckerman	66244	
Larry Cavaiola	697-9080	
Seleem Mullen		
Kathy Jurado	273-5717	
Peter Beach	690-5672	

NUMBER OF PAGES INCLUDING COVER SHEET 1

MESSAGE: Final version of guidance attached.
Thanks for your help!!
Please make sure your press folks
get this ASAP!!

URGENT

MEMORANDUM

To: Hillary Rodham Clinton

From: Diana Zuckerman

Re: Update on new research results on Gulf War illnesses

Date: June 20, 1995

You may have noticed the article in Friday's paper regarding research on Gulf War illnesses. There are two new research developments.

CDC Study

A CDC study, published in the MMWR on Friday (CDC's journal, entitled Morbidity and Mortality Weekly Report), was conducted on Pennsylvania veterans at the request of VA, DOD, and the Pennsylvania Dept. of Health. The study of almost 4,000 veterans found abnormally high rates of 13 chronic symptoms among Gulf War veterans, including fatigue, diarrhea, memory loss, joint pain, and rashes, compared to similar veterans who were not in the Gulf.

These results confirm what the veterans have been saying, which is that Gulf War veterans have symptoms that are significantly different from other veterans. In contrast, VA and DOD have claimed that the symptoms of Gulf War veterans are typical of veterans. However, the study has two major limitations: 1. the symptoms are self-reported, rather than objectively measured by medical personnel and 2. the veterans are from Pennsylvania Air National Guard units, and may not be typical of all Gulf War veterans.

Pyridostigmine and Insecticides DOD Rat Study

Last week, the DOD finally released detailed information to the public about the DOD's rat study on pyridostigmine bromide (PB) and insecticides. The results show that the combination of PB with either of the two widely used insecticides/insect repellents (DEET and permethrin) were much more toxic than either alone. The insecticides did not seem to interact with each other in the absence of PB.

DOD, VA, and OSTP all believe that this study is "very preliminary" and should not be assumed to mean anything. I suggested that we refer to these preliminary results as "potentially important" in a press advisory and was outvoted, but Ginny Terzano and I worked together to make the advisory seem less defensive. Information about the study is only being made available in response to requests; thus far, only one reporter has

MEMORANDUM

To: Hillary Rodham Clinton

From: Diana Zuckerman

Re: Update on DOD report on safety of insecticides in PGW

Date: June 26, 1995

At a meeting of the VA/DOD/HHS Expert Research Panel on Gulf War illnesses today, the DOD presented information about the use of insecticides during the Gulf War and the DOD rat study of pyridostigmine and insecticides. This was a public meeting, and press were welcome.

At today's meeting, Col. Perkins from the DOD Pest Management Board denied that insecticides were used during the winter months when pyridostigmine were used. Although this makes sense, it is not consistent with what the veterans have told us.

When he briefly described the DOD rat study, Col. Perkins minimized the fact that the results showed that the combination of pyridostigmine and insecticides was much more fatal than expected. Instead, he emphasized the fact that the rats received very high dosages of the PB and insecticides and that they were given orally (whereas insecticides are usually applied to the skin and clothes of humans.) In conclusion he stated: **"What does this study have to do with the real world? It has nothing to do with it."** He then said that the study was not relevant to the Gulf War, and that the purpose was to help them ensure a margin of safety in the use of pesticides in future military service. He also said that press reports linking pesticides to Gulf War illnesses has resulted in lower use in other countries, resulting in increased levels of insect-borne diseases among U.S. troops.

So, despite our best efforts to encourage DOD to be open-minded, or at least sound open-minded, it hasn't happened yet.

Prior to the DOD presentation, Jim Tuite (formerly of Sen. Riegle's staff) gave a reasonable-sounding presentation of the evidence regarding low level exposures to chemical weapons during the Gulf War. In contrast to previous claims that weapons were used and DOD covered it up, he focused on the possibility that our bombing of the Iraqi chemical weapons plants resulted in low level exposures that DOD equipment were not designed to measure. Several members of the panel expressed an interest in hearing DOD respond to the allegations that Tuite made. I have long thought that this is a plausible explanation, which could possibly reconcile the reports of the veterans and the DOD's claims of "no evidence" and it is certainly one that the President's Advisory Committee will need to review.

requested it (a Gannett reporter). Since DOD is required by law to fund independent research on this topic later this year, there may be more information available about the implications for veterans in a year or two.

Progress at HHS and VA

The best news I have is that Dr. Dick Jackson, head of Environmental Health at CDC, has offered to get more involved in the issue of Gulf War illnesses. He and I had lunch a few weeks ago, and I suggested that it would be great if HHS took less of a back seat role on Gulf War illnesses, not necessarily in terms of research money but in terms of contributing expertise. He contacted me today to let me know that he has decided to personally get involved to make sure that CDC expertise helps shape the debate in the interagency meetings. He also is thinking about CDC being more interested in health issues pertaining to veterans in general, rather than responding to crises like Agent Orange and Gulf War illnesses. This would be very helpful, since DOD and VA have tended to be defensive when new health and safety questions are raised.

I had lunch with Harold Gracey (Jesse Brown's chief of staff) yesterday, and he and the Secretary seem very much in sync with your concerns on Gulf War. Unfortunately, most of the decisions have been made by Dr. Fran Murphy and Dr. Susan Mather, who still believe that there is no real problem. He asked me to share some of the mail you have received complaining about medical care; he said that Jesse would want to know what the specific complaints are, and that they have not been in that loop.

As you can see, my new strategy is lunch. If I ever return to academia, maybe I'll do research on why eating while talking is more effective.

DOD

Dr. Sue Bailey, who was the most knowledgeable person at DOD on Gulf War illnesses, was taken off the issue by Dr. Steve Joseph after the White House got involved. Her efforts to get DOD more in sync with the White House on this issue were unsuccessful. She quit her position as Deputy to Steve Joseph, and is now working at the Re-election Committee. Unfortunately, there is now nobody at DOD who is the point person on this issue. In a few weeks, DOD is planning to release some of their research results, which indicate that 85% of Gulf War veterans treated at military medical facilities have diagnosable conditions. They will conclude that the 15% whose illnesses are not diagnosed is no higher than would be found in any ill population. These results will seem exactly opposite of the CDC study reported last week. Many Gulf War veterans have complained that their physical ailments are diagnosed as "depression" and "psychosomatic illness" by DOD, and they are sure to criticize the findings to the press. You may recall that the physicians at DOD expressed those views to you, whereas the physicians at the VA told you that they believe that the veterans are stressed and depressed primarily <u>because</u> of their undiagnosed illnesses.

THE WASHINGTON POST

Gulf Vets Have More Ailments, Study Finds

By David Morgan
Reuter

ATLANTA, June 15—American soldiers who served in the Persian Gulf War are significantly more likely to suffer chronic ailments such as diarrhea and memory loss than those who stayed at home, federal health experts reported today.

Initial results from a U.S. study involving more than 3,900 military personnel show for the first time that veterans of Desert Shield and Desert Storm are much more susceptible to a dozen health problems known generically as Gulf War syndrome.

However, William Reeves, the researcher at the Centers for Disease Control and Prevention (CDC) who is overseeing the study, said it is too early to conclude that Gulf War veterans suffer from a disease peculiar to them.

In fact, the CDC has historical evidence that similar ailments may have plagued American soldiers as far back as the Civil War.

"I would not say there is a Gulf War syndrome," Reeves said. "People went to the gulf and are coming back with chronic health problems. The problems are significantly more common among those who went than among those who didn't. Now we need to explain why."

The United States sent 700,000 troops to the gulf between August 1990 and June 1991. Since then, 59,000 veterans have joined federal registries set up to report symptoms that include skin rash, joint pain, irritability, depression, gastrointestinal problems and sleeping difficulties.

An ongoing CDC study that began last December shows that 46 percent of Gulf War veterans have difficulty remembering or concentrating. That compares with only 9 percent for military personnel who did not go to the war.

Gulf War veterans were more than 13 times more likely to suffer from diarrhea, according to data that show the ailment afflicting 27 percent of veterans, but only 2 percent of nonveterans.

Meanwhile, 54 percent of veterans complained of fatigue, vs. 16 percent of nonveterans.

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United States Senate

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SUITE B
P.O. BOX 1505
ABERDEEN, SD 57402-1505
(605) 225-8823

816 6TH STREET
P.O. BOX 8168
RAPID CITY, SD 57709
(605) 348-7551

810 SOUTH MINNESOTA AVENUE
P.O. BOX 1274
SIOUX FALLS, SD 57101
(605) 334-9595
TDD (605) 334-4632

June 30, 1995

The Honorable Jesse Brown
Secretary
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Mr. Secretary:

I am writing to inquire about the implementation of a provision in Public Law 103-446, the Veterans' Benefits Improvements Act of 1994, that calls for a review of the illnesses, birth defects and other disorders reported by dependents of ailing Gulf War veterans. As the primary sponsor of this provision, I am troubled to hear from veterans that the VA has not yet begun to add qualified dependents to the Persian Gulf Veterans' Health Registry.

When Gulf War veterans began reporting medical problems that could not be given a conventional diagnosis, the 102nd Congress created the Persian Gulf Veterans' Health Registry. Having learned from our experiences with veterans exposed to Agent Orange during the Vietnam War, we knew that the collection of relevant medical data was crucial in any effort to determine whether their service in the Gulf was the cause of the veterans' illnesses. Since the creation of the Registry, thousands of Gulf War veterans have gone through its comprehensive medical examination, thus providing the VA with valuable baseline data on their illnesses.

Since that time, many ailing veterans have reported that their close family members are also experiencing health problems which may be related to their Gulf War service. Because dependents do not receive care through the VA, however, there has been no way to evaluate these claims or to gather data that can be used by researchers to determine whether Gulf War illnesses are transmissible.

The provision I authored seeks to address this problem by including information about the health status of ill spouses and children on the VA's Registry. In other words, it was designed to build upon the information that the VA has already collected on ailing veterans through the Registry examinations.

The fact that my proposal was modified slightly in conference to ensure that all necessary medical examinations and tests are contracted out to non-VA facilities does not change its essential goals -- that is, to provide diagnostic services to family members who are ill and to generate data that will enable us to evaluate whether Gulf War veterans are transmitting their illnesses to their close family members. As the Registry already provides us with data on veterans who have reported that they are suffering from various health problems, the VA will save both time and money by focusing its review on the dependents of these veterans.

I would appreciate knowing how the VA intends to implement this provision and when you expect such implementation to be completed.

Thank you for your assistance in this matter.

Sincerely,

Tom Daschle
United States Senate

TAD/rhg

THE WHITE HOUSE

WASHINGTON

July 24, 1995

The Honorable Dan Glickman
Secretary of Agriculture
U.S. Department of Agriculture
14th and Independence Ave., NW
Washington, DC 20250

Dear Dan:

Attached is the information I spoke to you about regarding Dr. James Moss, who was a Fellow at ARS from 1987-1994 engaged in research on insecticides.

Dr. Moss' case was brought to the attention of our office because of the First Lady's involvement in the Administration's efforts to assist Gulf War veterans who are suffering illnesses related to the War. The Administration's efforts have included support for increased funding for research to determine possible causes of the so-called "Gulf War Syndrome."

Thank you for your consideration.

Sincerely yours,

Melanne Verveer
Deputy Chief of Staff
to the First Lady

cc: Kitty Higgins, Office of Cabinet Affairs

Dr. James Moss was invited to testify at a May 1994 hearing before the Senate Veterans Affairs Committee regarding his insecticide research. Dr. Moss had conducted research on cockroaches that indicated that insecticides/insect repellents that were used by Gulf War veterans became much more toxic when used in combination with pyridostigmine bromide, an anti-nerve gas agent that was taken by the majority of US troops in the Gulf War. According to Dr. Moss (see letter, Attachment #1), USDA officials were opposed to having Dr. Moss testify until Sen. Jay Rockefeller, who chaired the Senate Committee, insisted that he appear before the panel.

Dr. Moss' 2-year post-doctoral fellowship, which began in 1990, was renewed in 1992 and was completed on June 30, 1994. His efforts to find a permanent position at ARS were unsuccessful. Speculation has been raised that he was not given a permanent position because of his testimony. A copy of his testimony is enclosed (Attachment #2).

Congress passed legislation requiring that DOD fund research in this area. A preliminary study, conducted on rats, confirmed Dr. Moss' findings regarding the toxic interaction between two insecticides and pyridostigmine bromide. (Those research results, dated March 29, 1995, are Attachment #3). In addition, Ross Perot Funded a study at Duke University that conducts similar research on chickens. The Duke study, which was written up in USA Today (Attachment #4), also confirms Dr. Moss' findings. However, these studies are considered preliminary, and Dr. Moss is still seeking a position that will enable him to determine the reasons for the toxic interaction and its implications for the safety of insecticides for animals and humans,

Press allegations and Congressional concerns about the future of USDA's research in this area and possible retaliation against Dr. Moss have continued, in newspaper articles and on TV newsmagazine programs. When these allegations came to the attention of the White House Office of Cabinet Affairs several weeks ago, Cabinet Affairs' staff called USDA to ask whether the Department was investigating the matter. USDA said it never hires post doctoral fellows into regular positions and that Dr. Moss' research was not authorized because it was not within the mission of USDA. This statement was also made by a USDA official last year (Attachments #5 and #6).

Dr. Moss says that since his goal was to study how to make insecticides more safe and effective, the interactions with other substances that could make them more effective (or less safe) was relevant. Dr. Moss studied many such interactions, including several other insecticides and chemicals that are commonly used by U.S. civilians. The toxic interaction with pyridostigmine is of particular interest regarding Gulf War illnesses, but the other chemicals he studied have implications for civilians and U.S. troops.

1508 NW 35th Way
Gainesville, Fl 32605
Phone: (904) 375-3102
May 15, 1995

Hon. Dan Glickman
Secretary of Agriculture
U.S. Department of Agriculture
Washington, DC 20250

Dear Secretary Glickman,

I have recently been interviewed by several television networks regarding research I conducted at USDA before I lost my job there last year. I would like to apprise you of the situation and ask for your assistance so that I can continue this important research.

I conducted research in USDA-ARS from 1987 to 1994. From 1990 to 1994 I worked as an insecticide toxicologist. My research was designed to discover the mode of action of pesticides as part of the USDA-ARS mission to find safer and more effective insect control. In November 1993, I expressed my concerns to my laboratory director about the potential risks of DEET (an insect repellant that the USDA developed) when it is mixed with organophosphates such as those used as insecticides and chemical warfare agents. During my remaining tenure at ARS (to June 94), I found that DEET and another chemical (pyridostigmine) which was taken for nerve gas protection in the Persian Gulf War (Desert Storm) interacted synergistically in cockroaches. In other words, sublethal amounts of DEET caused pyridostigmine to be more toxic, and when sublethal amounts of pyridostigmine were used it caused DEET to be more toxic.

I was invited to testify at the Senate Veteran's Affairs hearing on May 6 1994, which dealt with possible health problems associated with our troops' service in the Persian Gulf. I was invited because Senator Rockefeller, who chaired the committee, had concerns about pyridostigmine and its possible interactions with insecticides. This upset USDA-ARS officials, who may have assumed that I was attempting to circumvent "proper" channels. I was told by my superiors at ARS that I should not talk about my research to anyone, and USDA made every effort to convince Sen. Rockefeller that I should not testify. ARS officials apparently were concerned about the negative publicity for DEET. This ARS response may be because DEET was developed and has been promoted by ARS, or it may have been an excessive response to questions by S. C. Johnson Inc., about my research. Sen. Rockefeller insisted that I testify and I did so. After my testimony I was treated as a traitor by my laboratory director, Dr. Gary Mount. A colleague at ARS told me that he was instructed by Dr. Mount not to hire me under any circumstances.

Attachment #1

Since my 4-year position at USDA was due to end in June 1994, it is very difficult to prove that I was treated unfairly as a result of my research findings or testimony. However, many USDA post-doctoral fellows are hired for permanent positions. In addition, Dr. Gary Mount informed Dr. Jack Seawright of the Gainesville laboratory that he did not want me in the laboratory under any conditions, even if I arranged to procure my own funding. In addition, Dr. Mount stated publicly (see attached Gannett News Service report), that I was conducting "unauthorized research". In fact, my research was entirely appropriate for my position at USDA. Based on his experiences with USDA regarding my testimony, Sen. Rockefeller expressed concern to the national media that USDA retaliated against me.

I asked the USDA IG to determine whether USDA had treated me unfairly and had suppressed information potentially related to health and national security. Unfortunately, the IG conducted a superficial investigation, and never even interviewed me or the colleagues who supported my work. Based on a very one-sided investigation, the IG concluded that there was no evidence that ARS retaliated against me or suppressed important information.

As a result of ARS officials' decision not to allow me to be rehired, I have been unable to continue my research on the possible toxic effects of insecticides and anti-nerve gas agents which were used by US troops. Instead, I am working as a substitute teacher in the public school system in Gainesville. I believe that the treatment I received at USDA is not consistent with the goals of the Clinton Administration regarding research on the possible effects of pesticides on US troops and civilians. It has set back research on possible causes of Gulf War illness by at least 18 months.

I am writing to ask you to look into this issue, and see for yourself how my research was undermined by a national program leader (Ralph Bram), area director (Mary Carter), laboratory director (Gary Mount), and research leader (Richard Patterson). I am sending a copy to the White House so that it will be forwarded to the President's Advisory Committee on Gulf War Illnesses.

In the last year, I have been asked to criticize USDA on national television, and to testify against veterans in a lawsuit pertaining to Gulf War illnesses. These activities are not consistent with my values as a scientist and former USDA researcher. Rather, my goal is to continue my research which may help determine the risks of DEET and other insecticides, when used alone or in combination with other chemicals.

I would like to return to USDA to continue the research I began with the goal of determining the mechanism of action and the reasons for the interactions of the chemicals I was studying.

The work did and would continue to fit well within the requirements for which I was originally hired and I would continue to produce information which might be of great value for more productive and safer use of insecticides. Detailed information on the interactions of the chemicals I was working with could be very useful for the USDA-DoD insect repellant program, the Department of Defense chemical agents program, the Department of Veterans' Affairs Gulf War illness efforts, the President's Advisory Committee on Gulf War Illnesses as well as for pesticide producers. I would produce results using insects which could then be verified on vertebrate models when appropriate. This is what occurred when Duke University researchers successfully reproduced some of my insect studies using vertebrates (DoD has been reported to have done the same). Had I continued, testing of my hypotheses for the causes of interactions of these chemicals would now be complete.

I believe that knowledge of insecticide and DEET mode of action will be extremely important in the search for more effective and safe insecticides and repellents. I also believe that as government scientists, and citizens, we are morally obliged to vigorously pursue any real possibility that chemicals we produce, and promote, may present a public health hazard. The commitment of resources for research which might have implications on human health is a policy matter, but I have operated under the assumption that USDA has a special responsibility to be sensitive to any health concerns about DEET and that any knowledge we may have should be vigorously pursued. Thank you for taking the time to consider this.

Sincerely,

James I. Moss, Ph.D.

cc: The First Lady, Hillary Rodham Clinton
Senator John D. Rockefeller, IV

United States Department of Agriculture
Agricultural Research Service
Office of the Administrator
Washington, D.C. 20250

MAY 26 1995

James I. Moss, Ph.D.
1508 NW 35th Way
Gainesville, Florida 32605

Dear Dr. Moss:

Thank you for your letter of May 15 to Secretary Dan Glickman concerning your former employment at the Agricultural Research Service's (ARS) Medical and Veterinary Entomology Research Laboratory (MAVERL) in Gainesville, Florida. Your correspondence has been referred to ARS for response.

You state in your letter to Secretary Glickman that you were not hired for a permanent position at MAVERL because of your observations on the synergism of the insect repellent DEET with other insecticides and their possible relationship to Gulf War Syndrome. Although your observations were made outside of your assigned research on cockroaches and have not been peer-reviewed or reproduced in other laboratories--prerequisites of good science--your employment with the Department of Agriculture was not terminated for this reason. As you know, you were on a temporary appointment under our Post-Doctoral Research Associate Program, which ended on June 30, 1994. For the most part, such appointments are for 2 years. Your appointment, which began in 1990 was subsequently extended for an additional 2 years--the maximum permitted. Thus, you were aware as early as 1992 that your appointment would terminate on June 30, 1994, as noted on page two of your letter.

We assure you that no one wants more than we do for a cause and cure to be found for the mysterious symptoms called Gulf War Syndrome afflicting many of our Gulf War veterans. However, it is not the intent of ARS to do follow-up research on this subject. We do not have the toxicological expertise to conduct such confirmatory research which ultimately would require human subjects. Such work would more appropriately be done by the Environmental Protection Agency or the U.S. Army Center for Health Promotion and Preventive Medicine. To ensure they were aware of your observations, we shared copies of your data with them and the U.S. Army Center for Health Promotion did pursue your work. Your raw data, laboratory books and logs, summarized data and memoranda are secured at the Gainesville laboratory and, since they are public information, will be made available upon request.

We hope this information will resolve any question you might have had about your appointment.

Sincerely,

K D Murrell

for R. D. PLOWMAN
Administrator

Agricultural Research Service

Attachment #2

S. HRG. 103-984

IS MILITARY RESEARCH HAZARDOUS TO VETERANS' HEALTH? LESSONS FROM WORLD WAR II, THE PERSIAN GULF, AND TODAY

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS UNITED STATES SENATE

ONE HUNDRED THIRD CONGRESS

SECOND SESSION

MAY 6, 1994

Printed for the use of the Committee on Veterans' Affairs

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nd the testing that I have done, the soldiers are
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problems are defined to be combat-related,
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care. And many of them are in a very bad

is that I have made in interviewing these
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to adapt the dosage for the differences in
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nave read indicates that people that had
out of the studies right away. But the
y had adverse effects, they were told they
ion. Therefore, you have a totally different
application. Again, I think this makes it
some of the research data to that actual

s been apparent to me is that many of the
hey had to seek help very often through

their own family or friends paying for their care. They would go to civilian physicians and have tests done and those tests would very often show some significant abnormalities. When that information was presented to military physicians, it was basically ignored and some degree of hostility was sometimes apparent. I think that situation really needs to be changed; there needs to be cooperation between the military and any physicians that notice adverse effects or that suggest testing that needs to be done. That information really should be integrated into the overall database that is used to evaluate these soldiers. Thank you.

[The prepared statement of Dr. Callender appears on page 99.]

Chairman ROCKEFELLER. Thank you, Dr. Callender, very much. We will come back with questions to all of you.

Dr. Moss, I understand that we didn't request a written statement from you, but that you do have some preliminary research findings that might be relevant to the Persian Gulf health experience. I also understand that you tried to present these findings of yours to your superiors and to researchers at the Department of Defense, but without success to this point. Could you just tell us a little bit about your research on pyridostigmine bromide and pesticides. Try to summarize some of that for us.

Dr. MOSS. Yes. I haven't really been ignored by the Department of Defense. I have submitted a pre-proposal and that is still in process. So I wouldn't say that has been turned down.

Chairman ROCKEFELLER. They have accepted your proposal?

Dr. MOSS. They have not answered yet, so that is still pending.

Chairman ROCKEFELLER. But they do have it?

Dr. MOSS. They have it. They have had it for several months now.

I began looking at pyridostigmine as an offshoot from some mode-of-action research I have been doing on insecticides. Anything I say here is insects; I have not been working on vertebrates. Essentially what I did is I began looking at the mode of action of boric acid, which I don't think has relevance to this Committee, but that led me into looking at interactions of several compounds.

I have found that the synergistic interactions between a formalindene insecticide and several other compounds paralleled very much the interaction between the repellent DEET and some other compounds. I began to look at the interactions of DEET and theophylline; DEF, which is a cotton defoliant; lambda-cyhalothrin, which is a pyrethroid insecticide; permethrine, which is a pyrethroid insecticide; chlordimeform, which is a formamidine pesticide; PMS, which is phenylmethylsulphonal fluoride and it is known to inhibit a number of hydrolytic enzymes, enzymes the nerve gases might also inhibit; pyridostigmine, which has been discussed here; amatraz, which is another type of insecticide; and eserine, which is chemically similar to pyridostigmine. And I have found that all of the compounds that I have listed here increased the toxicity of the repellant DEET to some degree; the range is anywhere from 2-fold to 2,500-fold, depending on which compound you are talking about.

In addition, I have looked at the reverse order and taken DEET and used it as a synergist for other compounds, and found that DEET synergizes eserine toxicity, increases it. It also increases pyridostigmine toxicity. It does not increase another carbamate

insecticide toxicity. So this is not all carbamates.

Chairman ROCKEFELLER. You have used the word DEET quite a bit. Just for explanation purposes, is that a common pesticide?

Dr. MOSS. DEET is a repellent that was developed I believe towards the end of World War II, with the cooperation of DOD and the Agriculture Department. Essentially, it is the same compound as found in commercial repellents you buy in the store and I believe it is also a military issue.

Chairman ROCKEFELLER. Thank you.

Dr. MOSS. That is pretty much the list of compounds that interact.

Chairman ROCKEFELLER. All right, Dr. Moss. I thank you. We will have questions for you later.

Dr. Caplan.

STATEMENT OF ARTHUR CAPLAN, PH.D., DIRECTOR, CENTER FOR BIOETHICS, UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA, PA

Dr. CAPLAN. Thank you, Senator. Some would argue that the entire discussion of research in the context of war, when the threat to the Nation's security is immediate and real, doesn't permit any discussion of the niceties of ethics. The rules of experimentation go out the window; they are for times of peace, not for times of war. But, I think it is important that the Committee understand that the rules and regulations, and the core assumptions of law and morality in human experimentation, come from a time of war. They come from the Nuremberg Code, which was written in response to wartime circumstances.

What I would like to do is just cover two points with you in my testimony. First, with special reference to the Gulf, is the use of agents, vaccines, drugs that were used for purposes other than those for which they had been approved or which were unlicensed research. Does that constitute research? I think some would say it does not if the point is to try and provide protection to the troops to allow them to survive attack by hostile forces trying to use biological or chemical weapons. But I think that the argument that this is not research because the intent or the goal is to provide protection just doesn't hold up.

It seems to me that even though one might do a careful risk-benefit analysis and decide that, other things being equal, it is worth trying to take the gamble to see if you could protect someone against an attack, the fact that you have done a risk-benefit analysis doesn't transform the use of experimental, innovative, investigational agents into therapies. These agents were used, as we have heard, in large populations for purposes other than those for which they were originally designed, in some cases, and circumstances under which they had never before been tried out in the desert. This seems to me to cinch the case that what took place fell into the category of experimental, innovative, and investigational, and that makes them research.

The other point I would like to make to this Committee is that, if it is research, then another question arises. If the decision is made to try these agents out to see if they would provide some protection, then what do we owe to people who don't get the expected protections

ethically and legally required of inf
review and so forth, that we would n
research in peacetime and civilian l

I think what we owe them, quite
therapy for those harmed, and com
who are put at risk for purposes of t
military mission are exposed to sub
harm, but the decision is made to ta
owed, for the waiving of those protec
and for those who are harmed or hu
and compensation. That I have no
statements that we heard in the pre
we are not doing our ethical duty to
substances that carried unknown ri
think our Nation has failed those w

Chairman ROCKEFELLER. Dr. Ca

[The prepared statement of Dr. (

Chairman ROCKEFELLER. I would
you, Dr. Cole. The Department of I
agents that they use are perfectly
fact, they say, in common garden so
that the Department of Defense offi
a biological agent might be safe, but
case. What evidence is there that tl
some of the biological simulants
discussing today?

Dr. COLE. Clearly, by removing
from service, which I alluded to in
recognizes that they were not safe.
that the Army has used and rem
known, years and years before they
capable of causing disease. This wa
are articles written about it. Even
Army is using called Bacillus sub
many natural conditions, is reco
infection and can cause serious illn
exposed to it in large numbers and
microorganisms. This is in the me

Chairman ROCKEFELLER. The
classify some information for nati
need public disclosure in order to h
you indicated, to protect society
needs get met?

Dr. COLE. Well, Senator, I thi
terms of large-scale spraying of bac
suggests that these are not very,
have no compunction about le
individuals in that community,
exposed. So I don't see there woul
important items that you suggest.

I think the average citizen who
miles from the border of Dugway

ng Pyridostigmine Side Effects and Symptoms of
ersian Gulf War "Mystery Illnesses"

ects" Reported o 1990	Symptoms of Persian Gulf War "Mystery Illnesses"
	skin rash
	fatigue
	short-term memory loss
	diarrhea
	vomiting
	nausea
	night sweats
	stomach cramps
	increased nasal secretions
	loss of bladder control
	muscle, joint pain
	twitching
	chest pain
	vision problems
	headaches
	shortness of breath
	sleep disturbances
	personality changes
	bleeding gums
	sinus problems

sage and reportedly stop after therapy is discontinued.

does this say to you?
said. I am an internal medicine physician and with patients. The problems that I have seen ...ms parallel what you have there, and those ...effects. It suggests that there is a similarity ...ause in the complaints of the veterans by ...stigmine However, those symptoms are also ...ve toxins So it is not proof that there is a ...but it is very suggestive and it needs to be

...SS So, in other words, it does not prove ...s enough that further investigation is

...s correct. Several of the comments have been ...roup. I would like to second that as being ...the effects from nerve agents have been ...e of the pesticides, e.g., organophosphates, ...ve damage. It took many weeks or months ... Some of the research that was done on the ...as done only for a very few days or weeks. ...that they would miss the development of ...thing I would like to see is that not only ...mals, but in the subjects of any research ...stigmine bromide, that those individuals ...roup done on them also.

Chairman ROCKEFELLER. Dr. Callender, this is something I want to ask just for the record. Last week, the Federal Government conducted a workshop to examine possible causes of Gulf War illnesses. There was a neurologist there by the name of Dr. Shaumberg, and he was apparently not persuaded that pyridostigmine was a likely cause. However, it has come to my attention that Dr. Shaumberg also believes that Agent Orange is not a cause of serious illness. That sounds like a prejudicial statement and I don't mean it to be. But I would like to get your comment about that.

Dr. CALLENDER. I am sorry?

Chairman ROCKEFELLER. Here is a neurologist, in other words, who is saying to the Federal Government that pyridostigmine is not a likely cause of either mysterious illnesses or Gulf War illnesses. I would just like to have your response to what he has said.

Dr. CALLENDER. Well, I really don't know the analysis that he is applying to the situation. I certainly don't agree. I think it is a very good possibility that it has a relationship and I think it should be investigated. I am not sure if he meant that it couldn't be a possibility or exactly the details of that comment, since I wasn't there. But I do believe that pyridostigmine bromide has not been tested adequately to rule it out at this point. And I think it is very suspicious and it needs to be investigated.

But like any issue of this nature, there are going to be differences of opinion. We need to apply the perspectives of many different individuals while looking at these subjects to cover all the bases. Dr. Shaumberg might have certain issues he is thinking of, he may have certain experiences he has had with medications that he is thinking of, yet another doctor may have a different experience. When you put all that together and you pool that information, you can find out a lot of interesting things about toxicities that you will not find if you are only looking at one individual and what his experience is. So I think that everyone should have some input into this matter, i.e., that everyone really should take the experiences of patients and the victims of these exposures into account. But as far as categorically saying that pyridostigmine bromide is not involved, I would not agree.

Chairman ROCKEFELLER. The reason that I brought up the Agent Orange factor is because I wanted to get on the record that he had said that Agent Orange really wasn't a problem either. In fact, he has testified on behalf of chemical companies to that effect. Since what he has said may be used in further panels, I wanted to simply put that on the record.

[See deposition of Dr. Schaumburg regarding Agent Orange and Gulf War illnesses, and related documents, beginning on page 470.]

Dr. Moss, I asked you to summarize your research and you did so too technically for me to understand. So I want to say what I think it was that you said. You did research on cockroaches. And you used DEET and pyridostigmine at levels that would not normally kill cockroaches, is that correct?

Dr. MOSS. That's correct.

Chairman ROCKEFELLER. In combination, that is, when it was used with pyridostigmine, the DEET was 10 times as lethal as when it was used alone.

Dr. MOSS. In the case of pyridostigmine, that is correct.

Chairman ROCKEFELLER. Therefore, according to your research, what would be the effect of giving pyridostigmine to persons also being exposed to large doses of DEET?

Dr. MOSS. It would depend on if they responded the same way as cockroaches. The LD–50 of DEET on rats is approximately 3 to 5 grams per kilogram. The LD–50 is the amount it takes to kill half of them; that is just a common toxicological term. The LD–50 for German cockroaches from my data is about 6 grams per kilogram. Statistically, they would probably be about the same, though I haven't really looked at the overlap of these numbers.

[Data from Dr. Moss' study appears in Appendix 10, page 407.]

Chairman ROCKEFELLER. Obviously, research on cockroaches, as you have indicated, may not be relevant to humans. But it certainly indicates that there could be a serious problem, and you have indicated that. Now, it is my understanding that you tried to notify the Department of Defense of your research findings. Were you able to talk with the folks there about that?

Dr. MOSS. I have submitted a proposal to Fort Detrick. They have what is called a Broad Agency Announcement. Unfortunately, it is difficult to bring grant money when you are working at an institution that isn't supportive of that research. The research I am proposing is work on vertebrates because of my findings on cockroaches. So, there are some conflicts here that may prevent me from getting funding that have nothing to do with the merits of the research.

Chairman ROCKEFELLER. Is it fair to say that your superior at the Agricultural Research Service did not think that your work was sufficiently important to submit to the Department of Defense?

Dr. MOSS. I am not sure what his opinion was about the Department of Defense submission. They are aware that I submitted it. I don't think it was considered important enough for ARS to support as an institution, though.

Chairman ROCKEFELLER. OK I don't have further questions at this point. I want to say for the record that the Department of Agriculture was not very happy about your coming here today to testify. I want to say that to immunize you, so to speak. I really appreciate your coming to share your information with us.

Let me say that more broadly to all four of you. In what is an incredibly complex, mostly neglected area as far as American public information is concerned, hopefully a little less so as we proceed with hearings of this sort, you have all lent very important and valuable expertise. I want to thank each of you very genuinely on behalf of Senator Daschle and Senator Jeffords and myself. Thank you very, very much.

Our third panel consists of officials from the Department of Defense, the Department of Veterans Affairs, and also the Food and Drug Administration. I would like to thank each of these folks for testifying, because this is a very important hearing. From the Food and Drug Administration, we have Dr. Robert J. Temple, who is Director, Office of Drug Evaluation, Center for Drug Evaluation and Research, accompanied by Dr. Russell Katz, Deputy Director, Division of Neuropharmacological Drug Products; Dr. Karen Goldenthal, Director, Division of Vaccines and Related Product Applications, Center for Biologics Evaluation and Lorraine, general counsel.

I also want to identify, from the D
Edward Martin, who is the Acting Prin
Defense for Health Affairs. You are acc
who is Deputy Assistant Secretary of
Readiness. And from the Department of
J. Vogel, who is Under Secretary for Ben
Mather, M.D., Assistant Chief Medical
Medicine and Public Health.

Inasmuch as we have many questio
requested that you not give your prepa
your prepared statements are in the re
of you object to that and want to give a
you are entirely welcome to do so. This
to not allow you to do that. To provide b
to if you want to. But this is something
before and it seemed to be acceptable.

If that is the case, then I want to ask
your right hands. Do you swear that you
the whole truth, and nothing but the tr

[All witnesses responding in the affi

Chairman ROCKEFELLER. Let the re
answered in the affirmative.

PANEL OF ADMINISTRAT

**EDWARD MARTIN, M.D., ACTING
SECRETARY OF DEFENSE, HEA
NIED BY JEANNE B. FITES, DE
TARY OF DEFENSE, PERSONNE**

**R. J. VOGEL, UNDER SECRETARY
MENT OF VETERANS AFFAIRS,
H. MATHER, M.D., ASSISTANT C
FOR ENVIRONMENTAL MEDICI**

**ROBERT J. TEMPLE, M.D., DIRE
EVALUATION, CENTER FOR
RESEARCH, FOOD AND DRUG A
PANIED BY RUSSELL G. KATZ,
DIVISION OF NEUROPHARMA
UCTS; KAREN L. GOLDENTHAL,
OF VACCINES AND RELATED
CENTER FOR BIOLOGICS EVA
AND CATHERINE C. LORRAINE**

[The prepared statement of Dr. M
prepared statement of Mr. Vogel, o
statement of Dr. Temple, on page 13

Chairman ROCKEFELLER. Let me
Defense, which would be you, Dr. Ma
that I understand that the Departm
committed to trying to protect sold

Attachment #3

Acute Oral Toxicity Study of Pyridostigmine Bromide, Permethrin, and DEET in the Laboratory Rat

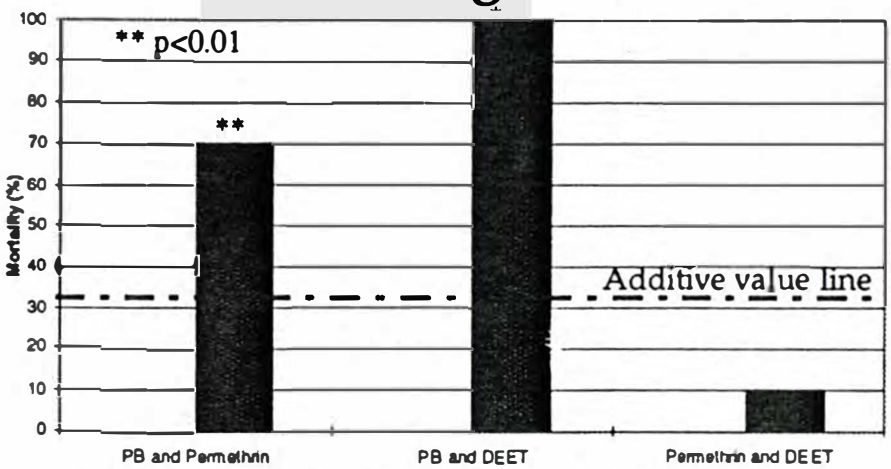
Directorate of Laboratory Science

U.S. Army Center for Health Promotion and Preventive Medicine (Prov.)

March 29, 1995

Brifer: Will McCain, Ph.D.

Summary of First Dosage Level[1]



[1]First dosage level = first and second compound at LD_{16} third compound at LD_0

Conclusions

- Acute oral toxicity studies suggest a greater than additive mortality occurs when male rats are given the following combinations orally:
  - Pyridostigmine, permethrin, and DEET
  - Pyridostigmine and permethrin
  - Pyridostigmine and DEET

Conclusions (continued)

- Acute oral toxicity studies suggest no significant alteration in mortality occurs when male rats are given a combination of permethrin and DEET orally.

Cautions

- This was a preliminary study.
  - First step in a toxicity assessment.
- Concurrent oral exposure is not the human exposure scenario.
  - Oral exposure for pyridostigmine.
  - Dermal exposure for permethrin and DEET.
- Study design based on lethality from a single exposure.
  - Dose levels are far in excess of the expected use in humans.

Attachment
#4

By Michael A. Schwarz

t Starbucks coffee shop in Decatur, Ga., where she works
ours a week at a temp agency, on 5½ hours of sleep a night.

Photos by Fred Mertz

nest of San Fran-
Briana, son Cory.

JOBS: Paul Harmon is a stage manager at KRON-TV in Oakland, Calif., and an airport parking supervisor.

COVER STORY

Leisure time is being redefined

- Day in the life of a two-job family, **2A**
- Women, men 'out of the loop,' **4A**

By Patricia Edmonds
USA TODAY

You shop for groceries at midnight, like Seattle dentist Karen Sakuma.

You do the wash before dawn like San Francisco's Larry Van Craeynest, so there's enough time to catch the 5:20 a.m. bus to work.

You do aerobics at 4:45 a.m., like Atlanta's Betty Mayld, then handle chores and childcare all day and serve ur spouse dinner at nine.

One expert dubs you "The Overworked American," who ch year is working the equivalent of one month more n 20 years ago.

Another expert insists you've actually gained free time, you squander it on TV or infect it with the angst from r faster-paced, less-secure job.

You don't really have time to keep reading this article — you'll scan it, hoping that maybe there's a clue to findi

USA Today B2 4/10/95

By Juan J. Waite
USA TODAY

Suicide bombers, opposed to peace talks with Israel, killed six Israeli soldiers and wounded 45 others in two separate explosions Sunday.

Prime Minister Yitzhak Rabin refused to cut off talks with the Palestine Liberation Organization. He said he'll continue negotiations.

PLO chairman Yasser Arafat condemned those behind the attacks: "These people are the enemies of peace."

The violence increases pressure on Arafat to bear down on militants who have vowed to wreck the peace accord. Sixty Israelis have died, most in suicide bombings, since October.

Sunday's bombings occurred in the PLO-ruled Gaza Strip:

▶ Islamic Jihad says a noon attack on the Gaza highway was carried out when Khaled Mohammed Khatib, 24, set off a bomb in his parked van, next to a passing bus. Gaza commander Brig. Gen. Doron Almog says six Israeli soldiers were killed and 34 people hurt.

"The bus was filled with blood," says Rabbi Yosef Elmekaveh of a local settlement.

▶ Two hours later, six miles up the road, the militant group Hamas says Imad Abu Amouna, 24, drove his car into an Israeli convoy. The car exploded and 11 were wounded.

Three of those hurt in the attacks are U.S. citizens.

Critically injured: Alisa Flatow of West Orange, N.J., a Brandeis University junior on leave to study in Jerusalem. She undwerwent surgery.

In Washington, President Clinton condemned the attacks, saying, "Once more, the enemies of peace have resorted to violence against innocent citizens of Israel."

Sunday night in Jerusalem, right-wing Jews angry over the bombings blocked streets.

At Khatib's home in a Gaza refugee camp, women mourners wailed and youths fired weapons into the air.

"The language of bullets ... will guarantee the departure of the enemy from our territory," militants shouted.

Insecticides may cause gulf illness

By Carol J. Castaneda
USA TODAY

Thousands of gulf war veterans may have fallen ill through a combination of anti-nerve gas pills and exposure to insecticides, researchers say.

"I'm confident we have more than a hypothesis," says Mohamed Abou-Donia, of Duke University Medical Center's toxicology program.

Since the war, 37,000 veterans have complained of fatigue, joint pain, memory loss, headaches, intestinal problems and reproductive disorders — ailments collectively known as Gulf War Syndrome.

The Pentagon says 16% of the cases are unexplained.

Abou-Donia cautions there is no hard evidence in the findings, but says there's preliminary evidence to show "a plausible scenario of what could have happened."

In the study, funded by Ross Perot, researchers exposed chickens to the same anti-nerve gas pills, insect repellents and insecticides given troops. The birds suffered the same damage to the nervous system as reported by the vets.

The Herald-Sun in Durham, N.C., first reported the study.

Toxicologist Ernest Hodgson, of North Carolina State University, says the Duke research is not proven. But, he adds, "It's certainly a credible suggestion."

Rep. Steve Buyer, R-Ind., an advocate in determining what caused the ailments, says there is no one source that caused them. "The gulf war illnesses are multifaceted."

The Duke study isn't the first to make such a finding. Last year, the Senate Committee on Veterans Affairs issued a report suggesting similar causes.

First of two attacks

By Leslie Crook, Star Democrat via AP
BAY WATCH: Rescuers move a manatee in Chesapeake Bay.

Md., harbor. The 10-foot, 1,500-pound endangered sea cow had eluded capture for weeks. Biologists were worried because manatees can die in water below 68 degrees. The 40- to 50-year-old male is being treated at the National Aquarium in Baltimore and will be released off Florida.

ALSO . . .

▶ **FOUND ALIVE:** A Washington, D.C., boy abducted Thursday was rescued Saturday by halfway house residents who also captured a suspect. The search was organized by the 11-year-old boy's mother, angry at inaction by police. Charged with kidnapping: Contee Stevens, 36.

▶ **TOURISTS BEATEN:** Harold Sergerie, 28, of Quebec was critically hurt when he and friend Serge LaRoche, 34, were beaten along a Clearwater, Fla., tourist strip Saturday. No arrests were made. A series of attacks on foreign tourists last year is blamed for a decline in visitors from abroad.

▶ **GAY BASHING SUIT:** Three Marines acquitted last year of beating up Crae Pridgen at a gay bar in Wilmington, N.C., settled a lawsuit Friday with a $100 donation to AIDS research. Some testified Pridgen provoked the men: Lance Cpl. Colin Hunt, former lance corporals Patrick Cardone and Walter Watkins. They did not admit to wrongdoing.

▶ **HAIL DAMAGE:** The pilot and co-pilot of United Express Flight 7658 were cut by flying glass Saturday when hail shattered the windshield of the Beechcraft-19 after takeoff from Denver. None of the 16 passengers was hurt. The plane, bound for Amarillo, Texas, returned to Denver.

War syndrome researcher loses job

Agriculture Department scientist Jim Moss, hired at a lab in Gainesville, Fla., to work on cockroach controls, has lost his job after pushing research that could help explain why thousands of Persian Gulf war veterans have become ill.

Moss says his research showed the toxicity of DEET (diethyltoluamide), a bug repellent used by soldiers in the 1991 war, increased five-fold to ten-fold when combined with an anti-nerve-gas agent also widely used. He says he was told to drop the research but continued when his superiors wouldn't put the order in writing. Lab director Gary Mount said Moss' contract wasn't renewed because he engaged in unauthorized research.

USA TODAY
ROCKEFELLER: 'Safeguard' data

The Defense Department is following up Moss' research.

Sen. Jay Rockefeller, D-W.Va., of the Veterans Affairs Committee, said the research is "extremely important." He has asked Agriculture Secretary Mike Espy for "assistance in safeguarding" Moss' data.

Scientists have been unable to say what causes gulf war syndrome — flu-like afflictions and other symptoms reported by thousands of soldiers who served in the Persian Gulf.

Written by Paul Leavitt. Contributing: Gordon Dickson, Carrie Dowling, Gary Fields and Deeann Glamser.

USA Today Oct 3, 1994

Skeptics' do

By Tony Mauro and Dennis Cauchon
USA TODAY

Reflecting findings of a poll by *The Natio* lawyers willing to make predictions told U don't believe O.J. Simpson will be convicted tranged wife and her friend.

WILLIAM KUNSTLER, flamboyant New York lawyer who has represented unpopular clients ranging from the anti-war Chicago Seven to mob chieftain John Gotti. He's written a new book, *My Life As A Radical Lawyer*. "They've taken a routine spousal murder case and elevated it into something it's not. ... We have found the unconvictable defendant. But the best the prosecution can hope for is a hung jury.... You couldn't find 12 people anywhere in this country who would all vote to convict."

KUN

ALBERT NECAISE of Gulfport, Miss., fo who convicted more than 50 killers, including row. "The prosecution is in trouble. To get a co got to get people and the jury to hate him. ... O.J. overcoming the ghetto and gangs. We se old mother. We see him sidestepping from U the airport. It all looks good. He will be acqui

ANTHONY PETRONE, a Chicago crimi yer and former prosecutor. "It's going to be convicted and then have it affirmed on appe going to be very difficult for the prosecution to have it stand up." He won't predict the outco

Suspect in Fla

By Deborah Sharp
USA TODAY

PENSACOLA, Fla. — Murder suspect Paul Hill goes on trial today in this oak-shaded city that has become synonymous with abortion violence, facing prosecution under a federal law aimed at protecting access to women's clinics.

The defrocked Presbyterian minister is accused of breaking the Freedom of Access to Clinic Entrances law with the shotgun slayings of two people, including a doctor who performed abortions.

Killed in a July 29 attack in the parking lot of a Pensacola abortion clinic with 12-gauge shotgun blasts to the head: physician John Britton, 69, whose bulletproof vest failed to save him, and clinic volunteer escort Jim Barr

June Barre wife, was wou and chest. She

The case watched by b

"This is th case testing t new law," sa man, presider Abortion an Rights Action someone is th denying acce

But abortio have criticize drance to fr does not appl

"That fede politically," Monaghan, a lawyer who protesters. punishment at demonstra

Attachment #5

SCIENTIST FIGHTS FIRING OVER GULF WAR ILLNESS RESEARCH 10/1/94
By NORM BREWER Gannett News Service - San Jose Mercury News

WASHINGTON -- An Agriculture Department scientist has lost his job after pushing research that could help explain why thousands of Persian Gulf veterans have become ill.

Dr. Jim Moss, who worked at a USDA laboratory in Gainesville, Fla., has appealed, charging his superiors yielded to pressure from at least one manufacturer of DEET (diethyltoluamide), a bug repellant used by soldiers in the 1991 war.

Moss, in an interview, said his research on cockroaches showed that when DEET was combined with an anti-nerve gas agent that also was widely used in the gulf, the toxicity of DEET increased five to tenfold.

He said that shortly after informing the chemical company and USDA officials of his findings in November, he was called in by a supervisor.

"I was told not to talk about that ... and was told to stop doing the research (or) disciplinary action could be taken," Moss said.

He said he insisted the order be put in writing, and when it was not he continued his research. Over objections by the USDA, he also testified about his findings before the Senate Veterans Affairs Committee in May. He had been hired in 1990 under a "term" appointment, and when it expired June 30, Moss said he was "let go."

Dr. Gary Mount, director of the USDA Medical and Veterinary Entomology Laboratory in Gainesville, said Moss' appointment was not renewed because he had engaged in "unauthorized" research. After being hired with public funds to "work on cockroach controls," Moss worked most of last year "on what he wanted to work on," Mount said.

"I'm not saying what he did was not important," Mount said. "Obviously, it is very important. It is not the mission of this laboratory."

Calling Mount's explanation for his dismissal "weasel words," Moss said, "I think I had a moral responsibility to do what I did. Anybody who has information that impinges on public safety has an obligation to do so."

The Defense Department is pursuing independent, follow-up research on what Moss found, according to Lt. Col. Doug Hart, a Pentagon spokesman. "It's the next logical step after Jim Moss's study."

Attachment #6

Also, Sen. John D. Rockefeller, chairman of the Veterans Affairs Committee, said Moss' preliminary findings are "extremely important." Rockefeller has written Agriculture Secretary Mike Espy for his "assistance in safeguarding" Moss' research data. Following an investigation by his committee, Rockefeller concluded that vaccines and drugs given to U.S. troops in the gulf "could be causing many of the 'mysterious illnesses' those veterans are now experiencing."

Those vaccines included pyridostigmine, given to about two-thirds of the 695,000 U.S. troops to counter the potential threat of a nerve agent attack by Iraq. That compound, Moss discovered, substantially increased the potency of DEET, which was in the standard issue repellents used in the gulf.

Mount, who declined to comment on most of the issues in Moss' case, did say finding better ways to control cockroaches is of economic concern to pest control operators and associations that represent them.

"I did research on cockroaches," Moss insisted, explaining the normal course of that work caused him to explore the "synergistic" effect -- one chemical increasing the impact of another -- of DEET and anti-nerve agents.

He said he already was into that research when he read news reports about how pyridostigmine was suspected of causing Persian Gulf Syndrome -- illnesses afflicting perhaps 29,000 gulf veterans. Those illnesses range from muscle aches and pains to tumors and respiratory problems.

So he combined pyridostigmine and DEET, said Moss, acknowledging that, "If I had never heard of the gulf war, I doubt I would have ... ."

Moss, whose annual salary was $45,000, said another USDA employee told him that a chemical company had complained to Agriculture Department officials in Washington. He declined to identify the company or the officials, expressing concern about legal retaliation.

Moss said there is a broader public safety question because there have been cases of people having serious reactions when using such repellents containing DEET, particularly in high concentrations or in combination with other chemicals.

Moss, 43, an insecticide toxicologist with a doctorate from the University of California, Riverside, said DEET has been used for about 40 years, but it is not known how it works. His research indicates, for the first time, the repellent attacks cellular systems, he said. He said USDA could rule on his appeal in October. MERCURY CENTER CODE: N895 ID: me14435g

file
Gulf War

Busick, Paul E.

From: Busick, Paul E.
To: @EXECSEC - Executive Secretary
Cc: /R, Record at A1; @GWI - Gulf War Illnesses; @DEFENSE - Defense Policy; @LEGAL - Legal Advisor; @LEGISLAT-Legislative Affairs; @PLANNING - Strat Plan & Comm; @PRESS - Public Affairs; @NSA - Natl Security Advisor
Subject: GWI Update Bulletin [UNCLASSIFIED]
Date: Tuesday, January 28, 1997 7:50PM

FOR @NSA, PLEASE HIGHLIGHT PARAGRAPH 1 FOR SANDY...

Don:

1) I spoke with CBS News' David Martin today to get an update on their "Eye on America" piece due to air next week. He alleges there is a memo the First Lady wrote to the President in early 1995 which is the genesis of the decision process leading to creation of the PAC. He is working directly with the First Lady's press folks to get a copy of the memo. I called her press office as I have never seen/heard of such a document and hope to get a definitive clarification from them tomorrow -- if the document exists, I will seek to coordinate a decision on whether to release it to CBS. In addition to the First Lady involvement, David Martin has pieced together a timeline on the information/intelligence awareness at DOD, CIA and UNSCOM of Khamisiyah's occurrence. He characterized the delay involved as most probably attributable to "bureaucratic ineptness" on the part of DOD rather than as a cover-up. He also acknowledged the Press had overlooked UNSCOM's public statements on the issue, but conceded their feature won't include this aspect of the story.

2) DOD's Dr. Rostker and GEN Schwarzkopf are the featured witnesses at the Senate Veterans Affairs hearing tomorrow. The General's personal logs have been reviewed in their entirety (except for the enclosures in the possession of the National Archives), by the PAC, DOD, CIA, and the Veterans Committee staff. All indications I have are that no "smoking gun" exists, and that in fact the General's log shows considerable concern for the possibility of chemical attack and the need for medical care if one occurs. We have not seen his testimony, nor has DOD. Our review of Dr. Rostker's testimony shows very little change from previous testimony cleared by OMB for a prior appearance. I have suggested minor revisions which primarily acknowledge the need for close coordination with VA on health care, investigation findings and research; copies of the testimony (annotated with our suggestions) have been passed to OMB and Kitty Higgins. I expect considerable press attention to tomorrow's hearing.

3) We continue our efforts to expedite the Executive Order extending the PAC and expect OMB to complete its processes in time for execution by Thursday. DOD is working on a contingency plan to keep the PAC in business (i.e., avoiding a pay and security clearance lapse for the staff) if OMB misses the deadline. Based on our preliminary consultation with Alan Kreczko, this plan would likely take the form of an NSC EXECSEC to DOD EXECSEC document to the effect that the President has decided to extend the PAC (vice providing an actual copy of the Presidential decision memorandum).

4) Finally, attached is the latest GWI calendar highlighting upcoming events.

cc: Kitty Higgins & Ann McGuire; Jack Gibbons & Cliff Gabriel; Melanne Verveer & Nicole Rabner; Al Maldon

<<File Attachment: TLINE.DOC>>

file Gulf war

NATIONAL SECURITY COUNCIL

GULF WAR ILLNESSES

DIRECTORATE

NATIONAL SECURITY COUNCIL

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

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

(202) 456-9391

FAX 456-9390

From: Fred Rosa

To: Kitty Higgins & Ann McGuire; Jack Gibbons & Cliff Gabriel; Melanne Verveer & Nicole Rabner; Al Maldon; Laura Marcus

Agency: EOP

Fax Number: 6-2983/6-6021/6-6244/6-2604/6-1907

Date/Time: 1900 20 FEB 97

No. of pages to follow: 02

Message: GWI Update Bulletin...

Busick, Paul E.

From:	Busick, Paul E.
To:	@EXECSEC - Executive Secretary
Cc:	/R, Record at A1; @GWI - Gulf War Illnesses; @DEFENSE - Defense Policy; @LEGAL - Legal Advisor; @LEGISLAT-Legislative Affairs; @PLANNING - Strat Plan & Comm; @PRESS - Public Affairs; @NSA - Natl Security Advisor
Subject:	GWI Update Bulletin... [UNCLASSIFIED]
Date:	Thursday, February 20, 1997 7:19PM

Don:

1. He's back... NYT's Phil Shenon has returned from an extended absence and is taking up GWI issues once again. Based on his conversations w/DOD folks, there's a good chance his first piece (perhaps as early as tomorrow) will focus on the recently-declassified NOV 91 documents showing that the intelligence community was on notice at that time that U.S. forces may have been present at the Khamisiyah demolitions and thus the possibility that they may have been exposed to chemical warfare agents should be investigated. Shenon will apparently note that DOD's Health Affairs organization knew, or should have known, about possible exposures in 1994, some two years earlier than previously acknowledged by Dr. Joseph. He will also raise the issue of why CIA failed to declassify the documents when they provided them to DOD last year -- perhaps as suggestive of a "continuing cover-up." We're following up with DOD and CIA on their reaction and their intended press guidance. Note: to our knowledge, Newsday's Pat Sloyan has been the only other journalist who has written about the significance of the NOV 91 intelligence documents.

2. An issue has emerged as to whether the CIA will conduct further plume modeling relating to Khamisiyah in response to a request from the PAC. Our sense was that CIA's role in this overall effort was essentially over with DOD's having engaged IDA (Institute for Defensive Analysis) last November to evaluate CIA's assessments. This issue is part of a larger context relating to ascertaining exactly how IDA interprets the scope of John White's request for assistance in modeling possible chemical exposures. I expect to meet shortly with Dr. Rostker and Nora Slatkin to address this matter.

3. DOD's Khamisiyah case narrative, most recently scheduled for release today, has been further delayed. Circulation of the final draft document (at our insistence) among the other involved players generated some significant concerns, most notably from CIA relating to sourcing. While release of the document is likely to refocus media attention on Khamisiyah, and thus be somewhat problematic in the short run, we expect the long-term impact of this and subsequent case narratives to be fairly positive -- the case narratives should come across as professional and thorough, and will ultimately deliver what the public expects from DOD's commitment to openness. The further revised document should be available to us tomorrow, briefed Monday to the PAC, briefed Tuesday to Hill Veterans Affairs Committees in the morning, and then released later that day at DOD's Tuesday Press Conference. The "bombshell" in the case narrative will be the clear notification to the 24th ID that chemical munitions may have been present at Khamisiyah, and the fact that the warning was not extended to the 82nd Airborne Division even though its elements actually did the demolition.

4. Dr. Rostker provided the Army IG all the data he has to date on Khamisiyah. Apparently, the IG office volunteered that they have completed over 300 interviews with participants in the Khamisiyah demolitions. The IG source went on to say that based solely on the results of these interviews, they would conclude that NO chemical weapons were present there in MAR 91. Note here that the UNSCOM inspection was conducted in NOV 91, some 8 months after the demolitions took place.

5. The Persian Gulf Veterans Coordinating Board (PGVCB) has now prepared an integrated draft Action Plan containing the inputs from DOD, HHS and VA in response to the PAC's detailed Final Report recommendations. As part of this process, OSTP is preparing a draft PRD to focus on the health preparedness aspects of future deployments. Finally, VA is scheduled to conclude its field hearings on the extension of the two-year presumptive rule for compensation by 27 FEB 97; they are expecting to have the Secretary's recommendation to the President on this issue ready in advance of the 6 MAR 97 deadline.

6. Yesterday, HHS provided an excellent pre-brief by Dr. Reeves on his recently-completed GWI research (likely to be published soon in the Journal of the American Medical Association). His impressive 3-phase study focused on Air Force units and essentially found that veterans who deployed to the Gulf were 4 times more likely than the control group members to have a mild or moderate case of CFS (Chronic

Fatigue Syndrome) and 16 times more likely to have a severe case of CFS. Other noteworthy aspects of this complex study included: (a) finding no significant differences in physical exams or lab results between sick and non-sick veterans; and (b) finding no correlation between being sick and a number of plausible risk factors (e.g., location in Gulf theater, time/season of service in the theater, type of work performed, etc.). IN A NUTSHELL, Dr. Reeves' research appears to be taking us further along the road to the two-fold conclusion that -- (a) these Gulf War veterans are truly sick in greater numbers than their non-deploying peers, and (b) the most likely diagnoses are CFS and/or PTSD (Post-Traumatic Stress Syndrome). The only qualification to note here is that, while CFS and PTSD are recognized diagnoses, both are heavily dependent on self-reported symptoms. Finally, RADM Art Lawrence, who arranged the pre-brief for us, promised to give us a cut on the contents of the HHS press release when this study goes public.

cc: Kitty Higgins & Ann McGuire; Jack Gibbons & Cliff Gabriel; Melanne Verveer & Nicole Rabner; Al Maldon; Laura Marcus

file Gulf War

NATIONAL SECURITY COUNCIL

GULF WAR ILLNESSES

DIRECTORATE

NATIONAL SECURITY COUNCIL

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

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

(202) 456-9391

FAX 456-9390

From: Fred Rosa

To: Kitty Higgins & Ann McGuire; Jack Gibbons & Cliff Gabriel; Melanne Verveer & Nicole Rabner; Al Maldon; Laura Marcus

Agency: EOP

Fax Number: 6-2983/6-6021/6-6244/6-2604/6-1907

Date/Time: 1810 24 FEB 97

No. of pages to follow: 01

Message: ADDENDUM -- GWI Update Bulletin...

Busick, Paul E.

From: Busick, Paul E.
To: @EXECSEC - Executive Secretary
Cc: /R, Record at A1; @GWI - Gulf War Illnesses; @DEFENSE - Defense Policy; @LEGAL - Legal Advisor; @LEGISLAT-Legislative Affairs; @PLANNING - Strat Plan & Comm; @PRESS - Public Affairs; @NSA - Natl Security Advisor
Subject: Supplemental GWI Update Bulletin... [UNCLASSIFIED]
Date: Monday, February 24, 1997 6:11PM

Don:

The following additional items of information arrived I thought would be of interest tonight:

1) In the "good news" department, CBS has advised DOD they are cancelling the remainder of their previously-planned "Eye on America" GWI series. DOD's Ken Bacon was told by CBS that they appreciated the help and "open" approach to working with them on the one Khamisiyah segment (already aired), they didn't assign any credibility to the cover-up angle, and they would be back to GWI issues only when future newsworthy events occurred.

2) On the other hand... Phil Shenon's NYTimes piece on the Khamisiyah events will probably run tomorrow. In addition to focusing on the overall significance of the declassified messages (i.e., putting CIA and DOD on notice that the exposure of U.S. forces to chemical warfare agents was a possibility that should be investigated), Phil will almost certainly try to exploit the gap between what the CIA thinks it told the PAC and what the PAC says it got. As noted earlier, I've been working with CIA and the PAC, as well as DOD, in a continuing effort to get all of them on the same page.

cc: Kitty Higgins & Ann McGuire; Jack Gibbons & Cliff Gabriel; Melanne Verveer & Nicole Rabner; Al Maldon; Laura Marcus

file Gulf war

NATIONAL SECURITY COUNCIL

GULF WAR ILLNESSES

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Date/Time: 1745 24 FEB 97

No. of pages to follow: 01

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Subject: GWI Update Bulletin... [UNCLASSIFIED]
Date: Monday, February 24, 1997 5:38PM

Don:

1) Dr. Rostker will be releasing his long-awaited "Case Narrative" on Khamisiyah tomorrow. It is a well-documented 25-30 page narrative of events that occurred relating to the demolition of Iraqi munitions as DOD now understands them. The narrative contains more "new" information on when DOD "knew" or "could have known" about the possibility of chemical warfare agent exposure. The document is cast as a "work in process," reporting what is known to date, but clearly subject to revision as new information comes to light. The document explicitly welcomes and seeks out more information. Dr. Rostker is briefing Hill DOD oversight committees today, will brief the PAC, Veterans Affairs Committees and some VSOs tomorrow, and then release at their normal press conference tomorrow afternoon. Note: there may be an embargoed release at 9 AM.

2) I returned a phone call to NYTimes reporter Phil Shenon today. His questions related to trying to piece together an audit trail of information as it relates to "knowledge" of events at Khamisiyah by DOD/PAC/CIA officials. The objective appears to be discovery of inconsistencies in past public statements and the information now available in the redacted CIA messages released last week. We spoke on background today; I expect an in-person meeting (including Dave Johnson) late Thursday. Based on our conversation, I see Dr. Steve Joseph as a likely target, and called him to ask that he review past statements and be sure the DEPSEC, Joseph, Rostker and Bacon are all consistent with their messages.

3) I met briefly this morning with Melanne Verveer to provide her with copies of the two NOV 91 declassified CIA messages and the non-redacted still-classified versions, as well as a copy of the Pat Sloyan article on their significance. The First Lady had requested them.

4) The PAC has been negotiating with the Senate Armed Services Committee about the structure of panels at the scheduled 27 FEB hearing. SASC wants the PAC to appear with DOD's Dr. Joseph. The PAC views itself as "independent" of the executive branch, and therefore more appropriately scheduled in a separate panel. The PAC declines to appear with ANY executive branch officials because they wish to maintain their independence, and not get whipsawed as they did with REP Shays when they appeared on a panel with both VA & DOD. They allege that a separate panel was OK'd by the SASC for Dr. Lashof, but withdrawn when she wasn't available and two other PAC members substituted (Dr. Elaine Larson and VADM Don Custis). Despite my best efforts to explain the independent nature of FACA-created advisory committees, the SASC staffer still sees them as an executive branch entity and is likely to set up two chairs with nameplates and simply go on without them. This is clearly an opportunity to embarrass the Administration. While unsuccessful thus far in resolving this impasse, I plan to talk with Al Maldon to see what more we can do.

5) I have received the final draft of the PGVCB Action Plan to implement the PAC report. This is the VA/DOD/HHS implementation plan required 60 days after the rollout event. The report has been extensively staffed and coordinated between the departments. It is, however, long on concurrence with the PAC's recommendations, and short on specifics detailing how all the things agreed to will actually be accomplished. I have asked for some modifications (e.g., more specifics on some items to spell out exactly what the departments will do, how it will be done, when it will be done, and which organizational entities within each department will have responsibility to accomplish it all). I see more concrete responses as absolutely essential in terms of ensuring that the Action Plan has credibility.

cc: Kitty Higgins & Ann McGuire; Jack Gibbons & Cliff Gabriel; Melanne Verveer & Nicole Rabner; Al Maldon; Laura Marcus

Is that okay to write?

file Gulfwar

Busick, Paul E.

From: Busick, Paul E.
To: @EXECSEC - Executive Secretary
Cc: /R, Record at A1; @GWI - Gulf War Illnesses; @DEFENSE - Defense Policy; @LEGAL - Legal Advisor; @LEGISLAT-Legislative Affairs; @PLANNING - Strat Plan & Comm; @PRESS - Public Affairs; @NSA - Natl Security Advisor; Harris, Elisa D.
Subject: GWI Update Bulletin... [UNCLASSIFIED]
Date: Wednesday, February 26, 1997 8:20PM
Priority: High

Don:

1. As you're aware, the President's memo to the PAC that we were tasked this morning to prepare has been signed and sent to the PAC's Executive Director. We subsequently provided copies to the GWI interagency regulars: Al Maldon will provide copies to the Hill Veterans Affairs Committees; Dave Johnson's office is handling press requests for the document. Our telefax to the interagency regulars stresses the point that this is not a "new role" for the PAC; rather, the President is directing the PAC's attention to the recently-declassified documents and related issues for their consideration in performing their current oversight role.

2. We think that we have now run down the background on the one-sentence page 19 statement in DOD's Khamisiyah case narrative that the NSC staff was briefed by CIA in JAN 96 "that U.S. troops probably blew up chemical weapons at Khamisiyah." After extensive discussion here as well as with CIA and DOD, we feel confident that the classified brief provided to Elisa Harris was preliminary in nature and focused on the CIA declassification initiative; during the discussion, the CIA briefers mentioned that information had come to light about the possible presence of chemical munitions at Tall al Lahm (later identified as Khamisiyah), and that CIA would work with DOD to determine the credibility of the information -- DOD would then have to sort out the possible implications for U.S. forces. No one from DOD's PGIIT (the predecessor to Dr. Rostker's operation) attended the brief. Finally, contrary to at least one media report by Pat Sloyan, no one we talked to here, or at DOD or CIA, recalls any briefing in the JAN 96 time-frame including Bob Bell and/or Sandy Berger. Our NSC press guidance has been updated to reflect our latest understanding of events; David Johnson will be returning calls this evening to both Pat Sloyan and Phil Shenon.

3. The Senate Armed Services Committee (SASC) GWI hearing is scheduled for tomorrow. DOD's witnesses will include Dr. White and Dr. Joseph, as well as a LTG Fulford (who commanded a Marine regiment during the Gulf War). We've not yet seen testimony for Dr. White or Dr. Joseph, but expect same later this evening. The issue of the PAC wanting to testify on its own panel (so as to reflect its independent status), rather than be scheduled in the same panel as DOD Health Affairs, appears to have been resolved. Ann McGuire (the FACA DFO, or Designated Federal Official, for the PAC) signed a letter to the PAC asking that the PAC accommodate the SASC's request, and the PAC has agreed to do so. We don't yet have a good sense for how the recent disclosures and related media reports, including coverage of yesterday's post-DOD press conference remarks by SENs Specter and Rockefeller, will impact the SASC hearing. However, we have been informed of Dr. White's intention to make a reference to a GEN McCaffrey SEP 91 briefing to a chemical industry audience (previously highlighted in our 12 FEB update) about his concern relating to chemical munitions at Khamisiyah in FEB 91 -- Dr. White intends to ensure that this item as well is "on the record"; DOD has told us that they will call McCaffrey to give him a heads-up on this.

4. The CIA released a statement earlier today addressing its commitment over time to providing the "maximum amount of information to the men and women who served in the Gulf." The statement has an accompanying fact sheet which unfortunately was discovered after its publication to contain several errors in a time-line extending back to FEB 91. CIA is working to get the errors corrected.

cc: Kitty Higgins & Ann McGuire; Jack Gibbons & Cliff Gabriel; Melanne Verveer & Nicole Rabner; Al Maldon; Laura Marcus

Busick, Paul E.

From: Busick, Paul E.
To: @EXECSEC - Executive Secretary
Cc: /R, Record at A1; @GWI - Gulf War Illnesses; @DEFENSE - Defense Policy; @LEGAL - Legal Advisor; @LEGISLAT-Legislative Affairs; @PLANNING - Strat Plan & Comm; @PRESS - Public Affairs; @NSA - Natl Security Advisor
Subject: GWI Update Bulletin... [UNCLASSIFIED]
Date: Thursday, February 27, 1997 8:18PM

Don:

1. As previously briefed in phone calls to you and Jim earlier this afternoon, unknown to us (until this afternoon), on Monday (24 FEB), DOD responded to a Senate Armed Services question for the record (QFR) relating to the CENTCOM NBC logs with a copy of their latest draft of an in-progress case narrative on this topic. The case narrative, which was still some two weeks away from initial release and had not been circulated interagency, was distributed to the press by the Senate Committee staff at the GWI hearing this morning. Initial press reaction has been that the document (which is primarily a synthesis of previously-released information, but has a few new aspects) indicates either a cover-up or an incredible set of coincidences; CNN has been featuring reaction by SEN Specter to the case narrative. Narrative highlights -- from a press standpoint -- include: of 200 or so NBC log pages, only 36 are available; the records were kept on computers, and paper copies (for the missing pages) cannot be located; the logs were customarily stored in a safe; and the loss may have been due to a computer virus. DEPSECDEF was apparently unaware that the case narrative was used to respond to the QFR; he has been coordinating preparation of "damage control" press guidance (which we now have a draft of). [Note: for a more detailed rundown of today's events on this issue, please see the attachment.]

2. Feedback to date on the Senate hearing itself indicates that the session went fairly well. GEN Schwarzkopf apparently was particularly effective in asserting that advance warnings about chemical munitions possibly being stored at Khamisiyah is really a false issue because his troops took all the same precautionary measures they would have had they known for a fact that such munitions were there.

3. Together with Dave Johnson, I met with Phil Shenon (NYT) late this afternoon for a previously-scheduled background interview. While we discussed both the White House GWI perspective and our overall organization for addressing the related issues at some length, I came away from the session with the sense that he was really after: (a) whether yesterday's POTUS memo to the PAC meant that the President was "angry" with DOD and CIA; (b) confirmation of a real rift between DOD and CIA on the Khamisiyah narrative issues; and (c) a reaction to his characterization that today's CENTCOM case narrative was suggestive of a cover-up. My prediction -- he all but told us outright -- is that his story tomorrow morning will focus on DOD's CENTCOM logs as more evidence of a possible cover-up. Early this evening, I spoke with Shenon to respond to his request for a reaction to the NBC log release questions. Points made as a "senior White House official" were consistent with DOD's approach that this narrative is certainly a preliminary draft report reflecting the President's guidance and DOD's commitment to get out all the facts; also, that DOD had previously revealed almost all of the general "facts" contained in the report (e.g., many missing pages, storage on disks, backup on paper copies, etc.). He acknowledged all of my points, but was focused more on the extensive detail presented. I again characterized that extensive detail as DOD's effort to be thorough and open. Finally, given his deadline, I was probably too late to influence tomorrow's story.

4. Today we received the first draft from OSTP of a PRD on future force protection issues (prompted by one of the PAC's Final Report recommendations). After a quick review here, I expect the draft to be circulated throughout the EOP.

cc: Kitty Higgins & Ann McGuire; Jack Gibbons & Cliff Gabriel; Melanne Verveer & Nicole Rabner; Al Maldon; Laura Marcus

<<File Attachment: IMLOGS1.DOC>>

Current: 1900 February 1997

OVERVIEW OF EVENTS RELATING TO DOD RELEASE OF CASE NARRATIVE "DISPOSITION OF THE CENTCOM NBC DESK LOGS" DATED 14 FEB 97

* DOD's Office of the Special Assistant for Gulf War Illnesses has been organizing its investigative efforts with a view to preparing "case narratives" on each issue under investigation; the overall plan calls for initial release of each narrative as an "interim report" in order to solicit additional information from Gulf War veterans or any other source. The only case narrative published thus far was "Khamisiyah" dated 25 FEB 97.

* On 11 FEB 97, Senators Levin and Thurmond from the Senate Armed Services Committee sent Dr. White the following Question for the Record (QFR): "Please provide a complete account of the CENTCOM NBC (Nuclear, Biological and Chemical) desk logs, their creation, maintenance, custody, the apparent loss or destruction of part of the logs, and any other factors that might help the Committee understand the circumstances surrounding the eventual disposition of these logs."

* DOD responded to the QFR on 24 FEB 97 by providing the Committee with a copy of the latest draft (dated 14 FEB 97) of the in-progress case narrative entitled: "Disposition of the CENTCOM NBC Desk Logs." There was apparently no previous interagency circulation of the document, no interagency discussion of its use for this purpose, nor any understanding reached with the Committee relating to the further distribution of the document.

* The Senate Armed Services Committee held its Gulf War Illnesses hearing beginning at 1030 this morning. The CENTAM NBC Logs case narrative was distributed to the press during the hearing by the Committee staff.

* An AP wire story was posted at 1151 with the headline: "More Gulf War weapons data missing, Pentagon says." [Note: other similar wire stories are now circulating, and CNN is featuring reaction by SEN Specter to the case narrative].

* At approximately 1330 today, NSC/GWI (Gulf War Illnesses) received a heads-up call on the use of the case narrative to respond to the QFR; NSC/GWI asked for a copy (which did not arrive owing to some fax difficulties until approximately 1700).

* While Admiral Busick was conducting a previously-scheduled background interview with Phil Shenon (NYT) beginning at 1500 this afternoon, Shenon mentioned that the CENTCOM NBC log case narrative had been distributed to the press and asked for our reaction to what he saw as more evidence suggesting a cover-up.

* Following the interview with Phil Shenon, NSC/GWI began seeking clarifications from DOD and trying to coordinate appropriate press responses. Dr. White apparently was not aware of this matter and is now orchestrating DOD's handling of the issue.

Prepared by: NSC/GWI

INSTITUTE FOR WOMEN'S POLICY RESEARCH
1400 20th Street, NW, Suite 104
Washington, DC 20036

Dear Katy,

Here are some materials I found on a diskette that describe the veterans that HRC met when she went to Walter Reed. They may be of use for some future activities regarding Gulf War illnesses.

I hope all is well.

Best wishes,
Irina

Telephone: (202) 785-5100 • Fax: (202) 833-4362 • http://www.iwpr.org

File
Gulf War
Illness

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1400 20th Street, NW, Suite 104
Washington, DC 20036

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I hope all is well.

Best wishes,
Dixie

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	re: Visit to Walter Reed Army Medical Center [partial, pages 2-3 and 5 closed in full] (5 pages)	02/21/1995	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20033

FOLDER TITLE:
Gulf War Illness (More) - Gulf War Illnesses [Folder 2]

2013-0534-S
rc1870

RESTRICTION CODES

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

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

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

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

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

File
Gulf war

February 21, 1995

VISIT TO WALTER REED ARMY MEDICAL CENTER

DATE: Wednesday, February 22
TIME: 10 a.m.
LOCATION: Washington, DC
FROM: Diana Zuckerman

I. PURPOSE

To talk to Gulf War veterans who are still on active duty, and two wives, about their illnesses and their medical treatment, to discuss similar issues with Walter Reed health care professionals, and with members of the Interagency Gulf War Illnesses research and clinical committees, and to let the public know that the Administration is very concerned about these issues.

II. BACKGROUND

The Walter Reed Army Medical Center in Washington, DC is one of the main regional centers for the treatment of Gulf War veterans who are still on active duty.

Discussion with Gulf War Veterans

All the Gulf War veterans who will be meeting with you are still on active duty and receive outpatient care at the Medical Center. However, they have been invited to the VA especially to meet with you; they do not have medical appointments.

The patients range in age from 24-42, and represent an interesting range of professions and symptoms. Two wives, both of whom are ill, will also meet with you. One, Nancy Kapplan, is very ill and her children are also ill. The other, (b)(6) [001] has no children and is considering getting her tubes tied because she is afraid to have children because of the article about Gulf War veterans' offsprings' birth defects in People magazine.

(b)(6)

(b)(6)

Nancy and their children were stationed in Germany during the Gulf War, and Barry sent his clothes back to them. They arrive within 24 hours, and were wet and dirty. She and the children washed them and thev and other items from the Gulf were stored in the baby's room. (b)(6)

(b)(6)

Questions for the Panel

These are the kinds of questions that can keep the conversation moving:

1. Can you each tell me about the kinds of symptoms and illnesses that you have had since returning from the Persian Gulf War?

2. Did you have any symptoms while you were in the Gulf?

3. Have you been diagnosed yet?

4. Do you have any thoughts about what might have caused your illnesses? Did you have any bad reactions to anything you were exposed to in the Gulf War?

5. Have you received medical treatment that is helping you?

6. Do any of you have spouses or children who have illnesses that seem to be related to your illnesses?

7. Is there anything else that you would like to tell me about your illnesses or medical care?

III. PARTICIPANTS

Greeters

-Deputy Secretary John Deutch

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. list	re: Gulf War Veteran Patients at Walter Reed Medical Center (1 page)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20033

FOLDER TITLE:
Gulf War Illness (More) - Gulf War Illnesses [Folder 2]

2013-0534-S
rc1870

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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]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. bio	re: personal medical (1 page)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Melanne Verveer
OA/Box Number: 20033

FOLDER TITLE:
Gulf War Illness (More) - Gulf War Illnesses [Folder 2]

2013-0534-S
rc1870

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]
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TALKING POINTS

I feel privileged to be here today to meet with active duty veterans of the Gulf War, and their families, and the health care professionals who are trying to help them.

The President and I have heard from so many Gulf War veterans all over the country. Many of the men and women who have contacted us have undiagnosed illnesses -- they are ill and nobody can figure out what is wrong with them, or how to cure them. In some cases their children have birth defects or serious illnesses and they want to know if these were caused by their military service.

I am here today because this Administration is absolutely committed to helping Gulf War veterans, and to finding out what is causing their illnesses.

Walter Reed Army Medical Center is doing all it can to diagnose and treat these patients. They are making a great deal of progress, and many patients are now diagnosed with illnesses that are being successfully treated.

I look forward to hearing first hand from 5 men and women who served in the Gulf War, and two of their wives. These are the kinds of personal stories that help us figure out what we're doing right, and what new strategies we need to do more.

The First Lady will meet with five Gulf War veterans and two spouses who are ill, all of whom are being treated at Walter Reed Army Medical Center. All the veterans are still on active duty, and they and their families are eligible for free medical care at Walter Reed and other military medical facilities. Their symptoms include debilitating joint pain, muscle weakness, memory loss, chronic fatigue, chronic diarrhea, hair loss, and rashes. Two wives will also describe their illnesses and those of their children.

The First Lady will also meet with doctors and other health care professionals who provide medical care to these and other Gulf War veterans patients at Walter Reed. After her meeting with patients, the First Lady will meet privately with these health care providers to ask them about the patients, and to request their advise on what the Administration could do to help ensure effective medical care for Gulf War veterans.

After meeting with the Walter Reed clinicians, the First Lady will meet privately with members of the Gulf War research and clinical committees. These committees consist of professionals from the U.S. Departments of Health and Human Services, Defense, and Veterans Affairs who meet on a regular basis to share information about Gulf War illnesses. Members of these committees will share their concerns about what is known and unknown about the causes and treatment of Gulf War illnesses.

"The recent memorial service at Iwo Jima is yet another reminder that the wounds of war can be long-lasting. The kinds of wounds have changed as the nature of war has changed, and we must make sure that we are doing everything we can to meet the needs of the men and women who sacrificed their health for our nation's security."

NATIONAL SECURITY COUNCIL

File Gulf War Illness

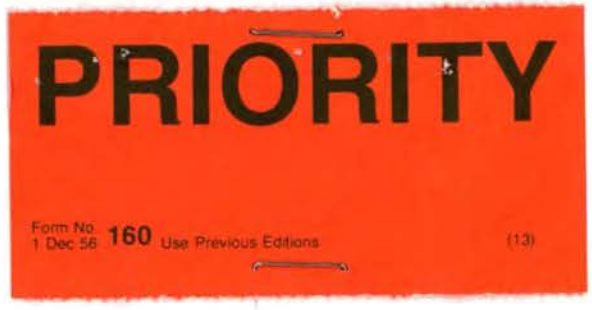
February 12, 1998

TO: Melanne Verveer
Thurgood Marshall, Jr.
Anne Davis
Cliff Gabriel

FROM: Phil Heyl

SUBJECT: Attached GWI Draft Letters

Please clear on attached by 1500 hours, Friday, 13 February.



NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

February 13, 1998

ACTION

MEMORANDUM FOR SAMUEL R. BERGER
JOHN H. GIBBONS
THURGOOD MARSHALL, JR. TM
MELANNE VERVEER mv

THROUGH: PAUL E. BUSICK PEB 2/13

FROM: PHILLIP J. HEYL

SUBJECT: Transmittal to the President of the Agency Responses to the Presidential Advisory Committee on Gulf War Illnesses' *Special Report*

Tab I is the information memorandum to the President that transmits the agencies' responses to the Presidential Advisory Committee on Gulf War Illnesses' (PAC) *Special Report*.

We are pleased with the agencies' response to the PAC's recommendations and concur with their responses. The Executive Order for the Special Oversight Board is currently in final clearance, and the White House Office of Presidential Personnel has finished vetting the members of the Board.

With the departure of the PAC (and recognizing that DoD must complete the remaining investigations) we are able to make a strategic shift away from investigations to proper health care and compensation for the veterans. In the meantime, attention will turn to the Department of Veterans Affairs to ensure that our veterans are getting the best possible health care and benefits.

Concurrence by: Bell, Rudman, Baker, Luzzatto, Blinken

RECOMMENDATION

That you initial the information memorandum at Tab I.

Attachments
Tab I Information Memorandum for the President
Tab A Agency Responses to the PAC's *Special Report*
Tab B PAC's *Special Report*

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This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

TAB I

Divider Title:_____

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

February 13, 1998

ACTION

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

THROUGH: PAUL E. BUSICK PEB 2/13

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RECOMMENDATION

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Tab A Agency Responses to the PAC's *Special Report*
Tab B PAC's *Special Report*

TAB I

THE WHITE HOUSE

WASHINGTON

INFORMATION

MEMORANDUM FOR THE PRESIDENT

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

SUBJECT: Transmittal to the President of the Agency Responses to the Presidential Advisory Committee on Gulf War Illnesses' *Special Report*

On February 10, 1998, the Persian Gulf Veterans Coordinating Board (PGVCB), comprised of the Secretaries of Defense, Health and Human Services, and Veterans Affairs, forwarded to you its response (Tab A) to the *Special Report* of the Presidential Advisory Committee on Gulf War Illnesses (PAC). The *Special Report* was the PAC's last report before its tenure ended on November 31, 1997.

The October 31, 1997 *Special Report* (Tab B) focussed on the PAC's evaluation of the implementation of its previous recommendations, and on the ongoing investigations related to Chemical and Biological Warfare (CBW) incidents during the Gulf War. Overall, the PAC concluded that the government's efforts have yielded, and will continue to yield, improved services and new knowledge. They were particularly impressed by DoD's and VA's outreach efforts. The PAC continued to criticize DoD's investigative process on possible CBW incidents.

The PAC made 12 recommendations in its *Special Report*. The agencies concur with, and are in the process of implementing, all of the recommendations except two. With respect to the PAC recommendation that DoD develop doctrine that addresses possible low-level, sub-clinical exposure to chemical warfare (CW) agents, DoD is actively studying the effects of low-level CW exposure, but is hesitant to change its doctrine until there are medical data to prove there are chronic effects from low-level exposure. Of the new funding for research you announced in

cc: Vice President
Chief of Staff

November, $6.3 million is specifically for research into the effects of low-level chemical exposure. The PAC also recommended that DoD notify all individuals within a 300-mile radius of the destruction of the Iraqi ammunition storage facility at Khamisiyah, that contained the CW agent sarin. DoD has notified 97,828 individuals. Based on DoD's high degree of confidence in its modeling of the plume, and in consultation with nationally recognized risk communication experts, DoD has concluded that expanding notification to veterans who were not involved is not necessary. However, DoD continues to refine the location of troop units and expects to notify additional individuals who may have been exposed. We agree with the agencies' responses to these recommendations.

The PAC's recommendations led to the initiatives that you announced in November:

- A permanent health care and compensation program similar to the Agent Orange program for Vietnam War veterans. VA has completed a contract agreement with the National Academy of Sciences for an independent review of the available scientific evidence regarding associations between illness and Gulf War service to ensure that our veterans receive the health care and benefits they deserve. VA will work with interested congressional members and the Veterans Service Organizations to codify this program in legislation.

- A comprehensive, "Force Health Protection Program" that strengthens medical monitoring and troop protection in the theater, and medical follow up when the troops return.

- A Special Oversight Board to review the remaining DoD investigations chaired by former Senator Warren Rudman that includes former Secretary Jesse Brown and Admiral Elmo Zumwalt. The Board will report to you through Secretary Cohen. The Executive Order is currently in final clearance.

- Allocation of additional funding ($19.8 million) for new research into the possible causes of Gulf War illnesses.

Attachments
Tab A Agency Responses to the PAC's *Special Report*.
B PAC's *Special Report*

TAB A

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

February 13, 1998

ACTION

MEMORANDUM FOR SAMUEL R. BERGER
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Concurrence by: Bell, Rudman, Baker, Luzzatto, Blinken

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THE WHITE HOUSE

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NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

February 13, 1998

ACTION

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THE WHITE HOUSE

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The PAC's recommendations led to the initiatives that you announced in November:

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B PAC's *Special Report*

TAB A

DRAFT

File Gulf War

February 13, 1998

ACTION

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

THRU: PAUL E. BUSICK

FROM: PHILLIP J. HEYL

SUBJECT: Transmittal to the President of the Agency Responses to the Presidential Advisory Committee on Gulf War Illnesses' (PAC) *Special Report*

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With the departure of the PAC (and recognizing that DoD must complete the remaining investigations) we are able to make a strategic shift to focussing on proper health care and compensation for the veterans. The continued emphasis on research will eventually result in answers to what is making the veterans ill. In the meantime, more attention will focus on the VA in ensuring that our veterans are getting the best possible health care and benefits.

Concurrence by: Bell, Rudman, Baker, Luzzatto, Leavy

RECOMMENDATION

That you initial the information memorandum at Tab I.

Attachments

DRAFT

Tab I Information Memorandum for the President
- Tab A Agency Responses to the PAC's Recommendations
- Tab B PAC's *Special Report*
- Tab C PGVCB's Consolidated Action Plan

INFORMATION

MEMORANDUM FOR THE PRESIDENT

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

SUBJECT: Transmittal to the President of the Agency Responses to the Presidential Advisory Committee on Gulf War Illnesses' (PAC) *Special Report*

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The PAC's recommendations have led to three important initiatives that were announced in a SPTP in November:

- Permanent health care and compensation program similar to the Agent Orange program for Vietnam War veterans: VA has contracted with the National Academy of Sciences for an independent review of the available scientific evidence regarding associations between illness and Gulf War service to ensure that our veterans receive the health care and benefits they deserve. VA will work with Congress to codify this program in legislation.

- A comprehensive, "Force Health Protection Program" that strengthens medical monitoring and troop protection in the theater, and medical follow up when the troops return.

- A Special Oversight Board to review the remaining DoD investigations chaired by former Senator Warren Rudman that includes former Secretary Jesse Brown and Admiral Elmo Zumwalt. The Board will report to you through Secretary Cohen. The Executive order is currently in final clearance.

The agencies have submitted their action plans to implement the PAC's *Special Report* recommendations to the PGVCB. The PGVCB has consolidated the agencies action plans into a comprehensive Action Plan (Tab C) and will monitor the agencies' progress.

Attachments
Tab A Agency Responses to the PAC *Special Report*.

B PAC *Special Report*
C PGVCB Consolidated Action Plan

Persian Gulf Veterans Coordinating Board

Department of Defense

Department of Health and Human Services

Department of Veterans Affairs

FEB 10 1998

The President
The White House
Washington, DC 20500

Dear Mr. President:

The Departments of Defense, Health and Human Services, and Veterans Affairs appreciate the opportunity to submit to you the enclosed responses to the recommendations contained in the *Presidential Advisory Committee on Gulf War Veterans' Illnesses: Special Report*. These responses represent careful consideration and interagency coordination of the Committee's recommendations by the Persian Gulf Veterans Coordinating Board, which we jointly co-chair.

We remain committed to seeking the causes of Gulf War illnesses and providing the best care possible for our veterans.

Respectfully,

WILLIAM S. COHEN	DONNA E. SHALALA	TOGO D. WEST, JR.
Secretary of Defense	Secretary of Health and Human Services	Acting Secretary of Veterans Affairs

Enclosure: Persian Gulf Veterans Coordinating Board
Responses with respect to the *Presidential Advisory Committee on Gulf War Veterans' Illnesses: Special Report*

THE PERSIAN GULF VETERANS COORDINATING BOARD RESPONSES

WITH RESPECT TO

THE SPECIAL REPORT OF

THE PRESIDENTIAL ADVISORY COMMITTEE ON GULF WAR VETERANS' ILLNESSES

EXECUTIVE SUMMARY

The Persian Gulf Veterans Coordinating Board Responses to the Recommendations of the Presidential Advisory Committee on Gulf War Veterans' Illnesses Special Report

The Persian Gulf Veterans Coordinating Board (PGVCB), composed of the Secretaries of Defense (DoD), Health and Human Services (DHHS) and Veterans Affairs (VA), appreciates the efforts, expertise, and constructive recommendations provided on behalf of Gulf War veterans by the Presidential Advisory Committee on Gulf War Veterans' Illnesses (PAC) in its Special Report.

The PAC's Special Report enumerates a wide range of important findings and valuable recommendations in three major categories: Clinical and Research Implementation; Oversight of Investigations; and Commitment and Credibility. This response to those recommendations has been compiled by the PGVCB. A consolidated action plan is being developed and will be submitted to the President.

This response addresses actions to be taken by the agencies in the areas of outreach, medical and clinical issues, research, and investigations related to chemical and biological weapons. The following is a summary of initiatives resulting from the PAC's recommendations in its Special Report:

Clinical and Research Implementation

- DoD and VA will continue their aggressive outreach programs. Development of the comprehensive risk communication plan for Gulf War veterans will be completed by the PGVCB's Clinical Working Group by the end of January 1998. Monitoring of the risk communication efforts will be undertaken to assure that actions taken are effective.

- DoD and VA have already fully implemented most of the previous PAC recommendations related to medical and clinical issues. The Departments are genuinely committed to full implementation of their action plans. In 1998, VA will implement case management practices for Gulf War veterans with complex medical conditions who are enrolled in primary care clinics. VA's goal is that its new case management will improve treatment effectiveness and patient satisfaction among Gulf War veterans.

- The PAC recommended that DoD and the Joint Chiefs of Staff place a higher priority on addressing pre- and post-deployment medical surveillance. At the direction of the President, a unified force health protection program for hazards associated with military service has been initiated by the Secretary of Defense, the Joint Chiefs of Staff and the Services. Significant progress has been made since the Gulf War to mitigate health risks inherent in military deployments.

- Guidance for force health protection and educational activities is being developed by the Presidential Review Directive NSTC-5, "Development of Interagency Plans to Address Health Preparedness for and Readjustment of Veterans and Their Families After Future Deployments." This strategic plan will be completed and reviewed by the National Science and Technology Council (NSTC) in April 1998.

- DHHS will ensure that issues regarding the Interim Final Rule on waiver of informed consent for the use of investigational products during military exigencies will be resolved no later than September 30, 1998.

- The PGVCB will continue to support the principles of scientific peer-review in its research program to assess the potential health consequences of Gulf War service. More than 100 research projects are in various stages of completion.

Oversight of Investigations

- The PAC recommended continued independent oversight and review of the operational and intelligence investigations being carried out by DoD. A Special Oversight Board, to be chaired by former Senator Warren Rudman, will be appointed by the President to oversee remaining DoD investigations.

Commitment and Credibility

- VA agrees with the PAC recommendation to establish a permanent statutory program for Gulf War veterans. VA began discussions with Veterans Service Organizations and Congress and the National Academy of Sciences (NAS) regarding such a program for Gulf War veterans soon after the September 1997 PAC meeting. VA is developing this new program, in addition to the existing federal health care, research, and compensation programs, to help ensure that ill Gulf War veterans are provided with the services they need and deserve.

The PGVCB is engaged in a comprehensive, coordinated effort to respond to the health concerns of Gulf War veterans. DoD, DHHS and VA remain committed to finding answers to Gulf War veterans' questions. To address these complicated issues, we will continue to solicit advice from independent scientists and experts; our veterans and their families deserve no less.

RESPONSES TO THE PAC SPECIAL REPORT

CLINICAL AND RESEARCH IMPLEMENTATION

OUTREACH RECOMMENDATION

Recommendation: DoD, VA, and DHHS should complete the comprehensive risk communication program for Gulf War veterans, as well as for forces deployed in the future; community-based outreach should receive particular focus. In view of the delay from the originally projected completion date, this effort should receive heightened priority and be completed by January 1998.

Response: DoD, DHHS, and VA agree with the emphasis that the PAC has placed on the importance of clear and effective health risk communication related to Gulf War veterans' health issues. In its earlier report, the PAC recommended that VA follow the model of the highly effective field-based outreach demonstrated in the Vet Centers and the Persian Gulf Family Support Program when developing its internal risk communication programs. These principles and approaches have been incorporated, where applicable, into the development of the PGVCB health risk communication plan for Gulf War veterans, which is scheduled for completion by the end of January 1998.

Throughout 1997, DoD, VA and DHHS have worked together, through the Clinical Working Group of the PGVCB, to plan for and develop a comprehensive health risk communication plan for Gulf War veterans. On April 29, 1997, a training workshop was held by the Clinical Working Group and led by health risk communication experts from the Agency for Toxic Substances and Disease Registry (ATSDR), and the National Institute for Occupational Safety and Health (NIOSH) to further orient the Working Group leadership to those specifics of effective health risk communication plan development. This event was followed by ongoing consultation by these DHHS experts to the Clinical Working Group as it has worked to develop its plan. In addition, following the April workshop, VA established a veterans' advisory panel as a subcommittee of VA's Persian Gulf Expert Scientific Committee. This veterans' advisory panel, representative of the larger veteran community, has also been an active partner in the development of this health risk communications approach to Gulf War veterans.

In its earlier report, the PAC had also recommended that a Presidential Review Directive (PRD) be issued to the NSTC to develop an interagency strategic plan to address health preparedness for, and readjustment of veterans and their families after future military conflicts and peacekeeping missions. PRD NSTC-5 was subsequently issued April 21, 1997. The Office of Science and Technology Policy (OSTP) was assigned to coordinate the development of the initial draft strategic plan. As part of this PRD process, an interdepartmental PRD Task Force on Health Risk Communications, chaired by DHHS, was charged by OSTP to develop a health risk communications strategic plan for future peacekeeping missions and military deployments. A draft of this PRD plan was delivered December 16, 1997 to OSTP. The OSTP will then submit a combined strategic plan for future deployments for review by the National Science and

Technology Council (NSTC) and for comment by the President's Advisory Council on Science and Technology (PCAST). The comprehensive review of this strategic plan by the NSTC is scheduled for completion in April 1998. The PCAST will be asked to provide periodic future reviews of this overall strategic planning process to ensure relevancy to future conflict and peacekeeping mission realities.

MEDICAL AND CLINICAL ISSUES RECOMMENDATION

Recommendation: VA and DoD should move promptly toward full implementation of the Committee's previous recommendations on medical and clinical issues -- especially those focused on follow-up care and staffing matters at VA facilities. VA should incorporate Gulf War veterans into its case management system as rapidly as possible.

Response: A detailed list of responses and actions to each recommendation, including medical and clinical issues, is in the PGVCB's action plan. The action plan will track the status of each Department's actions, provide interim steps, and establish completion dates for each recommendation.

VA has a new case management initiative aimed at improving services to veterans with complex medical problems. The VA recognizes that Gulf War veterans with complex medical conditions may require frequent medical follow-up by their primary care teams and various other subspecialty health care providers. A more holistic case management approach to coordinate health care services for Gulf War veterans with complex and difficult to manage conditions may improve both treatment effectiveness and patient satisfaction. The case management concept has already been implemented for Gulf War veterans at nearly 20 VA medical centers.

During 1998,VA will fully implement case management practices nationwide for veterans with complex conditions who are enrolled in primary care clinics. Performance measures have been developed for VA managers to ensure timely and effective implementation of this program. Staffing matters will be reviewed as part of this new initiative. VA's goal is that case management will become the norm throughout the VA health care system for veterans with complex medical conditions, including Gulf War veterans.

Improving the ability to transfer health information between the VA and DoD was an issue raised by the PAC. Through a joint DoD/VA Executive committee, a number of initiatives are underway. One is to set up procedures for the transfer of a wide range of health information, regardless of whether or not the respective data systems are compatible. A second initiative is to agree upon common physical examination criteria which can be used for both the DoD discharge examination and as a VA compensation examination. The third is to jointly develop a computerized patient record system that would be used by both departments.

MEDICAL SURVEILLANCE RECOMMENDATION

Recommendation: DoD and the Joint Chiefs of Staff, especially, should place a higher priority on addressing pre- and post-deployment medical surveillance. In particular, these entities should focus on ensuring field commanders are familiar with and implement thoroughly the medical surveillance directive. There is no way to compensate fully for our lack of good health assessment data of U.S. troops prior to and immediately after the Gulf War, but service members participating in future deployments and health care providers should not have to face the same inadequacies.

Response: At the direction of the President, an aggressive, unified force health protection strategy to protect service members from health hazards associated with military service is being pursued by the Secretary of Defense, the Joint Chiefs of Staff and the Services. Significant progress has been made since the Gulf War to mitigate risks inherent in military deployments. The military leadership is actively involved in this dynamic process. There is clear recognition of the importance of protecting service members in every operation and throughout their military service.

The Joint Staff has developed an overarching framework for institutionalizing force health protection that will ensure maximum protection into the next century. Force health protection is the uppermost principle embedded in this strategy. It builds on lessons learned since the Gulf War, as well as the tenets contained in the National Military Strategy and the Chairman's Joint Vision 2010.

As part of the DoD's new health surveillance initiatives, pre-deployment medical activities for Operation Joint Endeavor (Bosnia) included comprehensive health screening, the collection and storage of serum samples from deploying service members, and extensive education to highlight health risks and preventive measures. Commanders, assisted by the medical community, will ensure accurate record keeping of health-related events before and during deployments. Post-deployment medical activities have included complete health screenings and serum collection prior to leaving theater or within 30 days of return to the service member's parent unit. Effective surveillance will help both DoD and VA provide better care for our service members and veterans in the future. Operation Joint Endeavor displays the success that can result from strong support for force health protection and health surveillance during deployments. The non-battle disease and injury rate for U.S. forces deployed to Bosnia has been the lowest in history—76 cases per 1,000 service members per year.

One promising technology being developed to assist in medical record keeping during deployments is Personal Information Carrier (PIC). The PIC is a small, rugged, tag-like device intended to store an individual's medical status and history, to include medical documents, X-rays, and vaccination records. The PIC will be carried by service members and updated by medical personnel using portable computers whenever the service member is examined or treated. The PIC will be only one aspect of a full electronic theater medical record system. PIC information will be transmitted to consolidated databases to ensure that medical information is

not lost if the PIC is lost or damaged. The military Services, under the auspices of the Assistant Secretary of Defense for Health Affairs, are developing the concept of use and determining the specific information to be contained in the PIC. Those requirements will be established by the end of January 1998. Operational testing of the PIC will be conducted during 1998 with deployment of the device beginning in fiscal year 1999.

USE OF INVESTIGATIONAL PRODUCTS RECOMMENDATION (STATUS OF THE INTERIM FINAL RULE ON THE WAIVER OF INFORMED CONSENT)

Recommendation: DHHS should ensure that FDA places a high priority on resolving the issues raised by the Interim Final Rule (IFR) on waiver of informed consent for the use of investigational products during military exigencies. Although FDA notes this matter raises several complex issues, the agency routinely handles many sensitive and difficult areas with due diligence and timeliness. FDA should finalize or revoke the Interim Final Rule not later than September 30, 1998.

Response: DHHS and DoD will explore viable options to allow access to products which may provide protection to military personnel during military exigencies. The Food and Drug Administration (FDA) will resolve the issues associated with the Interim Final Rule on waiver of informed consent for the use of investigational products during military exigencies no later than September 30, 1998. FDA will include its planned activities to meet this deadline in the January 1998 consolidated action plan. On July 31, 1997, FDA published a request for comments on this issue in the Federal Register. Building on the comments received and in response to the PAC's recommendation, FDA plans to publish two proposed rules simultaneously. The first will address the interim final rule that permitted waiver of informed consent. The second will propose criteria for the kind of evidence needed to demonstrate the effectiveness of drug and biological products used to treat or prevent the toxicity of potentially devastating chemical or biological substances when effectiveness studies in humans are not feasible.

In order to minimize the need to use investigational products during military exigencies, DoD and FDA are forming a working group for the purpose of assisting DoD in its drug development efforts related to these products. DoD has agreed to identify those products that may provide protection to military members, develop appropriate drug development plans for each product and establish a time frame for completion.

USE OF INVESTIGATIONAL PRODUCTS RECOMMENDATION (MEDICAL RECORD KEEPING AND USE OF INVESTIGATIONAL PRODUCTS DURING DEPLOYMENT)

Recommendation: DoD should seek an independent evaluation of policies and practices concerning the use of investigational products during deployments, as well as the concepts and practices of obtaining informed consent from U.S. troops and the role of troops as human research subjects, given the nature and structure of military service. Such assessment could be sought from the President's National Bioethics Advisory Commission.

Response: DoD will seek an assessment from the President's National Bioethics Advisory Commission (NBAC), or other appropriate independent body. DoD will continue to work with the NBAC, DHHS, and other federal agencies on this issue. With respect to investigational products, two points are not specifically addressed in the Special Report. First, DoD's use in a combat setting or peacekeeping mission of drugs not approved for marketing is not done for research purposes. It is done for force protection. Depending on the nature and degree of the threat, operational impacts, the best interests of the personnel affected, and other factors, such a medical force protection measure may be voluntary or, if FDA approves DoD's request for a waiver of informed consent, mandatory. Second, DoD believes that it has demonstrated substantial capabilities in using drugs and vaccines, including investigational products, in Bosnia and other recent deployments. However, DoD recognizes that there has been a number of implementation mistakes. DoD is now completing action to correct what it believes is the most noteworthy of the record keeping errors by adding the proper vaccination record entries to the permanent medical records of military personnel. In addition, force health protection initiatives, including better records systems, are expected by DoD to further enhance its capability to use "investigational" products during deployments.

RESEARCH RECOMMENDATION

Recommendation: All research on Gulf War illnesses that is funded by the government should be subjected to external competition and independent peer review. Circumventing peer review of research proposals undercuts credibility. Respect for the peer review process is necessary to ensure that the highest quality science is funded; in this era of limited fiscal resources, it is even more critical that monies are marshaled wisely to fund the most meritorious proposals. If and when new funds can be identified as available for redirection to scientific and clinical research on Gulf War veterans' illnesses, such monies should be used to fund those projects identified as having been meritorious but that initially did not receive funding due to insufficient funds, or to fund projects via a new competition and peer review.

Response: In its past activities, the Research Working Group has strongly supported the principles of scientific peer-review and competition, and will continue to do so in the future. In order to understand better the potential health consequences of Gulf War service, a carefully designed and well-executed research program is necessary. VA, DoD and DHHS have developed a *Working Plan for Research on Persian Gulf Veterans' Illnesses* (revised November 1996), with periodic updates. Under the auspices of the PGVCB's Research Working Group, the federal government has developed a structured research portfolio to address the currently recognized, highest priority medical and scientific issues. More than 100 research projects are at various stages of completion.

The approach the RWG has taken for federal government-funded research by non- governmental agencies (extramural research) is to work collectively with VA, DoD, and DHHS to establish research needs and identify agency-specific funding mechanisms to support that research. For a specific research funding activity, the responsible funding agency works with the RWG to

develop a targeted solicitation for research. Proposals that are submitted to the funding agency in response to a solicitation are scientifically peer-reviewed using agency-specific peer review programs (e.g., DoD uses a contract with the American Institute of Biological Sciences). Abstracts of peer-reviewed proposals, the written reviews of the peer-reviewers, and the scientific merit scores are then given secondary review by the RWG for relevance. These determinations are guided by programmatic needs articulated through the RWG process and reflected in its *Working Plan.* In its secondary review the RWG may re-rank proposals based on relevance, but non-meritorious proposals will not be recommended for funding. In the past, DoD has made rare exceptions to the RWG process in order to be responsive to pressing demands for research. DoD concurs with the PAC that only scientifically reviewed proposals judged to be of merit should be funded.

Many federal agencies have in-house (intramural research) programs for highly targeted research conducted by research scientists within the agency. VA's intramural research programs are structured and managed like the extramural programs. VA intramural scientists must submit proposals for competitive peer-review prior to funding. For example, the VA Medical Research Merit Review Program funds only 20-30 per cent of meritorious projects in any funding cycle. DoD's intramural research programs are generally managed through a system of specialized laboratories in which DoD scientists conduct research. These programs are very important because they often represent unique scientific expertise not commonly found outside of federal laboratories and they also have the capability to respond rapidly to highly pressing research needs. Though these programs do not compete for their funding in the same way as non-federal extramural scientists and VA scientists do, the RWG works with member agencies to ensure that these programs and projects are adequately peer-reviewed.

The RWG, in coordination with VA, DoD, and DHHS, will continue to work diligently to foster the highest standards of competition and peer-review for all research on Gulf War veterans' illnesses.

OVERSIGHT OF CHEMICAL AND BIOLOGICAL WEAPONS INVESTIGATIONS

TECHNOLOGIES RECOMMENDATION

Recommendation: The Secretary of Defense and the Joint Chiefs of Staff should move swiftly and conscientiously to address the past and current technological limitations of U.S. CW agent detectors, so that new projects can afford U.S. troops an appropriate degree of protection. To specifically address the development of detectors for low-level, sub-clinical exposures to CW agents, DoD should establish a panel that includes experts from the private sector and other agencies, including the Environmental Protection Agency and National Institute of Standards and Technology (NIST).

Response: DoD concurs with the PAC's recommendation to pursue technological improvements for chemical warfare (CW) agent detection. Since the Gulf War, the Services have approved production of the Automatic Chemical Agent Detector and Alarm (ACADA),

which will provide improved detection capabilities, to include detection of mustard agent. Future developmental programs are striving to lower detection limits and increase the range of agents the detector can detect.

Currently, DoD developmental efforts take advantage of extensive industry and other governmental agency partnering to identify potential technologies. DoD believes that an additional panel on this subject is not needed at this time.

DOCTRINE RECOMMENDATION (LOW-LEVEL EXPOSURE TO CHEMICAL WARFARE AGENTS)

Recommendation: DoD should immediately begin developing doctrine that specifically addresses possible low-level, sub-clinical exposure to CW agents. Special consideration should be given to doctrine that establishes requirements for preventing, monitoring, recording, reporting, and assessing possible low-level CW agent exposure incidents.

Response: The concerns surrounding Gulf War veterans' illnesses have inspired much discussion on what materiel and doctrinal changes the Services must make with respect to CW agents. Current detection programs continue to face serious trade-off decisions on detection sensitivity, range of agents, and rapid response while retaining battlefield utility. Low-level chemical agent exposure monitoring presents the toughest technological challenges. For example, available low-level technologies used by industry to monitor low-level exposures do not currently provide transferable processes for military use. The current scientific literature does not support that low-level CW agent exposure results in chronic adverse health effects. For the future, DoD will develop low-level CW agent detection capability as necessary to provide the best possible protection for service men and women.

DoD is actively working on this doctrinal issue and there are several on-going studies and initiatives. A review of Joint Pub 4-02, "Doctrine for Health Service Support in Joint Operations," will ensure appropriate force medical protection guidance for theater commanders. This doctrinal review, along with medical guidance found in theater operational plans, will allow maximum identification of medical hazards and recommended countermeasures. DoD does not intend to change doctrine with respect to low-level chemical exposure until there is a proven medical reason to necessitate a change.

INVESTIGATIONS RECOMMENDATION (EXPOSURE MODELING OF KHAMISIYAH PIT DEMOLITION)

Recommendation: DoD should identify all individuals within a 300-mile radius from the Khamisiyah pit and conduct an additional complementary notification. In addition to the current effort, individuals who were in the Khamisiyah vicinity, but not under the plume, also deserve to hear from the government.

Response: DoD reviewed this recommendation with its department's and nationally recognized risk communication experts and determined that expanding notification to many thousands of veterans who, based on current modeling, were not involved in the Khamisiyah exposure, and not otherwise concerned, is not necessary. As soon as DoD became aware of the Khamisiyah pit demolition, it conducted a very extensive and highly technical modeling process. Based on a high degree of confidence in the results of the model, DoD notified the appropriate personnel. As its location database is refined, DoD will identify and notify additional veterans as appropriate.

INVESTIGATIONS RECOMMENDATION (BIAS IN FACT FINDING AND ANALYSIS)

Recommendation: The White House should develop a plan to ensure Gulf War veterans and the public have access to and can be represented in future deliberations about possible CBW agent exposures. To ensure full public accountability and reinforce the commitment to an independent review, an entity other than DoD should perform any oversight.

Response: DoD strongly agrees with continued full public access to its deliberations about possible CBW [chemical and biological warfare] agent exposure. DoD will continue to maintain an open investigative process to ensure that veterans and the public have access to all unclassified information regarding possible CBW agent exposure during the Gulf War. In fact, all source material for DoD investigative narratives is provided in full on DoD's GulfLINK internet website so that the public can review the material, provide additional input and make their own assessments and conclusions. DoD welcomes an independent oversight board appointed by the President to oversee the remaining investigations.

INVESTIGATIONS RECOMMENDATION (OBJECTIVE STANDARDS)

Recommendation: Future investigations of possible chemical warfare agent exposures should adopt an objective standard against which all case investigations and all elements within a particular case--e.g., type(s) of detectors, eyewitness reports, secondary reference in an operational log; intelligence-are held to scrutiny. When evidence is indeterminate or ambiguous, the government's interpretation of, or decision-making related to, the element or investigation should weigh in favor of a presumption that ensures veterans' access to information and/or benefits.

Response: DoD agrees with the importance of performing impartial and evenhanded investigations with a standard approach for all cases. Consequently, DoD has developed a methodology to carefully consider a full range of evidence, including eyewitness reports, operational logs, intelligence, and other obtainable data. This methodology is designed to provide a thorough, investigative process to define the circumstances of each incident and determine what happened. DoD's investigative methodology is based on international protocols for chemical incidents. On several occasions, this methodology was briefed to, and input solicited from, both veterans and military service organizations.

To substantiate the circumstances surrounding an incident, the investigator searches for documentation from operational, intelligence, and environmental logs. This focuses the investigation on a specific time, date, and location, clarifies the conditions under which the incident occurred, and determines whether there is "hard" evidence to verify anecdotal reports. Additionally, the investigator looks for physical evidence that might indicate if chemical agents were present in the vicinity of the incident, including samples (or the results of analyses of samples) collected at the time of the incident.

The investigator searches the medical records to determine if personnel were injured as a result of the incident. Deaths, injuries, sicknesses, etc. near the time and location of an incident may be telling. Medical experts provide information about alleged chemical casualties.

Interviews with individuals involved, or eyewitnesses, are conducted. First-hand witnesses provide valuable insight into the conditions surrounding the incident and the mind-set of the personnel involved, and are particularly important if physical evidence is lacking. Nuclear, biological and chemical (NBC) officers or personnel trained in chemical and biological testing, confirmation, and reporting are interviewed to identify the unit's response, the tests that were conducted, the injuries sustained, and the reports submitted. Commanders are contacted to ascertain what they knew, what decisions they made concerning the events surrounding the incident, and their assessment of the incident. Where appropriate, subject matter experts also provide opinions on the capabilities, limitations, and operation of technical equipment, and submit their evaluations of selected topics of interest.

Additionally, the investigator contacts agencies and organizations that may be able to provide additional clarifying information about the case. These would include, but not be limited to: intelligence agencies that might be able to provide insight into events leading to the event, imagery of the area of the incident, and assessments of factors affecting the case; and the DoD and VA clinical registries, which may provide data about the medical condition of personnel involved in the incident.

Based upon the evidence collected, the investigator (not the government) makes an assessment for each case narrative, and provides the sources of his/her investigation to allow any other reader to make their own assessment. This assessment is dependent upon the available data, not any presumptions, preconceptions, or pre-judgements, and is not related to any determination of benefits.

DoD strongly agrees with the PAC that the welfare of our Gulf War veterans should be paramount and fully supports the need for the veteran's access to medical treatment, information and/or benefits.

CREDIBILITY AND COMMITMENT

Final Recommendation: The White House and VA should work with Congress to establish a permanent, statutory program for Gulf War veterans' illnesses. The Committee envisions

legislation that directs VA to contract with an organization with the appropriate scientific expertise--e.g., the National Academy of Sciences--for a periodic review, for benefits and future research purposes, of the available scientific evidence regarding associations between illnesses and Gulf War service. The object of such an analysis would be to determine statistical association between service in the Gulf War and morbidity and mortality, while also considering whether a plausible biological mechanism exists, whether research results are capable of replication and of clinical significance, and whether the data withstand peer review. Based on the external evaluation, the Secretary of Veterans Affairs would make a presumption of service connection for positive associations or publish reasons for not doing so. We believe specific details of such a program-e.g., risk factors exposure; the timing, and length, and location of an individual's service; frequency of the scientific review-are best left to the department and legislators.

Response: VA supports this PAC recommendation. Ill Gulf War veterans deserve to know what happened to them in the Gulf and how the government is going to help them. VA has been working proactively with the Veterans Service Organizations, Congress and the NAS to establish a program to address the health concerns of Gulf War veterans. This program will provide for an independent review of the scientific literature by the NAS, and it will be tasked to determine whether a statistically significant and biologically plausible association exists between Gulf War service and illnesses suffered by veterans. Based on this advice, the Secretary of Veterans Affairs will take appropriate action on behalf of Gulf War veterans' health care and benefits. The VA believes that this permanent program is the optimal mechanism to ensure that the best scientific minds are brought to bear on the complex array of Gulf War veterans' health problems and that a consistent, continuous and equitable effort is sustained. This program, in addition to the existing health care, research, and compensation programs, will provide ill Gulf War veterans with the services they deserve.