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

August 30, 1996

MEMORANDUM TO KITTY HIGGINS
SANDY BERGER
MELANNE VERVEER

FROM: JACK GIBBONS

SUBJECT: Principals Meeting on the Gulf War Veterans' Illnesses Issue

The enclosed material is background information for the meeting on Tuesday, September 3, 1996 at 12:30 p.m. in Room 436. Feel free to invite your staff to the meeting if you wish. If you have any questions, please call Vicki Spears (6-6003) or Cliff Gabriel (6-6130).

cc: Cliff Gabriel
Elisa Harris
Anne McGuire
Jim Seaton
Julia Moffett

GULF WAR ILLNESSES

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WORKING DRAFT: DO NOT CITE, QUOTE, REPRODUCE, OR CIRCULATE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

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"].

...addam said Iraqi ...mplete their withdrawal ... U.S.-protected Kurdish city ...cked on Saturday in a mission designed to dislodge anti-Baghdad Kurdish forces in favor of a group loyal to Saddam.

Clinton said this morning there were no signs of a withdrawal, and Kurds in the area said attacks persisted today. But Tariq Aziz, Iraq's deputy prime minister, told Cable News Network today from Baghdad that it was "totally baseless" to claim that Iraqi troops were still in Irbil.

Hours after the U.S. missile assault, Saddam appeared on national television to announce that he would no longer honor ... space. U.S., ... French warplanes fly dozens of missions over southern and northern Iraq every day to enforce the "no-fly zones."

"Fight, resist these aggressors and teach them a new unforgettable lesson," Saddam said.

U.S. Gen. Joseph Ralston dismissed Saddam's claim that Iraqi air defenses shot down most of the missiles.

In this morning's attack, two Navy ships in the Persian Gulf and two U.S. Air Force B-52 bombers fired 27 cruise missiles at southern Iraqi air defense targets below the 32nd parallel, U.S. military

Continued on Back Page

■ **Did Saddam get the message? 7A.**

8-day gap shows gulf cover-up, veterans charge

BIRMINGHAM, Ala. (AP) — Persian Gulf War military logs omit eight days when troops destroyed a cache of Iraqi chemical weapons that the Pentagon only recently acknowledged existed, a newspaper reports.

Gulfwatch, a watchdog group of gulf veterans, called the omission further evidence of a military cover-up of Gulf War syndrome, an unexplained ailment many veterans claim they contracted during the war.

The logs, provided to the Birmingham News, were compiled for Gen. Norman Schwarzkopf to assess on a regular basis the threat of chemical weapons in the 1991 war.

Entries are missing for March 4-11, the week troops and engineers spent examining the Kamisiyah ammunition depot and blowing it up, the News reported Sunday.

The logs were acquired by Gulfwatch under the Freedom of Information Act.

Some military information can be withheld from such releases for reasons of national security and privacy, although the

Continued on Back Page

INSIDE

Volume 158, Number 70

WEATHER
Partly sunny, warm, humid, perhaps t-storm. High 84, low 64. Details on Page 10A.

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...on to the ...and varied. ...ined the bomb- ... said could send events in the region spiraling "out of control." China urged both sides to show restraint. Germany, Britain and Japan praised the U.S. strikes.

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Gulf

■ Continued from Page 1A

Pentagon did not say if this was the case with the March 4-11 gap.

"That's the time Kamisiyah was done in," Gulfwatch's Jim Brown said. "All that critical information is missing."

The Pentagon acknowledged last week it has known since November 1991 that chemical weapons such as nerve gas were stored at the depot. But it claims it had no idea U.S. troops were involved in the depot's destruction.

Pentagon spokesman Maj. Bruce Fitch said Monday that no one could comment on the log gap until today.

The logs detail chemical, biological and nuclear weapon threats during the 1991 conflict and were kept for Schwarzkopf at his Riyadh, Saudi Arabia, headquarters.

Several gaps exist in the 36 pages of logs that were declassified and turned over to Gulfwatch.

An estimated 150 troops arrived at the Kamisiyah depot on March 4 to assess its contents and what it would take to destroy it, Brown said.

The 37th Engineer Battalion blew up the depot March 9, 1991. Veterans of the incident have testified the fallout from the explosion lasted days.

Many of the battalion members have developed debilitating illnesses, including infections, which they believe may be linked to their exposure to chemical weapons.

Some of those troops said they were told at the time not to don full protective gear, despite a chemical officer's warning that his tests detected the nerve gas sarin at the site.

The chemical officer, Dan Tipulski, told "60 Minutes" he ignored a commander's order not to put on protective suits and wore his anyway, and he is the only man in his unit who is not ill.

Brown claims more than 20,000 veterans returned home suffering from ailments such as aching joints, fatigue and memory loss. Many believe they were sickened by exposure to low levels of chemical warfare agents released when Iraqi ammunition stockpiles were destroyed.

Weyauwega tries to forget

WEYAUWEGA(AP) — Marie Bartel never really noticed the ...whistle until a day six months ... permanently etched in the air and threatening an explosion that could level the town.

Everyone within a two-mile radius was evacuated, but no one ...alized the farming ...

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Draft

EOP Gulf War Illnesses Working Group
September 3, 1996

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Divider Title: A

DRAFT

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FAX TRANSMITTAL # of pages ▸ 13

To Cliff Gabriel From Seileen Mullen

Dept./Agency OSTP Phone #

Fax # Dr J's testimony! Fax

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

Presidential Advisory Committee on Gulf War Veterans' Illnesses

Committee Meeting

Statement By

Stephen C. Joseph, M.D., M.P.H.

Assistant Secretary of Defense for Health Affairs

September 5, 1996

Loews L'Enfant Plaza Hotel

Washington, D. C.

Stephen C. Joseph

DRAFT

PAC 9/5/96

Madam Chairman, Distinguished Committee Members, on behalf of Deputy Secretary of Defense White and the Department of Defense, I thank you for this opportunity to offer a current assessment of the many programs and initiatives underway for our Persian Gulf veterans. President Clinton promised that we would take care of the veterans who believe their Gulf War experience has resulted in a degradation of their health, and that this Administration would put its resources to work in an effort to find explanations for these illnesses.

Your Committee has scrutinized every aspect of our comprehensive programs and made valuable recommendations for enhancing our efforts. From your independent vantage point you have had the ability to bring to the table the vast array of concerns and interests populating the Persian Gulf Illnesses equation: Gulf War veterans, their families, physicians, researchers, investigators, and Administration officials. Your mission is a most important one.

My comments today will address the actions DoD has taken to fulfill the President's commitments to care for our Persian Gulf veterans, and to find answers to the causes of their health problems. Additionally, I want to leave with you, via several attachments to my written statement, a formal status report on our actions in specific response to each of the recommendations in the Committee's interim report.

Comprehensive Clinical Evaluation Program.

Our most immediate concern has been to help those Gulf War veterans who are sick to regain their health. With that as the primary goal, and with strong support from the Secretary of Defense, on May 11, 1994, I announced a three-point plan to address these clinical concerns of Gulf War veterans. The plan included an aggressive, comprehensive, clinical diagnostic program offering thorough, systematic examinations and health care to service members who served during the Gulf War and had concerns about possible health consequences of that service. The DoD leadership joined the effort to reach out to the service members and to encourage them to participate in the Comprehensive Clinical Evaluation Program. Also included was an independent evaluation, by an individual with recognized credentials in the field of epidemiology and infectious diseases, of the Department's existing and proposed plans pertaining to Persian Gulf Illnesses and to recommend, as appropriate, additional epidemiological studies. Finally, the plan called for a forum of national medical and public health experts to advise the Department and to offer a channel for broader public comment and suggestions.

The independent evaluation was conducted by Dr. Harrison Spencer, then Dean of Tulane School of Public Health and Tropical Medicine. Doctor Spencer recommended that DoD continue with the comprehensive diagnostic program, that we estimate the frequency of unexplained illnesses among different groups that had been reported, that care not be dependent upon establishment of a case definition, that we consider testing for clustering of reported symptoms in time and space, and that the Department develop a strategy to manage similar situations in the future. Each of Doctor Spencer's recommendations has been undertaken.

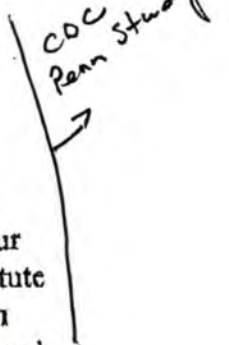
The Institute of Medicine assisted the Department in accomplishing the third part of the plan by establishing an advisory committee composed of ten clinical experts in such fields as internal medicine, infectious diseases, allergy and rheumatology. This committee assisted in the interpretation of the clinical findings from the comprehensive diagnostic examinations of the CCEP and advised on other clinical studies that the Department should pursue.

To date, through the CCEP we have extensively examined, cared for and reported on over 21,000 individuals. For the record, though you have received it previously, I will submit our latest, April 2, 1996, report of findings from our analysis of CCEP information.

CCEP participants report a wide variety of symptoms spanning multiple organ systems in no consistent, clinically apparent pattern. Symptoms such as fatigue, joint pain, headache, or sleep disturbances are common. The distribution of primary diagnoses spans many different organ systems. However over half (65 percent) of the primary diagnoses are concentrated in four diagnostic groups: "psychological conditions;" "symptoms, signs, and ill-defined conditions;" "musculoskeletal and connective tissue diseases;" and "healthy." Further, more detailed discussion of these findings from our evaluations thus far are in the April 2, 1996, CCEP Report, which is attached. Let there be no doubt that the Gulf War veterans who have participated in the CCEP are experiencing real symptoms and illnesses with real consequences.

The types of conditions identified appear similar to those seen in the few existing published studies of general ambulatory populations. However, formal research involving appropriate comparison populations is necessary to determine the degree to which certain kinds of symptoms or diagnoses may, or may not, be more common among Gulf War veterans. The Department has that research underway. Further, the CCEP database is now available to scientists interested in conducting additional analyses. To gain access to the database, scientists first submit their institutionally approved protocol to my office. This may be done electronically via the Internet. Guidance on how to accomplish this is on the Health Affairs Homepage on the Internet. Once clearance has been granted, the database will be made available.

The CCEP clinical experience to date reveals no evidence for a single, unique illness or syndrome representing a "Gulf War Syndrome." A unique illness or syndrome among Persian Gulf veterans evaluated through the CCEP, capable of causing serious impairment in a high proportion of veterans at risk, would probably be detectable in the population of over 20,000 evaluated. However, an unknown illness or a syndrome that was mild or affected only a small proportion of veterans at risk might not be detectable in a case series, no matter how large. Our findings in this regard closely parallel reviews by the National Institutes of Health and the Institute of Medicine. These findings, however, do not mean that our job is done. As President Clinton has vowed to leave no stone unturned in the search for answers to our Persian Gulf War veterans' health concerns, we are committed to providing quality, compassionate care to service members who are Persian Gulf veterans and to their families, and to conducting the research to gain greater understanding of these issues.



The CCEP protocol and process represents a new and innovative system to evaluate the health status of service members who participate in operational deployments, such as in Bosnia

and others in the future. Modification of the program will allow us to administer health questionnaires and conduct medical examinations of groups of deployed personnel, and collect the information through an automated process for entry into a centralized database for subsequent analysis and interpretation.

Persian Gulf Illnesses Research.

Quality scientific investigation, in parallel with our clinical program, broadens our efforts toward a more complete understanding of the health issues related to service in the Persian Gulf War. The Department's research efforts are proceeding at an extraordinarily rapid pace with unparalleled openness and breadth of evaluation. Having said that, I want to underscore what we all know: that quality scientific investigation is deliberate and does take time. We cannot hurry science. It is important to note that DoD's research program is conducted with extensive collaboration among the Departments of Veterans Affairs and Health and Human Services. This collaboration extends to scientists from the civilian research community, to state and other federal scientists, as well as to respected international scientists from our Coalition partners and allies. A listing of research being conducted is attached.

The Departments of Defense, Veterans Affairs, and Health and Human Services, through the Persian Gulf Veterans' Coordinating Board, have established a comprehensive research program concerning Persian Gulf illnesses. This research is complex, involving multiple approaches and outcomes. Although each Department has its own distinct capability and capacity for conducting formal scientific medical research, the three Departments have developed an integrated research approach. The objective is to coordinate all federally-sponsored research in a way that relevant research issues are specifically targeted and at the same time, unnecessary duplication is avoided. The Coordinating Board has produced the document entitled "A Working Plan For Research on Persian Gulf Veterans' Illnesses," which is attached to my written statement. This Working Plan details relevant research questions, catalogues research projects that address these questions, and provides some initial findings. Through the continued implementation of the Working Plan, in combination with our clinical program, we are confident that reliable answers to the concerns of Persian Gulf veterans will be found.

While the Working Plan lists all of the research projects associated with Persian Gulf health issues, I'd like to highlight the work that is underway at the Naval Health Research Center. This Center been tasked to conduct epidemiologic studies to help identify any relationship between service in the Persian Gulf War and any health outcomes. These studies are being conducted by scientists from the military services, the Departments of Veterans Affairs and Health and Human Services, as well as from the civilian sector. A total of seven major studies are currently underway, each of these studies contain appropriate comparison groups. The studies are divided into three key research areas:

1) Epidemiologic evaluation of symptoms reported by Navy Construction Workers (Seabees).

2) Hospitalizations of Gulf War veterans compared to non-deployed veterans.

3) Reproductive outcomes for Gulf War veterans compared to Gulf War era veterans.

Some initial results were presented at the American Public Health Association's annual meeting last year. Equally important, the researchers are preparing manuscripts for publication in scientific journals.

Since the end of the Persian Gulf War and the first reports of health problems from Persian Gulf War veterans, the federal government has acted to ensure that veterans have access to medical care, can pursue appropriate channels for compensation, and are informed of the various programs and activities available through the DoD and DVA. Parallel to these programs, solid medical research was required to address the important health issues. With the Departments of VA and HHS, we have looked to the private sector for the conduct of additional research. In that regard, the Department published a solicitation, seeking scientific proposals to conduct epidemiologic studies to determine the nature and scope of illnesses, to evaluate the health effects of pyridostigmine bromide, and to perform clinical and other research. The request for proposals resulted in the submission of 111 scientific proposals from scientists around the world. Each proposal was peer-reviewed by independent content experts and scored for scientific merit, relevance to Gulf War veterans, and programmatic considerations. From the 111 submissions, the Departments of Defense, Veterans Affairs, and Health & Human Services selected 12 research studies at a cost of more than $7M. In addition to this comprehensive portfolio of studies, DoD and VA are investing an additional $5M to fund peer-reviewed basic research, as well as applied research pertaining to the possible chronic health effects of sub-clinical exposure to chemical warfare agents. As research findings become available and new information is obtained the Department will continue to maintain the ability to respond to legitimate health issues with quality scientific investigation.

Senior Level Oversight Panel

With the clinical and research programs well underway, we determined that still more needed to be done to gain an accurate assessment of what transpired during the course of the Persian Gulf War. To that end, a Senior Level Oversight Panel, chaired by the Deputy Secretary of Defense, was established in March 1995. This Panel meets at the call of the Deputy Secretary of Defense several times a year to carry out its three primary tasks, which are ensuring sufficient resources -- people and money -- to accomplish all of the initiatives taken by DoD to address Persian Gulf Illnesses; guiding and directing the Departmental components as they implement their Persian Gulf initiatives; and, assessing the results of the Department's effort to understand the health consequences of service in the Persian Gulf War.

Panel members include: the Under Secretary of the Army, the Principal Assistant to the Secretary of Defense for Atomic Energy; the Director of the Defense Intelligence Agency; the Deputy Assistant Secretary of Defense for Intelligence and Security; the Deputy Director for Current Operations from the Joint Chiefs of Staff; and myself as the Assistant Secretary of Defense for Health Affairs.

The Panel oversees the actions of the Comprehensive Clinical Evaluation Program, research pertaining to Persian Gulf Illnesses, Investigation Team activities, the on-going

declassification effort, and the Department's effort to place in the public domain information regarding health consequences of service in the Gulf War.

Persian Gulf War Veterans' Illnesses Investigation Team (PGIT)

The Deputy Secretary of Defense established the Persian Gulf War Veterans' Illnesses Investigation Team (PGIT) to look for possible causes of illnesses in veterans by evaluating the vast amount of documents from the war, and by investigating specific incidents and theories presented by veterans and others. A toll-free telephone line, 1-800-412-6111, was established to allow veterans to give information on incidents they feel may have affected their health. To date, over 1,100 incidents have been reported, and new information continues to be evaluated. The team is composed of personnel with backgrounds in medicine, scientific research, military operations, military investigation, and military intelligence.

The process of accumulating and declassifying millions of Gulf War documents, which will be mostly completed by the end of December, provides the Investigation Team with unprecedented access to detailed medical, operational and intelligence information. Searching and evaluating and correlating this massive amount of data is tedious and time consuming, but also rewarding. It was this team that is putting together the pieces on the Kamisiyah bunker incident. Such a finding is precisely the reason this team was established. Once learning of the probable presence of chemical agents at Kamisiyah, several steps were concurrently initiated to rapidly assess whether health-related consequences may have occurred among service members who demolished the site. Let me identify not only the steps we took, but also where we are in the process of completing them.

a. Review the clinical records of service members from the involved units (37th Engineer Battalion, 307th Engineer Battalion, 60th EOD Detachment and 71st EOD Detachment) who participated in the CCEP. We have accomplished this step through the efforts of a team of three military physicians and then a team of two independent physicians. There are 46 members from these units who participated in the CCEP. We must now confirm which of these 46 actually participated in the destruction of the bunker.

b. Contact individuals who were assigned to these units to obtain information regarding the Kamisiyah incident and to remind them of the availability of medical evaluations through the CCEP or Department of Veterans Affairs program. This investigative effort is underway, and thus far, over 70 individuals have been contacted telephonically. We believe that this process is producing a substantial amount of first hand information useful to the investigation.

c. Review information regarding DoD hospitalizations since the Persian Gulf War accumulated by the Naval Health Research Center to identify any unusual patterns involving members of these units. As with the clinical records review, preliminary results from first review reveal that there are no unusual hospitalizations. Once we have more information on who in the units were actually at Kamisiyah during the demolition, we will conduct a further review.

d. Conduct preliminary investigations of other sites where there may have been the potential for exposure of U.S. forces to chemical agents. CIA and DIA have identified two additional sites where chemical agents were stored and were destroyed during the war. These two sites were destroyed by aerial bombing. A preliminary investigation reveals that U.S. Forces were not near these sites during the bombing and therefore were not potentially exposed to chemical agents from those sites. Our investigative efforts are continuing.

e. Request the Armed Forces Epidemiology Board (AFEB) to conduct a comprehensive literature review and critique regarding the issue of chronic or delayed health effects resulting from low-level exposures to chemical agents. The Board completed its critical review of scientific, peer-reviewed works, and found virtually no research linking chronic or delayed health effects to prior low-level exposure to chemical agents, in the absence of acute clinical effects. An important aspect of this review is that it focused on scientific, peer-reviewed works. For your information, a copy of the AFEB review is attached to my written statement. As additional studies are brought to our attention, they too will be assessed.

f. Establish as a top priority and fund as quickly as possible expedited peer-reviewed research concerning the subject of potential chronic health effects caused from low-level exposures to chemical agents. Three such research efforts, external to the Department, have been funded for a total of $2.5 million; and a call for proposals has been issued which will fund an additional $2.5 million of research.

The Persian Gulf Investigation Team works closely with the military services, the intelligence community, and other government and non-government agencies to gain a clear understanding of all factors surrounding the incidents and theories presented by the Gulf War veterans. The Investigation Team continues to generate and to receive information on 54 incidents or theories currently under investigation.

To date, we have not identified a causal relationship between any post war illnesses of Gulf War veterans and the incidents or theories under investigation. We, however, have established the need for further investigation and research which may prove beneficial. The Investigation Team has placed the results of case studies, reports and findings on the Internet at the GulfLINK homepage. Eventually findings from all areas of investigation will be posted.

Declassification.

The declassification of health-related documents started in earnest in April 1995. Unlike earlier declassification programs in DoD, our goal is to identify, declassify and release to the public those DoD Gulf War documents that could help explain the illnesses affecting veterans of that conflict and their families.

Medical officers from the Surgeon Generals' offices have estimated that there are about 30,000 pages of medical records from the Gulf War for each of the three services (the Marines are included with the Navy). Four medical professionals have been added to the Air Force Operational Declassification Project in Montgomery, Alabama, and have begun their screening

and review of medical records. The Army and Navy each have two medical experts with their operational declassification teams in Falls Church, Virginia. These individuals are reviewing and sorting medical records in preparation for declassification.

The Army is leading the effort to declassify operational records, which is a more difficult undertaking. There are an estimated 21 million pages of operational records from the Gulf War. This mass has been screened to focus on those records of units that deployed to the Persian Gulf, which totals about 6 million pages. Health-related documents will be declassified and placed on the Internet at the GulfLINK homepage by the target completion date of 31 December 1996.

This operational declassification project includes records from each of the Services, the Central Command and its subordinate and supporting units during the Gulf War, and the Joint Chiefs of Staff. There are 125 people in these organizations who are, or have been, working on this effort. Currently, they are about 70% complete in the search and scanning phase. This is the most time consuming part of the effort because the vast majority of operational records are not digitized. There are about 14,000 pages of health-related operational information presently available to the public on GulfLINK. The Joint Chiefs of Staff and the Central Command have finished their parts, while Army, Navy and Air Force are on schedule to complete their segments by the end of December. As the operational effort progresses, records with imbedded intelligence information are referred to the Defense Intelligence Agency (DIA) for review and declassification of the intelligence data. This means that some of the operational records will not reach GulfLINK until the early part of next year.

The intelligence declassification project includes information from defense intelligence agencies, the Service intelligence organizations, the Central Commands' intelligence units and the CIA. Under the leadership of DIA, a 16-man, interagency team started with about 5 million pages of intelligence information on the Gulf War. Through computer-assisted screening, this was winnowed down to 500,000 pages that were individually reviewed for relevance to possible causes of illnesses among the Gulf War veterans. The result is that some 4,500 pages of health-related intelligence information now resides on GulfLINK, some 3,000 from defense entities and about 1,500 from CIA. About 100-150 intelligence records are still being reviewed and declassified by the originating Service intelligence elements, with completion expected by November 1996. Final completion of the intelligence declassification effort will not occur until all of the referred operational records have been reviewed within the Intelligence Community, probably by the spring of 1997.

Implications for the Future.

The many activities in which the Department has engaged since the end of the Persian Gulf War have indicated that there are initiatives which can be implemented today to ease the difficulties experienced following that war, and to better provide for our service members. Among those initiatives are the Medical Surveillance Program. I want to tell you about this program and in so doing, address additional concerns the Committee has raised.

Medical Surveillance Program

The Department has embarked on an ambitious program to expand our capability to conduct medical surveillance to monitor the health and well being of our men and women in uniform, especially in situations where they deploy to hazardous areas in the interest of national security, as they are presently doing in Bosnia. Medical surveillance involves the ongoing systematic collection, analysis, and interpretation of health data for use in preventing and controlling illnesses and injuries. Today, the Department is in better position to protect the health of the force as a result of progress made in promoting an expanded concept of medical surveillance, and placing strong emphasis on our readiness posture.

A number of "lessons learned" have emerged following Operations Desert Shield/Storm which have provided the impetus for many of our medical surveillance initiatives. The Department takes pride in the fact that the Gulf War was associated with a lower disease and non-battle injury (DNBI) rate than any major conflict in U.S. history. However, our inability to resolve uncertainties regarding long term, chronic health sequellae of veterans is due in part to a deficiency of objective measures of individual health status at the time of deployment and exposure information needed to evaluate potential health risks. These observations are leading to major changes involving health screening, exposure assessment, risk communication, and assessment of health outcomes after deployments. Clearly, essential medical surveillance functions must be continuous and fully integrated throughout pre-, during, and post-deployment phases of military operations.

DoD is in the final stages of coordinating medical surveillance policy, major elements of which have already been implemented in Bosnia. On August 8, 1996, a flag officer executive panel was briefed regarding the surveillance concept and plan. A DoD Directive, Instruction, and Charter are in the final stages of coordination and will be distributed to the field by October, 1996, for implementation. This policy delineates responsibilities of the Office of the Secretary of Defense, the Military Services, Joint Chiefs of Staff, Combatant Commands, and other agencies within the Department. The policy focuses on ways to better define and document the deployed population, their unique exposures, countermeasures used to protect the force, and health outcomes as a result of the deployment. The policy describes an integrated framework for monitoring the physical and psychological health of the deployed force and includes the following major components:

- Establishment of personnel databases which serve as registries of deployed service members
- Development of uniform educational materials which communicate health risks associated with deployment
- Standardized health screening during pre- and post- deployment phases
- Deployment of laboratories with advanced analytic capabilities to assess health hazards and document exposures
- Deployment of preventive medicine teams to assess all aspects of disease and environmental threats; establish geographic-specific medical surveillance systems; investigate disease outbreaks; implement preventive medicine measures; and, document environmental and combat exposures.

- Deployment of combat stress management teams to maintain optimal combat effectiveness, unit morale and cohesion
- Collection of serum from deployed personnel for possible use for diagnostic purposes, and/or epidemiologic purposes
- Psychological screening of personnel post deployment
- Promotion of family advocacy and other related programs to provide assistance to service members upon re-deployment to their home station

The Department's medical surveillance approach will evolve in response to new and emerging health threats and assessment of lessons learned from actual application of surveillance concepts in military operations. A Joint Preventive Medicine Working Group (JPMG) consisting of preventive medicine staff officers from the Services has been formed. This group will reassess preventive medicine policies based on lessons learned during deployments, recommend improvements to the medical surveillance system, and specify requirements for countermeasures. The JPMG will have available at its disposal substantial resources in the fields of preventive medicine and epidemiology from the U.S. Army Center for Health Promotion and Prevention, Walter Reed Army Institute of Research, Naval Environmental Health Center, Naval Health Research Center, Office for Prevention and Health Services Assessment (USAF), and the Epidemiology Division, Armstrong Laboratory.

Bosnia

A very clear example of how these medical surveillance measures are being implemented is our participation in the NATO peacekeeping mission in Bosnia. This mission, while peacekeeping in nature, is fraught with actual and potential dangers to the health and safety of our troops. The environmental health threats to our force in Bosnia range from extreme weather conditions, poor to non-existent public infrastructure such as sanitation, to endemic diseases such as Tickborne Encephalitis, to the presence of innumerable land mines.

Earlier this year, I issued the *Medical Surveillance Plan for U.S. Ground Forces Deploying to Bosnia*. The plan calls for an integrated program to monitor the health of deployed personnel; provide pre-deployment health education; identify and assess occupational, environment and infectious disease health hazards in-theater; and to conduct pre- and post-deployment health screening. It incorporates major elements of the DoD Directive and Instruction regarding Joint Medical Surveillance now being coordinated within the Department.

Elements of our surveillance policy, which we are implementing for the Bosnia deployment, and a few outcomes from these measures include:

- The Defense Manpower Data Center is maintaining a central database consisting of demographic information regarding deployed personnel. This central database will facilitate our identification of individuals for any future epidemiologic survey.

- Health threat assessments were conducted and information about potential heath risks was communicated to deploying troops via standardized briefings and written publications.

- European Command issued specific guidance regarding predeployment health screening requirements. Deploying service members underwent pre-deployment screening to include medical and dental record reviews, DNA collection, and administration of appropriate immunizations. To better evaluate combat stress, a sample of deploying individuals (2-3,000) received a pre-deployment psychological questionnaire, which will be repeated during and following deployment.

- A theater Army medical laboratory has deployed with advanced analytic capability to assist preventive medicine activities in theater. These activities have included monitoring and improving sanitary conditions and controlling vectors, particularly ticks and rodents known to be endemic to the locations in which our forces are situated. More than 1,000 air, water and soil samples have been collected and analyzed, with no apparent health risks from either the soil or water. Air samples have been within the EPA acceptable range, with one exception. In that location the contaminants exceeded EPA guidance, but none were at the observable or measurable effects level. The overall disease and non-battle injury rates have been exceedingly low, and have compared favorably with the 1995 Army-wide admission rates.

- Combat stress control teams have deployed in support of our Forces in Bosnia and Hungary. Combat Stress Control (CSC) Prevention teams working directly with the divisional units operate clinics and provide preventive care. They conduct interviews, classes and critical event debriefings. Recent support has been given to the units providing security for the civilian teams uncovering the atrocity grave sites. The CSC Restoration team, working in support of the 212th Mobile Army Surgical Hospital, provides neuropsychiatric triage and stabilization, and has the capability to provide up to three days of restoration for those troops who become overstressed. The CSC teams deployed to Hungary work closely with our 67th Combat Support Hospital to screen soldiers who are leaving the theater and who are determined to need mental health evaluations. Backfilling the CSC units and personnel usually stationed in Germany are several U.S. Army Reserve CSC companies from the U.S.

- Army issued detailed guidance for conducting redeployment health screening, to be conducted prior to leaving the theater and upon return to home station. While still in theater, service members who have been there for more than 29 days complete a self-administered health screening questionnaire and psychological survey, and serum is collected and shipped to the stateside repository. Less than five percent of those screened (7,811 as of 30 July) have been referred for a medical consultation. The predominant diagnostic categories of these referrals were psychiatry, dermatology and orthopedics.

In summary, The Department's strategy towards developing an integrated medical monitoring program for deployments involves multiple components. Our experience in providing care to Persian Gulf War veterans has provided clinical insight into the types of medical problems

that may arise from the stressful physical environment and psychosocial demands of operational deployments. The deployment to Bosnia is providing an opportunity to field test the feasibility of new concepts regarding pre-, during, and post-deployment medical surveillance activities. In addition, multiple Persian Gulf related research studies are in progress or being planned, the results of which may identify new areas requiring preventive intervention. Research findings will be merged with our clinical and operational experience to further refine medical surveillance programs.

The Department is making significant progress in expanding our capability to assess the health status of personnel prior to deployment, evaluate environmental hazards in a theater of operations, and identify adverse health outcomes which may result from their participation. The surveillance reflects careful consideration of recommendations from a variety of sources including:

Consultation provided by Dr. Harrison C. Spencer
National Institute of Health Technology Assessment Working Group
Defense Science Board, Task Force On Persian Gulf War Health Effects, and
Institute of Medicine, Committee On The DoD Persian Gulf Syndrome

We will continue to work in partnership with the Department of Veterans Affairs in this effort, and incorporate recommendations pertaining to surveillance from organizations such this Committee. I believe our expanded concept of medical surveillance will eventually represent a major achievement in the history of military medicine. While traditionally our focus has been on the prevention of acute conditions which can threaten mission accomplishment in the field - we are now acquiring the capability to recognize and perhaps ultimately prevent risk factors contributing to chronic adverse health outcomes occurring after the conflict ends. As our military forces continue to downsize and the nature of military operations evolve, "force conservation" through medical surveillance will become increasingly important. I can assure you that monitoring and protecting the health of our personnel who participate in operational deployments is one of the highest priorities of the Military Health Services System.

Closing.

Madam Chairman, I have covered a lot of information and in many instances have offered details which respond to the questions you posed in your letter of invitation to be here today. As you know, some actions are still in progress and consequently I do not yet have the definitive answers. Nevertheless, I would like to offer the Committee the information we do have in response to each of your individual queries. That information is included as an attachment to my statement.

In closing, I believe that the Clinton Administration rapidly and effectively turned a non-program for our Persian Gulf veterans into a comprehensive, well-organized, cross-departmental program designed, first and foremost, to take care of our service members. Further, we are committed to pursuing the science and using the investigative tools to find answers to remaining questions.

In taking the many actions just enumerated, this Administration will leave an important legacy to the U.S. Armed Forces: a capability to assess the health status of personnel prior to deployment, to evaluate environmental hazards, both natural and manmade, in a theater of operations, and to identify adverse health outcomes which may be the result of the deployment. Further, these program will foster better working relationships between the DVA, DHHS and DoD which will lead to better health for the men and women of the Armed Forces.

DRAFT

Presidential Advisory Committee on Gulf War Veterans' Illnesses

Testimony -Draft

Philip Lee, M.D.

Assistant Secretary for Health

U.S. Department of Health and Human Services

September 5, 1996

August 12, 1996 , Gulf War Veterans' Illnesses--Draft Testimony

Madam Chair and members of the Committee,

I am Dr. Philip Lee, Assistant Secretary for Health at the U.S. Department of Health and Human Services (HHS) and the Director of the U.S. Public Health Service, which oversees the Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), and the National Institutes of Health (NIH). HHS Secretary Donna Shalala is committed to helping the victims and families of Gulf War illnesses. As you know she testified before this committee last year on our efforts at HHS to identify what these illnesses are, how we can help the victims and their suffering, and what we can do to prevent similar maladies from afflicting veterans in the future.

It is a pleasure to be here today to provide testimony and answer your questions on the HHS activities concerning Gulf War Veterans' Illnesses. To begin with, I would like to introduce my colleagues who will assist in providing the committee with the most complete and updated information available. From the FDA is Deputy Commissioner Mary Pendergast, and from the CDC is Dr. Henry Falk, Director of the Division of Environmental Hazards and Health Effects at the National Center for Environmental Health. I will summarize HHS activities related to Gulf War illnesses and respond to the specific questions you posed.

We in HHS are pleased to be working with the Departments of Veterans' Affairs (VA) and Defense (DOD) in coordinating our research efforts as part of a broad effort at addressing the problems and concerns of Persian Gulf War veterans and their families. HHS, VA, and DOD work through the Persian Gulf Coordinating Board to provide leadership in the conduct of research on Persian Gulf veterans' illnesses.

August 12, 1996 , Gulf War Veterans' Illnesses--Draft Testimony

To begin with, I would like to update the PAC on the two studies on Persian Gulf War veterans funded by the HHS.

CDC Investigation of Persian Gulf War Illness in Pennsylvania

In October 1994, a physician from the Lebanon (PA) Veterans Administration Medical Center reported a cluster of patients in the Pennsylvania Air National Guard 193rd Special Operations Group with fatiguing illness reportedly related to service in the Persian Gulf War (PGW). In November, the Pennsylvania State Health Department, VA, and DOD requested that CDC conduct an independent evaluation of these veterans.

As you may recall, the investigation involved three phases: 1) the veterans were interviewed, examined, and their medical records reviewed to verify and characterize the illness; 2) a survey was conducted of four military populations, who were deployed to the PGW or not deployed, to determine the relative prevalence of symptoms and develop a working case definition; and 3) a study of PGW veterans from the index unit to clinically characterize the illness further and identify risk factors (by examination and laboratory tests).

The findings from this investigation demonstrated an association between deployment to the PGW and a chronic multisymptomatic condition characterized by symptoms such as fatigue, diarrhea, joint pain, nasal or sinus congestion, muscle pain and memory difficulty. Cases were more likely to demonstrate poorer functioning, depression, and post-traumatic stress disorder. However, no consistent abnormalities were found by physical examination, routine laboratory tests or tests for several infectious agents endemic to the Middle-East. These findings suggest that the case prevalence was high among PGW veterans, but was not unique to that population.

Further, this strongly suggests that risk factors for this condition were not unique to the Persian Gulf. CDC is currently in the process of analyzing these final results and plans to prepare them for publication in a peer-reviewed journal.

CDC Health Assessment of PGW Veterans in Iowa

Again, to review for you, In April 1994, Senator Harkin requested that the Centers for Disease Control and Prevention (CDC) conduct a health assessment of Persian Gulf War veterans from Iowa. The study was initiated in December 1994 and is being conducted in collaboration with the Iowa Department of Public Health and the University of Iowa. The purpose of this study is to assess the prevalence of self-reported adverse health outcomes among Iowa residents who were deployed during the Gulf War. Some of the outcomes that are being examined include chronic fatigue, cognitive dysfunction, and post traumatic stress disorder. A randomly selected cohort of 2,421 military personnel who served in the Gulf and another 2,465 military personnel who were stationed elsewhere during the Gulf War were selected to participate in this study. Because of the large number of persons involved, data were collected through a telephone survey.

Data collection began on September 25, 1995, and was completed on May 8 of this year. Study investigators are currently working on the initial report which will be submitted for publication to the Journal of the American Medical Association.

I will now directly answer your questions, which were submitted to the Department on July 31, 1996.

Questions for DHHS Regarding the 1995 Implementation Plan

#1 Status of FDA's Interim Final Rule

You asked about the status of FDA's interim final rule on the use of unapproved drugs without informed consent during Operation Desert Storm. The FDA is evaluating the interim rule in light of the Committee's recommendations, as well as other information that has come to its attention. The FDA is currently engaged in discussions within the agency, with the Department of Defense, and with others on this important topic. Because this issue is complex and will require extensive coordination, it is impossible to predict how soon the FDA will be able to provide more definitive guidance.

As soon as the agency has information to convey to you on this matter, you can be assured that they will do so.

#2 Status of External Reviews of Gulf War-related studies

The committee asks about the status of external scientific review of research related to Gulf War illnesses. Several committees have been established to provide internal and external oversight of the Iowa study. A list of the members of the scientific advisory Committee is included in my written remarks. A Public Advisory Committee, composed of Gulf War veterans and representatives from veterans' service organizations, was established by the Iowa Department of Public Health to provide coordination, liaison, and open communication with the public regarding the Iowa study. In developing the protocol for this study, it was

determined that study investigators would meet with the Public Advisory Committee at least twice over the course of the study and that additional meetings would be scheduled as needed to provide progress reports and to obtain direct feedback from Committee members. In fact, the Public Advisory Committee has met on four occasions (10/19/94, 2/10/94, 3/31/95, and 12/12/95). The Committee was given the opportunity to review and comment on the proposed study questionnaire during the March 1995 meeting. On August 27, Committee members met and were briefed on the status of the study and informed of other on-going research related to Persian Gulf War veterans.

In addition to the Public Advisory Committee, a Scientific Advisory Committee, composed of distinguished scientists in the fields of epidemiology, reproductive health, psychiatry, environmental medicine, and infectious disease, was established by the University of Iowa to provide external scientific review of study methods and survey instruments. This committee has met on three occasions (4/16/95, 10/12/95. and 7/24/96). This committee reviewed and commented on the study protocol, on data analysis plans, and on the initial report.

The CDC investigation conducted in Pennsylvania was an Epidemic Aid Investigation (EPI-AID). With EPI-AID, human subjects review by an Institutional Review Board (IRB) may or may not be required, depending on whether the investigation is research involving human subjects. For this investigation, the protocols for each stage of the study were reviewed by the CDC Institutional Review Board.

August 12, 1996 , Gulf War Veterans' Illnesses--Draft Testimony

#3 Status of the Strengthened PGWVCB

The Committee asks that we describe actions taken to strengthen the Coordinating Board, particularly in relation to coordinating research, determining priorities for funding, ensuring the quality of research, and reviewing the results of such research.

HHS continues to support the Coordinating Board, particularly the Research Working Group (RWG), the portion of the Board most related to the mission of our Department. HHS provides staff as members of RWG who participate fully in the activities of that group. The RWG has participated in the selection process for grant and contract awards focusing their input on the relevancy of the proposed project's ability to fill the gaps of knowledge about illnesses in Persian Gulf veterans. Most recently, RWG members have addressed the question of research needs related to the study of the long term effects of low level exposure to chemical agents. The Research Working Plan is currently being updated, incorporating the newly funded research activities. As research results begin to become available, the Plan will continue to be updated.

HHS is completing the process of assigning a support person to the staff of the Coordinating Board, a further sign of the Department's commitment to this endeavor.

We feel that the Coordinating Board has in the past and continues to serve a valuable purpose as we strive to understand the illnesses in the Gulf War veterans.

#4 Status of the RWG

The committee asks if the RWG has undertaken the task of monitoring findings and recommendations of external scientific peer review committees and if such monitoring has led to recommendations for changes regarding the conduct of particular scientific studies.

HHS has had a longstanding policy of using advisory committees to assist and support major scientific efforts. For example, as you have heard previously, the Health Assessment of Persian Gulf Veterans from Iowa utilizes and clearly benefits from the advice of both a Scientific Advisory Committee and a Public Advisory Committee. Used properly, the input of such committees affects the initial plan of approach to the study as opposed to leading tot recommendations for changes in the study as it progresses, although occasionally such recommendations might be made. As members of the Research Working Group, HHS staff encourage the use of such committees in all research efforts. In addition, Coordinating Board staff are and will continue to be periodically apprised of the status of the Department's research activities.

DRAFT

Presidential Advisory Committee on Gulf War Veterans' Illnesses
September 5, 1996

Department of Veterans Affairs
Testimony of Kenneth W. Kizer, M.D., M.P.H.

Madam Chairman and distinguished committee members, thank you for this opportunity to update you concerning the Department of Veterans Affairs activities on behalf of Persian Gulf War (PGW) veterans. The Department of Veterans Affairs (VA) developed its initial programs during 1991-92 and has striven to continuously improve and expand them since. Today, VA's approach to PGW veterans encompasses a comprehensive four pronged program that includes medical care, research, compensation, and public outreach and education. In the past year, we have implemented a wide array of initiatives which have extended these efforts.

Some 697,000 active duty service members and activated National Guard and Reserve unit members served in the Persian Gulf theater of operations during Operations Desert Shield and Desert Storm. In the past year, VA has continued to provide Persian Gulf Registry Health Examinations, more detailed Referral Center evaluations, and special eligibility for outpatient and inpatient health care to Persian Gulf War veterans. More than 60,000 of these individuals have received a free physical examination under A's Persian Gulf Registry Health Examination Program. Among the first 52,216

computerized records, 77% (or 35,427) of the 45,818 symptomatic veterans are suffering from a diagnosed condition, while 23% (or 10,391) of these veterans suffer from symptoms, but have not been given a diagnosis. In addition, more than 155,000 have been seen in ambulatory care clinics and almost 16,000 have been admitted to VA medical facilities to receive health care for a diverse group of conditions. This year VA initiated a unique program which allows spouses and children of Persian Gulf veterans to enter their health records into a VA Registry; more than 800 individuals have requested examinations under this special program.

In the past year VA sponsored research programs related to Persian Gulf veterans illnesses have been expanded and reviewed. More than 30 individual projects are now being carried out by VA investigators, including projects at the three Environmental Hazards Research Centers located at Boston, MA, Portland, OR, and East Orange, NJ, and Environmental Epidemiology Studies. Details of these and numerous other government sponsored research studies are included in the Annual Report to Congress: Federally Sponsored Research on Persian Gulf Veterans' Illnesses for 1995, a copy of which previously has been provided to the Committee (Appendix I). In May, I announced that VA would establish a fourth Environmental Hazards Research Center to specifically focus on Reproductive Outcomes. This Center will study the possible

adverse effects of military occupational exposures in Persian Gulf, Vietnam and veterans of other eras. VA has not focused its resources and attention in this important research area in the past, and I feel strongly that VA must do more to address the reproductive concerns of veterans and their families, including birth defects. The deadline for receipt of proposals for this new Center is September 16, 1996. We will keep the Committee updated on the results of the competition for the Environmental Hazards Research Center for Reproductive Outcomes.

I would like to take this opportunity to also briefly note the progress of two major epidemiologic studies being conducted by the Department of Veterans Affairs; these are the Persian Gulf Veterans Mortality Study and the National Survey of Persian Gulf Veterans.

The Persian Gulf Veterans Mortality Study has been completed and has been submitted for publication to a peer-reviewed scientific journal. The mortality study results demonstrate an excess mortality in Persian Gulf War veterans, compared with their non-deployed counterparts, which is accounted for by an excess number of deaths due to external causes, such as automobile accidents. The study's results do not demonstrate increased death rates due to medical conditions during the period of the study. In fact, in some instances the Persian Gulf veterans have lower cause-specific mortality than non-

deployed Gulf Era controls; one example of this is deaths due to malignant neoplasms (RR= 0.58).

Phase I of the National Persian Gulf Survey is now complete, and data analysis has begun. As you know the purpose of this study is to survey 15,000 randomly selected Gulf veterans and an equal size control group of veterans of the same time period (but who were not deployed) to determine the prevalence of symptoms in deployed and non-deployed veterans, to examine risk factors and to provide physical examinations for a representative sample to help us validate the self-reported health data. A contract has been awarded for Phase II (i.e., the telephone interview of nonrespondents and medical records review), and the Phase III examination protocol is undergoing peer-review by the scientific oversight committee. It is too early to detail any results of this study.

VA continues to actively participate in the Persian Gulf Veterans Coordinating Board through its Clinical, Research, and Compensation and Benefits Working Groups. The Research Working Group has been very active this year. For example, it has produced two reports: the Annual Report to Congress: Federally Sponsored Research on Persian Gulf Veterans' Illnesses for 1995, and the 1996 Update of the Working Plan for Persian Gulf Research which will be reviewed by the Research Working Group at its September 7, 1996 meeting. These two activities have aided VA, DoD and HHS in focusing

resources on the research areas which are highest priority and most likely to yield useable results. In addition, in response to the Committee's recommendation, the Research Working Group has been strengthened to play a more active role in determining research priorities, ensuring the quality of research through its review of external scientific peer review committee reports, and providing an in-depth review of the results of government and non-government published research reports. An example of this expanded role of the Coordinating Board is its central role in prioritizing the research proposals for funding submitted under the Broad Agency Announcement and peer-reviewed by the American Institute for Biological Sciences. VA has provided detailed testimony to the Committee regarding these activities at previous meetings. We believe that the actions of the Research Working Group have strengthened our research portfolio related to Persian Gulf veterans' issues.

You specifically asked for me to comment today on VA's plans to address issues raised by the Department of Defense's recent announcement regarding the demolition of a chemical munitions bunker at Kamisiyah in March 1991. Despite DoD's repeated statements of no troop exposures to chemical warfare agents, VA has always remained open to the possibility. We remain open to the possibility of other revelations in this regard in the future. Prior to the DoD announcement on June 21, 1996, VA

designed its clinical protocols to identify clinical signs and symptoms of low level neurotoxic exposures and had established a pilot program at the VAMC Birmingham which focused on these effects. Current scientific knowledge suggests that readily identifiable long-term adverse health effects occur secondary to these agents only in the presence of signs of acute toxicity.

The belated DoD acknowledgment regarding Kamisiyah has spurred VA to focus more attention on the issue of the effects of very low level exposures of chemical warfare agents. Immediately after learning of this circumstance through an advanced copy of their press release, I asked the Research Working Group of the Persian Gulf Veterans Coordinating Board to provide a plan for addressing this issue as a component of the Working Plan for Research. Their recommended plan of action is to (1) fund toxicological research proposals on low-level chemical weapons exposure from a pool of already peer-reviewed proposals submitted to the Army; (2) solicit research on the feasibility of conducting epidemiological investigations of low-level chemical agent effects; and (3) review the ability to confirm the identities and locations of individuals in and around Kamisiyah with the goal of soliciting, if appropriate, an epidemiological investigation. Funding for these new efforts will come from the DoD/VA cooperative research program that is a part of DoD's appropriation.

'inally, VA has made efforts to inform more veterans about our programs through a variety of outreach efforts. In addition to the quarterly Persian Gulf Review newsletter, PGW Helpline operators provide information by mail or telephone consultation. Improved public service announcements (PSA), have been developed and an enhanced PSA campaign is about to be launched as suggested by the Committee, we have established new programs to monitor the outcomes of these efforts and determine their effectiveness in communicating to PGW veterans and their families. VA will use this information to further refine future outreach programs.

Finally, Dr. Lashof, the Committee has asked VA to provide you with details of the epartment's responses to the recommendations contained in your Interim Report. Written responses to each of your specific questions and have submitted as an attachment to these comments which has already been provided to the Committee.

We appreciate your efforts and the advice on Persian Gulf veterans programs. This concludes my prepared comments and I would be happy to answer any further questions you have at this time.

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Divider Title: B

Strategic Plan
Persian Gulf Veterans Coordinating Board
1996 - 1997

	RECOMMENDATIONS	LEAD	ACTION	INTERIM STEP (DATE)	COMPLETION (DATE)
	OUTREACH				
1a	DoD Medical Registry Hotline, Incident Reporting Line & VA Helpline Operators should be instructed to ask , "How did you find out about this number?" as a method of qualitatively measuring the success of different methods for publicizing the numbers.	VA/DoD	VA will develop procedures to enable the Department to capture information on how callers learned about the VA Helpline number. DMDC operators (DoD) will ask callers how they heard about the respective Hotline and collect this data.	April 1, 1996: VA Program inaugurated.	Fall (Sept) VA program to be completed. April 25, 1996: DoD **action completed.**
1b	VA and DoD should utilize more refined performance measures to determine how well services are reaching concerned parties. Caller volume data are not enough.	VA/DoD	VA will develop performance measures to determine how well services are reaching concerned parties. DoD will conduct a survey in 1996 of an appropriate sample. CCEP Patient Satisfaction Survey Form will be modified to include referral satisfaction.	EAS will contact Public/Intergovernmental Affairs (002) to set up a meeting for developing PSA performance measures and tracking mechanism. Thereafter, contact Office of Public Affairs (OPA) for updates.	(VA) September 30, 1996: Tentative Date. Monitor ongoing. (DoD) 31 Dec 1996. CCEP Patient Satisfaction Survey Form modification has been **completed.**
2	To assist the general public DoD should provide a user's guide for GulfLINK.	DoD	DoD will prepare a "lay person's" users guide to better explain the nature of intelligence documents posted on GulfLINK.		The user's guide was activated on the GulfLINK home page on March 6, 1996. **Action Completed.**
3	VA should make its broadcast PSAs regarding the Helpline more explicit. The PSAs should use language that briefly explains the purpose of the Helpline and the referral process for the P.G. Health Registry.	VA	VA will update the scripts for PSAs to explain the Helpline and focus on eligibility, compensation and unexplained illnesses. Print PSAs will include information on the Registry referral process. The PSAs will be distributed during a 1996 media campaign.	EAS will contact Public/Intergovernmental Affairs (002) to set up a meeting for updating the Helpline PSA scripts and the print PSAs. Thereafter, contact Office of Public Affairs (OPA) for updates.	September 30, 1996: Tentative Date. Monitor ongoing.
4	VA should forgo the term "priority care" in its outreach campaign because it creates false expectations. It should state that P.G. veterans can receive a free Registry examination including diagnostic testing, and counseling regarding findings.	VA	1) John Kraemer will talk to Anna Franks (161B1- MAS Policy/Operations Division). 2) Don Rosenblum will include "priority care" eligibility information in future issues of the "Persian Gulf Review" newsletter.	March 1996: The March 1996 issue (Vol. 4, No. 2) of the P.G. Review newsletter contained articles on pages 4-5 explaining "priority care" eligibility.	On-going: Ensure that future outreach efforts clarify this issue.

	RECOMMENDATIONS	LEAD	ACTION	INTERIM STEP (DATE)	COMPLETION (DATE)
5	VA's Helpline started late compared to its other Gulf War efforts. Future conflicts are likely to generate controversial and unexplained health concerns. DoD and VA should anticipate the need and plan/implement outreach expeditiously.	VA	VA: OPH&EH in conjunction with the USH's Policy/Planning Committee will: Plan a satellite conference on Bosnia related health concerns, establish a VA/ DoD/HHS working group to review monitoring plans, and liaison with DoD on epidemiological concerns.		VA: On-going - Continue coordination with DoD on the surveillance and monitoring of returning Bosnian troops and other future deployments.
		DoD	DoD: preposition hotlines & clinical programs, conduct post deployment medical debriefs, maintain contact with deployed military personnel.	April 1996: The Army's Office of Preventive Medicine on the Bosnia deployment briefed OPH&EH and is 1) coordinating DoD's surveillance plan, & 2) establishing a working group to monitor Bosnian soldiers upon their return.	DoD: prepositioning of hotlines completed. Ongoing medical debriefs.

	RECOMMENDATIONS	LEAD	ACTION	INTERIM STEP (DATE)	COMPLETION (DATE)
	MEDICAL AND CLINICAL ISSUES				
1	DoD should update its pre-deployment policies/procedures governing medical assessment to ensure they are current and adequate.	DoD	DoD will develop a directive that assures pre-, during & post deployment medical assessment.	DoD will review the current policies for pre-, during and postdeployment medical assessment.	**Action completed**
2	DoD should establish a QA program to ensure compliance with deployment medical assessment policies.	DoD	DoD will develop a QA plan to mesure compliance with pre-, during and post deployment medical assessment	N/A	**Action completed**
3	DoD should undertake a thorough assessment of a large sample of troops prior to deployment to enable better post-deployment epidemiology.	DoD	DoD is establishing a directive.	N/A	Oct. 96
4	DoD should develop routine training/orientation for personnel to alert them that they may be required to take drugs/vaccines not fully FDA approved.	DoD	DoD will ensure all HHS/FDA requirements are met when an investigational new drug is utilized.	N/A	Ongoing
5	If FDA decides to reissue the interim rule as final, it should first issue a Notice of Proposed Rule Making.	FDA	FDA will issue a notice of Preposed Rule Making before proceeding to promulgation of a final rule.	N/A	Ongoing
6	VA and DoD should adopt standardized record keeping to ensure continuity. [Standardized record keeping and deployment medical surveillance systems]	VA/DoD	1) EAS staff needs to review the "Rego II" report (Section 5-C) to ensure that it addresses improving the interoperability & interconnectivity of VA/DOD information systems. 2) Clinical Working Group needs to discuss how to complete this recommendation.	May 30, 1996: Chairman of the Clinical Working Group will coordinate interagency efforts at standardizing medical record keeping.	VA/DOD work groups will complete a report by October 1996. "Rego II" report (Section 5 C) addresses this.

[illegible]c Plan
Persian Gulf V[illegible], Coordinating Board
1996 - 1997

	RECOMMENDATIONS	LEAD	ACTION	INTERIM STEP (DATE)	COMPLETION (DATE)
	RESEARCH				
1	All epidemiologic studies aimed at Gulf War veterans' health issues should incorporate external scientific review and ongoing interaction with appropriate outside experts throughout the study process (study design > results analysis).	VA/DoD/HHS/ Research Working Group	All Departments will ensure continuance of oversight/peer review. Research Working Group will monitor epidemiological research.	November 18-19, 1996: The Scientific Oversight Subcommittee will meet. EES will complete 4th quarter progress report (July, August, September - 1996).	Ongoing for duration of the study: Continue external peer review by Scientific Oversight Subcommittee and quarterly reports by EES. *Mortality Follow-up Study completed October 1995.
2	VA, DoD, and HHS should encourage their principle investigators to use public advisory committees in designing and executing epidemiologic studies.	VA/DoD/HHS	Continue to use public advisory committees in designing/executing large epidemiologic studies.	June 21,1996: EAS suggested the need for the Research Working Group to discuss the role of public advisory committees in designing research studies. The Chairman will place this issue on the agenda for the next (September) meeting.	Continue to discuss the role of public advisory committees at future Research Working Group meetings.
3	The PGVCB should play an active role in allocating research resources. The Research Working Group monitor the findings and recommendations of scientific peer review committees.	Research Working Group	1) BAA review process and Working Plan for Research. 2) The Research Working Group continues an active role in research resource allocation and monitoring recommendations of scientific review committees.	1) Dec. 15, 1995 - Jan. 24, 1996: Subcommittee of Research Working Group reviesw BAA-solicited research proposals. 2) April-July 1996: Update of Working Plan for Research is in progress.	February 1996: BAA review completed. August 15, 1996: The update of the Working Plan for Research will be completed.
4	The Research Working Group should take responsibility for coordination between PIs and survey design experts and the questions/wording of different surveys to arrive at common wording.	Research Working Group	Research Working Group will develop core questions that will be provided to all investigators involved in epidemiology studies for their use.	June 21, 1996: The Research Working Group sets up a subcommittee to accomplish this project. The VA's National Health Survey will serve as the model.	3 September 1996: Finalize set of core questions on demographics, symptoms, and exposures.
5	DoD should collect and record better troop exposure data.	DoD	Issue Directive & Instruction on Health Surveillance	Issue Medical Surveillance Plan for U.S. Ground Forces deploying to Bosnia	Medical Surveillance Plan completed.

	RECOMMENDATIONS	LEAD	ACTION	INTERIM STEP (DATE)	COMPLETION (DATE)
6	DoD's Registry of Troop Unit Locations should be made available to qualified government and private researchers as quickly as possible.	Research Working Group/DoD	Research Working Group will work with DoD's Environmental Support Group to establish a mechanism by which this information can be conveyed to all qualified investigators.	DoD will review the Geographic Information System data and determine how information will be released and how confidentiality will be safeguarded.	Two months after the GIS project is completed in Aug 96

	RECOMMENDATIONS	LEAD	ACTION	INTERIM STEP (DATE)	COMPLETION (DATE)
	CHEMICAL AND BIOLOGICAL WEAPONS				
1	CIA and DoD should coordinate their analysis to ensure a comprehensive review of the complete record of the Gulf War.	CIA/DoD	The results of the Investigation Team's work on possible CBW incidents, as well as other potential causes of veterans' illnesses, will be made available to the public via GulfLINK.		
2	DoD is taking reasonable steps to improve battlefield CW agent detection capability by contracting for equipment that will detect mustard agent and that will not sound false alarms.	DoD	DoD has contracted to buy approximately thirty detectors from three different manufacturers for testing prior to procurement.		FY 97
3	DoD should continue to invest in the development of a biological point detector/alarm system that can detect and identify BW agent aerosols rapidly enough to enable troops to take protective measures before being exposed.	DoD	DoD will continue to invest in the development of biological and remote detector/alarm systems.		On-going.
4	DoD should devote more attention to monitoring low-level (subacute) exposures to CW agents.	DoD	DoD will devote more attention to researching the possible effects of low-level (subacute) expossures to CW agents.		On-going

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Divider Title: C

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release June 21, 1996

STATEMENT BY THE PRESIDENT

In March 1995, I announced my intention to leave no stone unturned in our efforts to determine the causes of the illnesses being experienced by veterans of the Gulf War and to provide effective medical care to those who are ill. Since that time, we have been pursuing a wide range of initiatives on Gulf War illnesses, including re-examining intelligence and operational records for evidence of possible exposure to chemical or biological weapons.

As part of this ongoing effort, the Department of Defense, based partly on information brought to its attention by the United Nations Special Commission, has confirmed that, shortly after the war, U.S. troops destroyed an Iraqi ammunition bunker that contained chemical weapons. Chemical detectors were used by U.S. troops both before and during the destruction operation. While we have no evidence today that Americans were exposed to chemical weapons during the operation, this is a very important issue which we will continue to investigate thoroughly.

The release of this new information reflects my commitment to unraveling the Gulf War illnesses problem. We will continue to work closely with the Presidential Advisory Committee on Gulf War Veterans' Illnesses to ensure that we are doing everything possible to address the health consequences of service in the Persian Gulf. We will also continue to make new information on this important issue available to veterans and their families.

# # #

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Divider Title: D

CIA Report on Intelligence Related to Gulf War Illnesses

Key Findings:

On the basis of a comprehensive review of intelligence and other information, we assess that Iraq did not use chemical or biological weapons or deploy these weapons in Kuwait. In addition, analysis and computer modeling indicate chemical agents released by aerial bombing of chemical warfare facilities did not reach US troops in Saudi Arabia. Coalition bombing resulted in damage to filled chemical munitions at only two facilities–Muhammadiyat and Al Muthanna–both located in remote areas west of Baghdad. UNSCOM inspections concluded that no chemical munitions were destroyed at the An Nasiriyah Ammunition Storage Area, countering publicized theories that fallout from the facility were the cause of credible but unverified nerve agent detections in Saudi Arabia. We assess no biological weapons or agents were destroyed by Coalition forces during the Gulf war. Finally, Iraq never produced radiological weapons for use and bombed Iraqi nuclear facilities caused only local contamination north of the Kuwait Theater of Operations.

A recent assessment based on a comprehensive review of all intelligence information and a May 1996 UNSCOM inspection concludes nerve agent was released as a result of inadvertent US postwar demolition of chemical rockets at a bunker and probably at a pit area at the Khamisiyah Ammunition Storage Area in Iraq. We have modeled the chemical contamination levels in Iraq resulting from the bunker destruction so that the DOD can assess who may have been exposed. Analysis of demolition activities in the pit area is still under way.

Bunker 73 Rocket Destruction. The recent comprehensive review of all information enabled us to determine that US troops–not Iraq–destroyed the rockets in Bunker 73. In March 1996, in conjunction with DOD investigators, we determined that the US 37th Engineering Battalion had destroyed that bunker along with over 30 other bunkers on 4 March 1991.

However, it was not until UNSCOM's May 1996 inspection at Khamisiyah that it was determined that Bunker 73 contained remnants of 122-mm chemical rockets. During this inspection, inspectors documented the presence of high-density polyethylene inserts, burster tubes, fill plugs, and other features characteristic of Iraqi chemical munitions. Analysis of the contents of the rockets that UNSCOM found in 1991 in the pit area just outside the Khamisiyah Storage Area shows that the identical rockets in Bunker 73 had been filled with a combination of the agents sarin and GF. Therefore, we conclude that US troops destroyed chemical rockets in Bunker 73.

Pit Area Rocket Destruction. During the May 1996 UNSCOM inspection, Iraq claimed that some of the rockets located in the pit area had been destroyed by occupying forces. On the basis of very recent interviews of 37th Engineering Battalion personnel, DOD now believes that demolition personnel did set charges on stacks of rockets in the pit on 10 March 1991 at 1630 local time.

We are still trying to determine the number of rockets US forces could have destroyed. Once we determine the number, we will model the likely hazardous area caused by the destruction. Iraq told the May 1996 UNSCOM inspectors that it moved about 1,100 rockets out of Bunker 73 to the pit 2 km away to avoid chemical contamination of the bunker facility. The Iraqis claimed the rockets started leaking immediately after they were transferred from the Al Muthanna CW Production and Storage Facility just before the air war.

Open-Area Mustard Shells Intact. As discussed previously, more than 6,000 mustard rounds were moved from An Nasiriyah to an open area several kilometers west of the main facility at Khamisiyah. These munitions were found undamaged by UNSCOM in October 1991. They were later moved to and destroyed at UNSCOM's Al Muthanna destruction facility.

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To: Brian Cullin

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL # of pages ▸ 3

To Cliff Kinbrel	From Jim Turner
Dept./Agency	Phone # 703 695 0192
Fax # 202 456 6027	Fax #

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

RUEEFDA/USCENTAF FWD DHAHRAN//IN//
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RUHGMFG/CTF ONE FIVE SIX
RUHGMFG/CTF ONE FIVE EIGHT
RUWMHUA/NAVSTKWARCEN FALLON NV//N-2//
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RUCDGDA/DIRMSIC REDSTONE ARS AL//AIAMS-T//
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SERIAL: (U) IIR 6 021 0020 92.

/********** THIS IS A COMBINED MESSAGE **********/
BODY COUNTRY: (U) IRAQ (IZ).
SUBJECT: IIR 6 021 0020 92/[(b)(1) sec 1.3(a)(4)] OF KAMISIYAH AMMUNITION STORAGE FACILITY (U).

WARNING: ((b)(2)

THIS IS AN INFORMATION REPORT, NOT FINALLY EVALUATED INTELLIGENCE. ((b)(2)

DEPARTMENT OF DEFENSE

DOI: (U) 911027.
((b)(2)
SOURCE: [(b)(1) sec 1.3(a)(4)]

SUMMARY: [(b)(1) sec 1.3(a)(4)]
CHEMICAL MUNITIONS AT AN AMMUNITION STORAGE DEPOT NEAR AN NASIRIYAH. [(b)(1) sec 1.3(a)(4)]

TEXT 1. BACKGROUND--[(b)(1) sec 1.3(a)(4)] CW STORAGE SITES THROUGHOUT IRAQ. [(b)(1) sec 1.3(a)(4)]CHEMICAL MUNITIONS STORED AT AN AMMUNITION STORAGE FACILITY NEAR AN NASIRIYAH. IN ADDITION, [(b)(1) sec 1.3(a)(4)] TWO OTHER SITES CONTAINING 155MM ARTILLERY ROUNDS AND SALVAGED 122MM ROCKETS.
2. AMMUNITION DEPOT--THIS DEPOT //GEOCOORD:3074N04429E//, IS LOCATED APPROXIMATELY 25 KILOMETERS SOUTHEAST OF AN NASIRIYAH. THIS FACILITY IS OF EQUAL SIZE TO THE AN NASIRIYAH DEPOT SOUTHWEST //GEOCOORD:3057N04306E//. [(b)(1) sec 1.3(a)(4)]
3. 155MM ARTILLERY SHELLS--155MM ARTILLERY SHELLS WERE LOCATED IN AN UNFENCED OPEN AREA APPROXIMATELY FIVE KILOMETERS EAST OF THE DEPOT AT //GEOCOORD:3043N04625E//. [(b)(1) sec 1.3(a)(4)]

OTHER THAN THE LEAKING SHELL, ALL THE SHELLS APPEARED TO BE IN GOOD CONDITION. [(b)(1) sec 1.3(a)(4)]

950719_6.045 [Pg 1]

IIR 6 021 0020 92/[(b)(1) sec 1.3(a)(4)] OF KAMISIYAH AMMUNITION STORAGE FACILITY (U).

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INFO RUEADWD/OCSA WASHINGTON DC
RUEAHQA/CSAF WASHINGTON DC
RUEACMC/CMC WASHINGTON DC
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RUCBSAA/USCINCLANT NORFOLK VA//I2//
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RUCIACC/USCINCCENT MACDILL AFB FL//CARA//
RUCQVAB/USCINCSOC INTEL OPS CEN MACDILL AFB FL
RUQYSDG/FOSIF ROTA SP
RUEOFAA/COMISOC FT BRAGG NC//I2//
RULKQAN/MARCORINTCEN QUANTICO VA
RUSNNOA/USCINCEUR VAIHINGEN GE
RUFTAKA/CDR USAINTELCTRE HEIDELBERG GE
RUEALGX/SAFE
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INFO RUEAILA/CIA WASHDC//ACIS/ISMTF// PRIORITY
RHFHAAA/THE WHITE HOUSE WASHDC//SITUATION ROOM// PRIORITY
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4.[(b)(1) sec 1.3(a)(4)]

A. [(b)(1) sec 1.3(a)(4)]

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//COMSOBJ: (U) [b.2.]
ADMIN PROJ: (U) [b.2.]
INSTR: ((b)(2)

PREP: (U) [b.2.]
INCLS: (U) NONE.
ACQ: ((b)(1) sec 1.3. (a)(4)
DISSE": (U) FIELD: NONE.
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Divider Title: F

Pit

Insert to Joseph's Sept 5th testimony

DRAFT

[Probably insert on page 6 after item "f" or do as separate attachment.] —

This Insert is Being substantially Modified.

Concerning the Khamisiyah demolition operations, let me take a few moments to detail what DOD's Persian Gulf War Veterans' Illnesses Investigation Team (PGIT) is doing to determine the possible chemical agent hazard area resulting from the destruction of 122mm nerve agent rockets in the pit area just south of the bunker complex area.

In October 1991, UNSCOM inspection team found 297 122mm rockets containing a mixture of the chemical nerve agents sarin (GB) and cyclosarin (GF) in the pit area. The mostly intact rockets were found in several heaps or piles, but some appeared to have been damaged or destroyed. At that time, Iraqi officials claimed that the rockets found in the pit area were salvaged from bunker 73 and that bunker 73 was destroyed by occupying coalition forces.

In March 1992, when the UNSCOM inspectors returned to Khamisiyah, they reported that they consolidated and destroyed a total of 463 nerve agent 122mm rockets found in the pit area, including the 297 they found during the October 1991 inspection. Approximately 300 additional intact rockets were found buried in the pit area which were sent to Al Muthanna for destruction.

In May 1996, UNSCOM inspectors returned to Khamisiyah and were told by Iraqi officials that some 2000 122mm GB/GF rockets were moved into bunker 73 from Al Muthanna, 100 kilometers northwest of Baghdad, just prior to the air war. The Iraqis told the inspectors that these rockets began to leak and they moved approximately half of them from bunker 73 to the pit area. The movement of these munitions occurred prior to the 37th Engineer Battalions arrival in early March 1991. At this inspection, the Iraqis also stated that occupying coalition forces destroyed the pit area rockets.

As part of the systematic destruction of the Khamisiyah ammunition area, the 37th Engineer Battalion destroyed stacks of crated munitions in the pit area on 10 March 1991 after these stacks were found by the battalion operations officer a day earlier. A 37th Engineer Battalion noncommissioned officer (NCO) who set the charges on three of these stacks stated that at that time there was not enough explosive charges to completely destroy the munitions so they set the charges to damage and make unusable as many as possible. An explosive ordinance disposal (EOD) NCO from the 60th EOD Detachment working with the engineers stated that he recalled 5 or 6 stacks of munitions destroyed in this pit area on 10 March. Pictures provided by this EOD NCO, who returned to the pit area a few days after the demolition, showed most of the rockets still intact and partially buried by the steep sand embankment against which the stacks had been placed by the Iraqis.

DRAFT

The Persian Gulf Investigation Team will continue to investigate the circumstances surrounding the pit area demolition, identify what troops were in the area at the time, determine the amount of any chemical agents released, and ascertain details required to model any potential downwind hazard area. With respect to where troops were during the demolition, many witnesses have stated that the battalion had already departed, moving south to Saudi Arabia, and were well away from the area when the remaining bunkers and pit area demolitions detonated. There were, however, other US units such as the EOD NCO's detachment which remained in Iraq near Khamisiyah. Using our Geographic Information System, we have identified unit locations near Khamisiyah on 10 March 1991. With the modeled downwind hazard distance, units possibly affected will be identified for further analysis and followup.

As I am sure you can appreciate, going back five years in time and reconstructing events surrounding Khamisiyah is difficult. Regardless, our commitment to the Committee and our troops is to do our best to reconstruct these events and to determine whether or not our troops were exposed to chemical agents. The Investigation Team will be prepared to provide the committee a report on the pit munition destruction at your October hearing.

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Divider Title: G

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

August 24, 1996

MEMORANDUM TO: **SANDY BERGER**
KITTY HIGGINS
MELANNE VERVEER

FROM: **JULIA MOFFETT & ANTONY BLINKEN**

CC: **CLIFF GABRIEL -- BRIAN CULLIN**

SUBJECT: **GULF WAR ILLNESS COMMUNICATIONS**

News reports on the Pentagon's investigation of the presence of chemical agents in the Gulf continue to appear on a regular basis -- both nationally and regionally. The airing of the *60 Minutes* piece this Sunday, August 25th, and the Presidential Advisory Committee Hearings on September 4th-5th will draw even more attention.

Since the Kamisiyah incident has become public, the press on this story has been uniformly negative for the Pentagon. The President's leadership and commitment on this issue -- especially the fact that he created a PAC that is getting answers and making recommendations that we are implementing -- has also been largely ignored by the press. For a variety of reasons, the Pentagon has not been able to effectively send this message through their public affairs operation. The Veterans Administration consistently promotes their, and the Administration's, aggressive efforts to investigate and respond to the needs of veterans, however, they cannot single-handedly counter the stories about DOD. Lastly, the Presidential Advisory Committee must maintain their independence; they can interact with the press on their mandate, but cannot go much beyond that.

All parties involved in this issue agree that a public affairs effort is needed to remind the press and the public that the President is deeply concerned about this issue and has taken bold actions to make sure that we get to the bottom of this incident and its implications. In order to craft such a strategy, however, high-level agreement -- and subsequent coordinated implementation -- is needed from the White House, DOD and VA. Without it, it is very difficult to predict what information will come out of the Pentagon, how the Pentagon is telling their story, and, who the appropriate point people --inside and outside of the Administration -- are to tell the positive side of the story. As was evidenced this week, aside from DOD who are forced to react to accusations about their handling of this, we do not have anyone who can defend -- and promote -- the strong actions the President has taken.

In the meantime, the attached list of medium-scale actions are being implemented in anticipation of some increased press coverage over the next couple of weeks. The press coverage will continue to focus on recent actions at the Defense Department. While a coordinated public affairs effort would ultimately seek to change that, these steps are intended to get the President and Administration's commitment and leadership covered in an offensive, not defensive, way.

EVENTS

- August 24th-26th: *60 Minutes* and Related Print Stories Kamisiyah II
- September 4th-5th: Presidential Advisory Committee Hearings
- Next Two Weeks: Variety of Regional or National Stories

ACTIONS

- DOD is releasing a point-by-point rebuttal to *60 Minutes* story. (Scott Harris; August 24th)

- Deputy Secretary John White is sending a letter to Ed Bradley who may or may not read it on air. (Scott Harris; August 24th)

- A draft statement has been prepared to go out from Mike McCurry's office if deemed necessary once we see how much press interest there is in the *60 Minutes* piece. (Cliff Gabriel, Julia Moffett, Brian Cullin; August 24th)

- A VSO head who will talk to reporters on-the-record about the President's actions on behalf of veterans is being identified. (Kathy Jurado/VA, Julia Moffett; August 24th)

- NSC will work with DOD and VA to identify top tier of reporters who cover this story and determine what additional outreach can be done before the PAC hearings. (August 29-September 5th.)

?

- DOD will explore what appropriate briefings might take place around the PAC hearings.

- NSC will work with Administration officials testifying at the PAC hearings to ensure that some pro-active language is included in their testimony. (Blinken/Moffett) – NO

- Senator Rockefeller is working on an opinion piece that applauds the President's actions. He will continue to criticize what transpired in the Gulf, and some of the Defense Department's actions, but that is not the point of the piece. (Julia Moffett; Week of September 2nd.)

- VA has numerous regional and national press opportunities throughout the convention -- especially into regions with high veteran populations. They will speak about the President's leadership and commitment throughout the convention. (Kathy Jurado; August 26th-30th)

- VA will place op-eds in the top tier of regional markets with high veteran populations. (Kathy Jurado; Week of September 2nd).

- VA begins a three-month television, radio and print public service campaign that provides examination and other information on GWI to veterans. (Kathy Jurado; Begins mid-September)

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REPORT SHOWS U.S. WAS TOLD IN 1991 OF CHEMICAL ARMS

'LEAKING SHELL' IS NOTED

Data on Iraqi Munitions Cited in Files Hidden in Pentagon From American Troops

By PHILIP SHENON

WASHINGTON, Aug. 27 — A long-classified intelligence report shows that the Pentagon, the White House, the Central Intelligence Agency and the State Department were alerted in November 1991 that chemical weapons had been stored in an Iraqi ammunition depot that was blown up earlier that year by a group of American troops.

The report was relayed by the Joint Chiefs of Staff to American military commanders around the world and then remained hidden in files at the Pentagon and other Government agencies even as the Defense Department issued statement after statement suggesting that it had no evidence that large numbers of American troops might have been exposed to chemical weapons.

The November 1991 report, which was marked "priority," was never shared with the troops themselves. The estimated 150 American soldiers who participated in the demolition mission in March 1991 in the southern Iraqi desert were informed only this spring that they may have been exposed to a cloud of mustard gas and sarin, a nerve agent.

Many of the soldiers who destroyed the arms depot have since developed debilitating medical problems that they say may be linked to their exposure to chemical weapons, and nearly 60,000 other veterans of the gulf war have asked for special health screenings to determine if they are suffering from ailments related to their service in the gulf.

The 1991 intelligence report was distributed to the White House Situation Room, the C.I.A., the Defense Intelligence Agency and the offices of the Secretary of State.

Pentagon officials said much of the material in the report had been obtained from United Nations arms inspectors who traveled to Iraq after the war ended on Feb 27, 1991, and who had found evidence of chemical

Continued on Page B8, Column 1

1991 Report Told of Iraq Chemical Arms

Continued From Page A1

weapons at the massive arms depot at Kamisiyah when it was destroyed.

While the author's identity and other information was deleted from a declassified version of the 1991 report on national security grounds, the headline of the document includes the words "Kamisiyah Ammunition Storage Facility" and refers to the "chemical munitions" stored there.

It noted that a "leaking shell" had been found, but that "other than the leaking shell, all the shells appeared to be in good condition." Because of deletions from the report, it was not clear what had been reported leaking from the shell.

Most of the depot was destroyed on March 4, 1991 — eight months before the intelligence report was prepared — by soldiers serving in the Army's 37th Engineer Battalion. In recent interviews with 37 former members of the battalion, 27 reported that they seriously ill, many with mysterious infections and gastrointestinal ailments.

The undeleted portions of the report make no mention of American troops nor of the destruction of the depot, which would leave open the possibility that Government analysts did not understand the significance of the document when they first read it. The document was labeled "Information Report — Not Finally Evaluated Intelligence."

But the fact that the Joint Chiefs obtained an intelligence report on Kamisiyah in late 1991 — and that it would be so widely distributed — would suggest that someone in the Government should have recognized years ago that American troops may have been exposed to chemical weapons when the huge Kamisiyah depot was destroyed.

The depot sprawled across nearly 20 square miles, and the explosions produced a black cloud that stretched over hundreds of square miles of the Iraqi desert.

A copy of the 1991 Pentagon report was obtained by a former Congressional researcher, James J. Tuite 3d, who said the document was posted for a time last year and early this year on an Internet site maintained by the Pentagon for gulf war veterans. That document and hundreds of others were pulled off the Internet site last February.

A Pentagon spokesman, Capt. Michael Doubleday, said that it was not surprising that the report would have drawn little attention in 1991, given the flood of other intelligence information reaching the Government after the war.

"It was not setting off a lot of alarms," he said, noting that five years ago few veterans were complaining of health problems, and therefore Pentagon investigators had no reason to suspect that troops might have been exposed to chemical weapons. "There was no such thing at this point as a gulf war illness."

Captain Doubleday said of the 1991 report, "I would think that this would not have caused any particular notice outside of the analysts who were at that point trying to get a handle on exactly what the Iraqis did or didn't have in terms of weapons."

While the report was labeled "priority," he said that "priority" was in fact the designation assigned to intelligence of only moderate importance — "immediate" and "flash" are higher levels — and that "during a wartime footing, a priority message will almost never get through."

Early evidence that the Pentagon knew there were chemical weapons deployed near U.S. forces.

He said that it was only last fall that Government analysts began to understand how the destruction of the Kamisiyah depot might have resulted in the exposure of American troops to chemical weapons.

It is not clear that senior officials of the Bush Administration, which was then in control of the Government, ever saw the report.

A spokesman for Colin L. Powell, the retired Army general who was then Chairman of the Joint Chiefs, said the general had no recollection of the report. "Typically, something like this would not go to the Chairman or someone at that level," said the spokesman, Bill Smullen.

Calls to spokesmen for James A. Baker 3d, who was then Secretary of State, and Brent Scowcroft, who was President George Bush's national security adviser, were not returned.

Mr. Tuite, who was the chief investigator in a Senate Banking Committee investigation of gulf war illnesses from 1993 until last year, said the report was put on the Pentagon site on the Internet — http://www.dtic.dla.mil/gulflink/ — last July along with hundreds of other declassified documents.

But the documents disappeared from the site in February. Pentagon officials said that the documents were removed from the Internet because of a dispute between the Defense Department and the C.I.A. over whether the material had been declassified too quickly and whether they disclosed intelligence methods. Pentagon officials said that it was not clear whether the November 1991 report was now considered classified or unclassified.

Mr. Tuite said that he found it significant that the documents — and the November 1991 report, in particular — had been withdrawn from public view "because they may have relevance to what is causing the health problems of these soldiers."

He added, "I think the significance of this document is that it shows that the Government was aware there were chemical weapons in forward-deployed areas where U.S. forces were located, and that they were aware of that since at least November of 1991."

The Banking Committee investigation concluded that there was evidence that Iraqi chemical weapons had been released during the gulf war at levels sufficient to harm American troops.

The conclusions were rejected by the Defense Department, which until this year had insisted that it had no evidence that American troops were ever exposed to chemical weapon in the gulf war.

In a statement to gulf war veterans in May 1994, Defense Secretary William J. Perry and the Chairman of the Joint Chiefs of Staff, Gen. John M. Shalikashvili, said that "there is no information, classified or unclassified, that indicates that chemical or biological weapons were used in the Persian Gulf."

Earlier this month the Pentagon made public a report that listed reports of seven detections of chemical weapons in the first week of the air campaign gulf war near areas of Saudi Arabia where tens of thousands of American troops were stationed. Groups of ailing gulf war veterans have cited the reports in contending that they were made ill by chemical weapons.

2-page fax to: Cliff Gabriel From: Robyn Nishimi

YAHOO! Headlines REUTERS

Wednesday August 28 2:07 PM EDT

U.S. Denies Quashing Gulf Chemical Report

WASHINGTON (Reuter) - The Defense Department denied Wednesday that it intentionally quashed a 1991 classified report suggesting that U.S. troops were exposed to Iraqi chemical weapons in the Gulf War.

But the department conceded that ``the full relevance of the report ... was not recognized at the time" and it was not investigated until this year, providing indications that perhaps 150 soldiers were exposed to chemical agents when they blew up the Kamisiyah ammunition dump in southern Iraq.

Defense Secretary William Perry, commenting on a New York Times report, said the secret document was circulated within the government and to U.S. military officials at the time and that the ``complex" issue was still being investigated.

But the document, based on a visit by U.N. inspectors to the Kamisiyah weapons complex in 1991, was not made available to the U.S. engineer battalion involved or to the public. The government, on orders from President Clinton, last year mounted a major effort to solve medical complaints from thousands of Gulf War veterans.

``The department flatly denies that there was ever an attempt to withhold information from either the troops or from the public regarding this matter," Navy Capt. Michael Doubleday, a Pentagon spokesman, said Wednesday.

But ``the full relevance of the report, because there was no such thing as 'Gulf War illness' ... was not recognized at the time," Doubleday told reporters.

The Times said the long-classified intelligence report showed the White House, the Central Intelligence Agency and the State Department were alerted that chemical weapons had been stored in a big Iraqi ammunition depot that was blown up in March 1991 by American troops.

The report was circulated to U.S. military commanders worldwide and then filed away even as the Defense Department repeatedly suggested it had no evidence that large numbers of U.S. troops might have been exposed to chemical arms.

The report was marked ``priority," a designation for intelligence considered of moderate importance, the Times said. But it was never shared with the troops themselves.

Defense officials confirmed the Times report that as many as 150 U.S. soldiers who took part in the 1991 mission to blow up Iraq's Kamisiyah ammunition dump were told only this spring that they may have been exposed to a cloud of mustard gas and sarin, a nerve agent.

But officials denied that many of the soldiers who destroyed the arms depot had since developed

debilitating medical problems that they say may be linked to exposure to chemical weapons.

Nearly 60,000 other veterans of the Gulf War have asked for special health screenings to determine if they were suffering from ailments related to their service in the Gulf.

Pentagon officials said much of the material in the November 1991 report came from the U.N. arms inspectors who traveled to Iraq after the war ended in February of that year.

The inspectors had found evidence of chemical weapons at the depot at Kamisiyah when it was destroyed. The report drew little attention when it was circulated.

Doubleday said the U.N. inspectors who visited the area in November, 1991, reported that they were told by the Iraqis that U.S. troops earlier that year had blown up stocks of weapons there.

But he said U.S. officials had reason to be doubtful of those claims.

``Iraq was the one country in the world that we least believed at that time," he told reporters.

``In 1991, the question was not whether (chemical) weapons had been destroyed, but whether they had even existed."

He said it was only in late 1995, based on a new CIA analysis, that government experts began to understand how the destruction of the Kamisiyah depot might have exposed U.S. troops to chemical weapons.

Earlier Related Stories

- NYT: US Knew Gulf Troops Exposed to Chemicals (Wed Aug 28 7:23 AM)

Previous Story: **Clinton Pushes Environmental Issues**
Next Story: **Study Links Diet Drug to Deadly Lung Problem**

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The New York Times, 8/22/96

NEW REPORT CITED ON CHEMICAL ARMS USED IN GULF WAR

A GAIN FOR ILL VETERANS

Pentagon Says It Is Exploring 'Plausibility' of Exposure to Nerve or Mustard Gas

By PHILIP SHENON

WASHINGTON, Aug. 21 — The Pentagon has acknowledged in a new report that chemical weapons were detected as many as seven times in the first week of the 1991 Persian Gulf war near staging areas in northern Saudi Arabia, where tens of thousands of American troops were housed.

While insisting that it still had no conclusive evidence that American soldiers were ever exposed to Iraqi chemical weapons, the Defense Department said in the report that it was "further exploring the plausibility" that small amounts of chemical agents passed over American troops after American bombers destroyed Iraqi arms depots and factories north of staging areas near the Saudi city of Hafr al-Batin.

In the past, the Pentagon had said it knew of only two "credible" detections of chemical weapons in the gulf war, both made with Czech military equipment. The new report, which was dated Aug. 5, recounted those two detections and said five others reported in the first week of the war "cannot be discounted."

The report, which pulls together information from intelligence reports and other Government studies, some of them made public earlier by the Defense Department, will doubtless be seen by ailing veterans of the gulf war as additional evidence that they were made ill by chemical agents released in the war.

And the report is also likely to draw new attacks on the credibility of the Pentagon, which until recently had insisted that it had no evidence that Americans troops were exposed to chemical weapons. It was not clear why Defense Department officials had not compiled the information before in a public report, given the intense interest of thousands of sickly gulf war veterans and the fact that the information has existed in Pentagon records for years.

Scientists and health officials in the Defense Department acknowledge that little is known about the long-term health effects of exposure to trace amounts of chemical weapons, like those that were detected. More than 60,000 gulf war veterans have asked for special Government health screenings to determine if they suffer from ailments related to the war.

In June, the Defense Department acknowledged for the first time that there was evidence that a significant number of American soldiers may have been exposed to chemical weapons, and that the exposure may been the result of an error by American military commanders.

In the incident disclosed in June, about 150 American combat engineers blew up an Iraqi arsenal in a bunker near the southern Iraqi village of Kamisiyah. The bunker was later determined to have contained chemical weapons, including mustard gas and the nerve gas sarin.

Many of the soldiers who participated in the mission on March 4, 1991, a few days after the end of the war, have reported in recent interviews that they have chronic gastrointestinal ailments and mysterious rashes and other growths.

Those soldiers have contradicted several elements in even the new Pentagon account of the incident. They maintain that the bunker had not been searched for chemicals before it was demolished, and that sensitive chemical detection equipment the battalion carried registered the presence of toxins immediately after the blast.

The Kamisiyah incident was not referred to in the new report, which focused instead on chemical detections in the first week of the gulf war. The new report, prepared by the Pentagon's Persian Gulf Veterans' Illness Investigation Team, was posted this month on a Defense Department site on the Internet intended for gulf war veterans.

The report said detection equipment manned by Czech and French soldiers found evidence of mustard gas or nerve gas — usually in "low levels" or "infinitesimal" amounts — as many as seven times from Jan. 19, 1991, the third day of the air war against Iraq, to Jan. 25, 1991.

All of the reported detections were made within a 35-mile radius near Hafr al-Batin and the King Khalid Military City, a sprawling Saudi military base that was used to house thousands of American and other coalition soldiers.

"What this report tells me is that they were getting fallout from the plants being bombed in Iraq," said James J. Tuite 3d, a former Congressional investigator and founder of the Gulf War Research Foundation, a group that has accused the Pentagon of a cover-up. "We're talking about thousands of pounds of materials that are deadly enough to kill people in microdoses that were drifting over the two major American staging areas in Saudi Arabia."

James Turner, a Defense Department spokesman, said the release of the new report was a demonstration of the Pentagon's commitment to make public all information on the issue. "We're doing what we said we would do," he said. "We're delivering on our promise of getting to the bottom of this."

The Pentagon had previously acknowledged that it was aware of two "credible" detections by Czech equipment: on Jan. 19, 1991, when three Czech teams detected low levels of nerve agent in different areas of the Saudi desert in the vicinity of Hafr al-Batin, and Jan. 24, 1991, when the Czechs found a patch of sand contaminated with mustard agent about six miles north of the King Khalid Military City.

But the new report offered accounts of five other possible detections by Czech and French soldiers in the same period that "while not as thoroughly substantiated, cannot be discounted."

Among the other reported detections cited in the report was one on Jan. 21, 1991, when a French unit reported "trace quantities of nerve and blister agent" in the vicinity of the King Khalid Military City, and another on Jan. 24 or Jan. 25, 1991, when French soldiers detected nerve and mustard agents at a logistics center about 16 miles south of Military City.

(more)

(Cont)

The report offered several possible explanations for the detection of chemical weapons in northern Saudi Arabia in the early days of the war. "One theory attributes the detections to an offensive chemical attack," it said. "This possibility has been largely disproved," it added, because there were no Iraqi missile attacks in the area "until well after the first week of Desert Storm, when the detections occurred."

"Another theory is that fallout from coalition bombings of Iraqi facilities caused the reported detections," the report continued.

While that possibility seemed remote based on studies of wind conditions at the time, it said, the Pentagon "is in the process of further exploring the plausibility of venting from bombed facilities several hundred miles north" of Hafr al-Batin.

The report appeared to play down the potential health hazards, even if chemical weapons reached the area where American troops were stationed, because the chemicals "dissipated so quickly that in all cases in which U.S. troops were called upon to confirm the detections, not enough of the agent remained to register on the detectors."

IN THEIR OWN WORDS

The Pentagon on Chemical Weapons in Iraq

What the Pentagon has said about the possibility that American troops may have been exposed to Iraqi chemical weapons during the Gulf War:

"The reports we have examined so far do not indicate that U.S. service members were exposed to chemical warfare agents . . . We are continuing to examine every aspect of these reports."

— Defense Department statement, Nov. 17, 1993.

"There is no information, classified or unclassified, that indicates that chemical or biological weapons were used in the Persian Gulf."

— May 25, 1994 letter to Gulf War veterans signed by Defense Secretary William J. Perry and Gen. John Shalikashvili, chairman of the Joint Chiefs of Staff.

"Clearly there is some evidence of low-level exposure."

— Maj. Gen. Ronald Blanck, commander of the Walter Reed Army Medical Center and the Army's chief physician, speaking of American Gulf War veterans during a May 2, 1996 appearance before a Presidential advisory commission.

"The evidence indicates that the Czech detections made on 19 and 24 January 1991 are credible. The other detections discussed above, while not as thoroughly substantiated, cannot be discounted."

— August 1996 report by Pentagon investigating team, on detection of chemical agents during the first week of the Gulf War.

The New York Times

Hartford (CT) Courant, 8/19/96

Government still indifferent to the toll of Gulf War chemicals

Diane Gates Dulka

I am Gulf War widow. My husband, Sgt. Joseph E. Dulka Jr., died Aug. 28, 1994, of pancreatic cancer at age 37. My son was born with cleft lip and palate 10 months after my husband's return from the Persian Gulf. Since my husband's death, I have testified at the presidential Gulf War committee hearings and at the congressional subcommittee hearings in Washington in June.

I am disgusted by what I am seeing. My husband was with the 143rd Military Police Company out of Hartford. He and his company were ordered to spray prisoners of war with lindane to delouse them. They were ordered to do so after a medical company attached to their unit refused to do it. Lindane is a known cancer-causing chemical. The MPs were spraying this in enclosed tents, with no ventilation or protection.

My claim for survivor's benefits has been denied four times by the U. S. Department of Veterans Affairs and now sits in the Court of Appeals in Washington. The Army has exposed its MPs to a toxic chemical under appalling conditions and now refuses to take responsibility for its actions.

During congressional hearings, Dr. Stephen Joseph, assistant secretary of defense for health affairs, stated that Gulf veterans have not been affected by a delay in the government's admission that chemicals were detected in one bunker during the Gulf War.

However, I testified that if veterans had known they had been exposed to chemicals, they would not have produced children. If doctors and nurses had known soldiers were exposed to chemical warfare, maybe some of the cancer victims could have been saved.

In my husband's case, his cancer was not found until its advanced stages. His intestinal tract was blocked and there was a tumor the size of a baseball behind his stomach before it was detected. They don't look for that type of cancer in healthy 37-year-old men. My husband's doctors said that if they knew he had been exposed to chemicals, they would have looked much sooner and perhaps he could have been saved or at least died a more comfortable death.

During congressional hearings, Dr. William L. Marcus, an expert from the federal Environmental Protection Agency, submitted testimony about large numbers of cancer cases among Gulf War veterans. The departments of veterans affairs and defense continue to deny that there is any extraordinary health problem for these veterans.

Because of officials' delaying tactics, many veterans have died. Families are not getting the benefits they deserve.

It has been 5½ years since the Gulf War and the departments of veterans affairs and defense still can't produce an accurate figure on deaths, sick veterans or children born with birth defects.

Who watches over these agencies?

Congress needs to do something about this immediately. The General Accounting Office must investigate this issue. VA and DOD need to be held accountable for withholding information, denying claims, providing substandard medical care and telling ill veterans they are crazy.

Recently, a law was passed to allow some Desert Storm children with birth defects to qualify for military medical coverage. What a great gesture!

God help your children or grandchildren if they go into the military and there is a war. What if your daughter marries a Gulf War veteran and produces a child with no arms or legs, or a child with a deformed brain who will be a vegetable all of its life? Will you be able to look at yourself in the mirror or look into the pain in your child's face?

Diane Gates Dulka *of Windsor Locks is a real estate agent.*

SUMMARIES OF MISCELLANEOUS RADIO AND TV COVERAGE

DEPARTMENT OF VETERANS AFFAIRS
8/14 To 8/19

1) All News Channel
All News Channel Cable Programming 8/15/96 9:00-9:30 AM
05.16 R; Gulf War Lawsuits. The wives of 3 gulf war veterans are suing the government for $60 million dollars. They claim their children have birth defects from toxic chemicals their husbands were exposed to during the war. 05.31

2) Headline News
CNN Headline News Cable Programming 8/15/96 8:30-9:00 AM
8.37 GR; Gulf War Syndrome. The wives of three gulf war soldiers are suing the federal govt for $60 million. They say their children's birth defects were caused by their husbands exposure to chemicals and immunizations. V; Soldiers in Saudi Arabia. Jan. 1991. 9.07

3) Bloomberg Information TV
USA Cable Programming 8/14/96 6:00-6:30 AM
19.11 Chemical Kick. R; Scientists in N.C. may have found a way to kick the habit. It involves the combination of a nicotine patch along with a drug that was used to treat blood pressure years ago. Studies show the two drugs work better than the patch by itself. The drug robs tobacco of its taste and pleasure inducing effects. Research was done at the VA Medical Center and Duke University in Durham, N.C. 19.42

4) 1010 Morning News
WINS-AM (ABC) CH 1010 New York 8/14/96 7:00-8:00 AM
12.34 Nicotine patch. Researchers say the nicotine patch works better with a drug that blocks the pleasing effects of nicotine. SB; Jed Rose, Veteran's Affairs Medical center, Psychologist on using the patch in connection with a drug, that is not named. 13.17

5) WGN-AM News
WGN-AM (Ind) CH 720 Chicago 8/15/96 8:00-8:10 AM
04.50 WGN News. > Wives of three Gulf War Veterans are suing the government because their children have birth defects. 06.50

6) The Derek McGinty Show
WAMU-FM (NPR) Freq.88.5 Washington 8/15/96 12:00-2:00 PM
05.21 Gulf War syndrome. In the way of birth defects in the offspring of 3 vets has been alleged by wives of 3 vets. They blames pesticides and petrochemicals. 05.42

7) WTOP News Radio 15
WTOP-AM (CBS) CH 1500 Washington 8/15/96 12:00-1:00 PM
36.14 Lisa Myer reports wives of Persian Gulf War veterans are suing the Government because their children have birth defects which they blame on Pentagon; SB; Jim Toot, director of Gulf War Research Foundation, says Innocent civilians are being affected and Government is washing its hands of them; 37.00.

(MORE)

(CONT.)

8) News 4 At 6
WRC-TV (NBC) CH 4 Washington 8/14/96 6:00-7:00 PM
42.26 TZ; Health Watch. >A smoking study shows promise. GR; The smoking cessation study includes using a nicotine patch with Mecamylamine. The VA Medical Center in Durham, North Carolina results are presented at a meeting of the American Psychological Association.

9) News 4 Texas Morning Edition
KDFW-TV (Fox) CH 4 Dallas 8/16/96 8:00-9:00 AM
5.00 Gulf veterans. V; Gulf war veteran's wives suing over birth defects. Steve Centanni reporting. I; Jim Tuite, Gulf War research center, children have devastating illnesses. Vaccines are alleged culprit, and chemical weapons destroyed by allied troops. I; Paul Rothstein, Law professor, will be an uphill battle for lawsuits. PC; Ken Bacon, Pentagon Spokesman, we arent ruling anything out just yet. Studies underway. 7.10

10) 11 News at Noon
KTVT-TV (CBS) CH 11 Dallas 8/14/96 12:00-12:30 PM
14.15 Senior Health. TZ; V; Dr Helen Wood, Dallas Veterans Affairs reporting. The number of Senior care givers is growing. It is usually stressful and the job is long term and it takes its toll sooner or later. GR; Assistance for seniors. GR; Senior Companion Program hotline. 16.30

11) News 2 Houston First at Five
KPRC-TV (NBC) CH 2 Houston 8/14/96 5:00-6:00 AM
23.23 TZ; Healthbeat. > V; Melatonin, by Cardiovascular Research, Ltd. on store shelves. Source: Dept. of Veteran Affairs, Medical Center. Used to treat jet lag and insomnia, melatonin is claimed to help too many other ailments that have not been proven. Some researchers advise to not take the supplement until further research. 26.16

12) News 40 This Morning
WGGB-TV (ABC) CH 40 Springfield 8/19/96 6:00-7:00 AM
40.08 Forty Birthday Salute. V; Anne Murray VA Hospital in Northampton.

# # #

AP, 8/15/96

Wives of Gulf War Vets Sue U.S. Over Children's Birth Defects

BALTIMORE (AP) - The wives of three Gulf War veterans are suing the government for $60 million, claiming their children suffered birth defects because their husbands were exposed to dangerous chemicals during the war.

Their lawsuit, filed Monday in U.S. District Court, claims the government was negligent in allowing their husbands to be exposed to pesticides and petrochemicals.

Exposure to "unreasonably dangerous" toxic chemicals during the war and immunizations the military gave the men caused their children to be born with Goldenhar's Syndrome, which causes severe deformities often involving the respiratory and digestive systems and a distortion of facial features, the lawsuit said.

U.S. Attorney Lynne Battaglia refused to comment on the case while it is pending, a spokesman said. Telephone calls by The Associated Press to the women's lawyer were not immediately returned.

The lawsuit was filed by Denise Blake, wife of Army Private Paul Blake; Marilyn Minns, wife of Army Military Police Sgt. Brad A. Minns; and Kimberly Walsh, who is married to Chief Petty Officer Brian Walsh, of the Navy.

Each couple has a child who suffers from eye, brain, lung, kidney and digestive defects.

Experts said Wednesday that winning the case would be highly unlikely, partly because federal law grants the government immunity from lawsuits by military personnel injured while on active duty.

"It's very difficult to sue the government because first the government has to decide to let you sue them, and then they decide if the they are liable," said Jim Tuite, director of the Gulf War Research Foundation in Washington.

The Pentagon has said its researchers have found no evidence of a single, unique illness related to the war, reporting that clinical studies of veterans show a range of illnesses similar to the general population.

Dr. Stephen Joseph, assistant secretary of defense for health affairs, said in June that "an unknown illness or a syndrome that was mild or affected only a small proportion of veterans at risk might not be detectable in a case series, no matter how large."

The Pentagon also disclosed in June that U.S. troops took part in destroying an Iraqi chemical weapons storage site in March 1991, shortly after the war ended. It is unclear whether the three men whose wives filed the lawsuit participated in destroying the storage site.

In April, Duke University researchers reported that doses of three chemicals used to immunize Gulf War soldiers from nerve gas and insects are harmless alone but can cause neurological problems in animals when administered together.

The Baltimore Sun, 8/15/96

3 gulf war veterans' wives sue U.S. over birth defects

Women say chemicals led to youths' abnormalities

By JOAN JACOBSON
SUN STAFF

Three wives of U.S. servicemen are suing the federal government, claiming their husbands' exposure to toxic chemicals and dangerous immunizations during the Persian Gulf war caused severe birth defects in their children.

The three multimillion-dollar lawsuits filed Monday in U.S. District Court in Baltimore may be the first of their kind filed by spouses of gulf war veterans. H. Russell Smouse, who is representing the families, said yesterday that he knew of no other similar suits.

"These servicemen and their wives had children before their service in the gulf war who were born normal. The children involved here after the period of service were born with significant defects," said Smouse, who is with the Law Offices of Peter Angelos.

The suits say that all three children, who range in age from 2 to 4, were born with asymmetrical bodies — with one side smaller than the other.

Each child also has many other defects, including kidney and lung problems, brain deformities, bowel defects and, in one case, a missing ear.

The mothers are married to men who served in the Persian Gulf from 1990 to 1991 and were given dangerous combinations of immunizations and exposed to toxic pesticides that later caused birth defects, the suits say.

The immunizations included anthrax vaccine, botulinus toxoid and gamma globulin. The pesticides included chemicals known as chlorpyrifos (Dursban) and diethyltoluamide (DEET).

The suit claims that the federal government "negligently administered and/or exposed" the servicemen "to these hazardous, unreasonably dangerous, defective products ... without proper testing, approval, warnings ... ".

Numerous reports have been made in the past few years of children with severe birth defects born to men who served in the gulf war, prompting the U.S. Senate to pass a measure in June giving the children extra medical benefits.

Similar reports of birth defects have surfaced recently in Britain, where the Ministry of Defense has ordered a study of reports of birth defects in children born to men and women who served in the war with Iraq.

In the suit filed this week in Baltimore, the plaintiffs are:

- Kimberly Walsh of Virginia Beach, Va., the mother of Jena Walsh, 4. Kimberly Walsh and wife of Navy Chief Petty Officer Brian Walsh.
- Denise Blake of Aberdeen, the mother of Katelyn L. Blake, 2, and wife of Army Pvt. Paul F. Blake.
- Marilyn Minns of Fort Meade, the mother of Casey R. Minns, 3, and wife of Army Sgt. Brad A. Minns.

The three women either declined to comment or could not be reached yesterday.

Each seeks $20 million for medical expenses, their lost wages, pain and suffering.

Before filing the suits in U.S. District Court, each family submitted a claim to the Office of the Judge Advocate General at Fort Meade seeking $20 million in compensation. The military has rejected those claims.

Carroll County (MD) Times, 8/15/96

Gulf War wives sue U.S. over children's birth defects

Associated Press

BALTIMORE — The wives of three veterans are seeking $60 million from the federal government for birth defects suffered by their children, which they claim stem from negligent exposure to chemicals by their husbands during the Gulf War.

The suit claims exposure to pesticides and petrochemicals along with military immunizations during the war caused their children to be born with Goldenhar's Syndrome, which causes severe deformities often involving the respiratory and digestive systems and distortion of facial features.

However, Houston attorney Frank I. Spagnoletti, who is suing several companies that sold chemical and biological agents to the Iraqi government, said the plaintiffs will have a hard time overcoming the Soldiers and Sailors Act. The act grants the government immunity from suits by military personnel injured while on active duty.

Four similar cases in Texas have been dismissed, but may be refiled, said Joe Krovisky, a spokesman for the U.S. Justice Department in Washington.

Jim Tuite, director of the Gulf War Research Foundation in Washington, agreed with Spagnoletti that winning such cases is very difficult.

"It's very difficult to sue the government because first the government has to decide to let you sue them, and then they decide if the they are liable," he said.

The three families in the Maryland suit have at least convinced Peter Angelos' law firm that there is a chance they could win their suit. Angelos, part owner of the Baltimore Orioles, acquired his fortune by suing a number of large corporations on behalf of steel mill workers and other injured by asbestos.

U.S. Attorney for Maryland Lynne Battaglia refused to comment on the case while it is pending, spokesman Gary Jordan said Wednesday.

Telephone calls by The Associated Press to Angelos' offices were not immediately returned Wednesday.

The suit claims children born to the families prior to the Gulf War did not suffer birth defects. The three children named in the suit, Katelyn Blake, of Aberdeen; Casey Minns, of Fort Meade; and Jena Walsh, of Virginia Beach, Va., suffer from ear, eye, brain, lung, kidney and digestive defects.

The suits were filed by the mothers of the children, Denise Blake, wife of Army Private Paul Blake; Marilyn Minns, wife of Army Military Police Sgt. Brad A. Minns; and Kimberly Walsh, who is married to Chief Petty Officer Brian Walsh, of the U.S. Navy.

Even if the suit fails, the three may receive some help from the government.

Army Times, 8/19/96

Gulf War vets left out

While the VA has decided to compensate and treat Vietnam veterans' children born with spina bifida, it has not done the same for the offspring of veterans who served in the Persian Gulf War.

In April, the VA began offering free medical examinations to the spouses and children of Persian Gulf War veterans and to those who received an exam under the agency's Persian Gulf Registry program. The pilot program authorized by Congress awarded the VA $2 million to conduct exams for an estimated 4,500 people.

Diagnose, but don't treat

But VA physicians are not authorized to treat spouses and children if illnesses are found.

"To date we just don't have the statistical evidence to show that the children of Persian Gulf veterans face an elevated risk of being born with birth defects," said VA spokesman Terry Jemison.

That could change as a result of a provision in the 1997 defense authorization bill, approved by congressional negotiators July 30.

It would establish medical and dental benefits for children of Gulf War veterans who are born with congenital defects and illnesses, although no causal relationship between the illness and military service has been established. The provision also would authorize $10 million in research funds to study the possible causal relationship between Gulf War syndrome and exposure to chemical agents used during the Persian Gulf War.

Later this year, the VA — in conjunction with a team of researchers — will begin studying the effects of wartime environmental exposure on veterans' children. In late 1996, the VA will award more than $1 million in grants to a research team selected by internationally recognized scientists and reproductive experts.

B. Denise Hawkins

Dallas Morning News, 8/13/96

GULF WAR

It is time to come clean about chemical risk

It has been more than two decades since conscription into the U.S. military ended. As an all-volunteer force, the U.S. military now is second to none. But whether a conscript or a volunteer, those who defend our country against foreign governments shouldn't have to fight their own government to get the kind of medical care they deserve when they return from war.

The Persian Gulf war ended five years ago. Despite reports from U.S. soldiers, chemical weapons specialists, and a Czech chemical warfare team documenting the exposure of U.S. soldiers to chemical weapons, the Pentagon still won't acknowledge the problem.

Only this June did the Pentagon disclose that U.S. soldiers destroyed an Iraqi bunker that contained chemical weapons in 1991. And even then a Defense Department spokesman reiterated the department's long-standing position that it "has found no evidence that Iraq used chemical weapons during the war, and the department has found no clinical evidence that U.S. troops were exposed to chemical weapons."

How can that be? If chemical weapons were present in the bunker, there is at least the possibility that troops were exposed to them. So why is the Defense Department unwilling to come clean?

Possibly, because that would mean that there could be a definite link between the myriad maladies that have befallen the gulf war vets. And that would make the government responsible for caring for them.

If true, Uncle Sam should acknowledge that responsibility. There's no national security risk as there was in the 1940s and 1950s when health problems of troops subjected to deadly radiation were kept secret. And there's no major controversy about government policy, as there was in the 1960s when health problems of troops involved with the defoliant Agent Orange were brushed aside.

The gulf war was a popularly supported war, and the harmful weapons in question were loosed by Saddam Hussein, not Norman Schwartzkopf. The Defense Department should quit denying there was exposure. The department should do the right thing by our troops. They should be provided with the care they deserve. They shouldn't have to fight any more.

Dallas Morning News, 8/11/96

U.S. view on chemical exposure irks gulf vets

Pentagon denies belated response to reports

By Ed Timms
Staff Writer of The Dallas Morning News

When Pentagon officials recently acknowledged that U.S. soldiers destroyed an Iraqi bunker containing chemical weapons in March 1991, Jason Whitcomb wasn't surprised.

He served with a unit of combat engineers that destroyed dozens of Iraqi bunkers at about the same time. By the time that his unit returned to the United States, he said, it was widely known that chemical weapons were stored in some of the bunkers.

Mr. Whitcomb also believes that exposure to chemical weapons may explain his many afflictions. He was a healthy 17-year-old when he enlisted. Now he's 23 and in failing health. He gets around the house with a cane or on crutches and uses a wheelchair for infrequent trips away from his rural Oklahoma home.

The Pentagon's most recent disclosures have failed to appease many critics, including Mr. Whitcomb.

They charge that the government, in response to the plight of ailing Gulf War veterans, has acted only after being prodded repeatedly — and "revealed" new information only after it already has been made public by others.

Pentagon officials have long dismissed such criticism. They say the complaints of ailing veterans are taken seriously, and they point to numerous research projects and studies exploring possible explanations as evidence.

"We want to find the answer to this," said Air Force Lt. Col Deborah Bosick, a Pentagon spokeswoman. "Sometimes it seems like it takes a long time. The process does take a long time. That's because you want to be thorough. You want to make sure you are correct."

The Pentagon's most egregious conduct, some critics say, involves its belated response to evidence of chemical weapons exposure.

Paul Sullivan, president of Gulf War Veterans of Georgia, sees a disturbing pattern.

"The Pentagon has a very clear policy on handling this issue," he said. "Their policy is to only admit what the veterans have been able to clearly prove."

Mr. Whitcomb, who served with the Army's 82nd Airborne Division, says he is angry that the Pentagon is only now beginning to acknowledge even the possibility that U.S. forces may have been exposed to chemical weapons.

The information was out there," Mr. Whitcomb said. "People knew."

His frustrations are shared by many other ailing veterans, some members of Congress and civilian experts.

"The Pentagon has got a big problem on their hands concerning credibility," said Matt Puglisi, a Gulf War veteran who monitors the issue of Gulf War illnesses for the American Legion, the nation's largest veterans group.

"They insisted before the war that the Iraqis posed one of the greatest chemical weapons threats in the world. Immediately following the war, the Department of Defense then claimed the Iraqis didn't have chemical weapons stored in theater and no one was exposed," he said.

"We're coming to see that story . . . is falling apart."

U.S. Sen. Jay Rockefeller, D-W. Va., a longtime advocate for ailing gulf veterans, said the Pentagon scores "about zero" on the credibility meter.

"It's just fascinating to think of all the well-known generals who had to have known this, and then said nothing when people in the Pentagon said nothing had happened," Mr. Rockefeller said.

At a June 21, 1996, news conference, Pentagon officials first announced that U.S. soldiers apparently destroyed a bunker containing chemical weapons at the Kamisiyah ammunition storage area in southern Iraq.

That chemical weapons were in the area was not a revelation. In fact, news reports in 1992 had described how a U.N. inspection team had found — and destroyed — hundreds of warheads containing the nerve gas Sarin at Kamisiyah in 1991.

Mr. Sullivan, a gulf veteran who has experienced health problems since the war, said evidence about the chemical weapons at Kamisiyah was presented to the Presidential Advisory Committee on Gulf War Veterans' Illnesses in April 1996.

The new development announced in June, a Pentagon official said, was that a specific bunker destroyed by U.S. soldiers apparently contained chemical weapons.

That conclusion was based on evidence found by U.N. inspectors on a return visit to the site in May 1996: polyethylene linings that are characteristic of those used in shells that carry chemical weapons.

According to the Pentagon, the combat engineers who destroyed the bunker in March 1991 found no evidence of chemical agents. After the explosion, chemical detectors didn't go off. Nor did the U.N. inspectors find traces of chemical elements at the site when they returned in 1996.

At the June briefing, the Pentagon's long-standing position on chemical weapons was reiterated by spokesman Kenneth Bacon.

"The Department of Defense has found no evidence that Iraq used chemical weapons during the war, and the department has found no clinical evidence that U.S. troops were exposed to chemical weapons," he said.

But Rolando Rios, a San Antonio attorney who serves on the Presidential Advisory Committee, said it is significant that the Pentagon has at least taken the position that "there could have been" some exposure to U.S. forces.

That has improved Mr. Rios' rating of the Pentagon's response to the plight of sick gulf veterans.

(MORE)

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"A year ago it would have been a D, and now I think we're up to a C," said Mr. Rios, a disabled Vietnam-era veteran.

But the Pentagon's catalyst, he added, has been outside pressure: from veterans, Congress, and more recently, hearings by the advisory committee.

James J. Tuite III, who spearheaded an extensive investigation into reports of chemical weapons for former U.S. Sen. Donald Riegle Jr. D-Mich., said he welcomed the Pentagon's belated acknowledgment that U.S. service members may have been exposed to chemical weapons. But he questions why it took so many years.

"Congress has been telling them that this happened since 1993. American soldiers have been telling them that this happened since 1991." Mr. Tuite said.

"I have a particular problem with a Department of Defense that will believe the U.N. and Iraq before it will believe its own soldiers, many of whom were chemical specialists who were right there in the gulf at the time."

Mr. Tuite noted that a number of U.S. civilians and military personnel have seen evidence of chemical weapons firsthand while serving as inspectors for the United Nation's Special Commission, monitoring and overseeing the destruction of Iraq's weapons of mass destruction.

Since the war ended, military personnel have continued to report battlefield experiences with chemical weapons.

Soldiers and Marines reported chemical weapons incidents even before the ground war rolled to a halt. Chemical weapons were mentioned in several awards citations. And in a March 1991 report, an Army doctor concluded that "exposure to liquid mustard chemical warfare agent" was responsible for blisters that erupted on the arm of Army Pvt. David Allen Fisher.

Pvt. Fisher, who was assigned to a unit of the 3rd Armored Division, apparently suffered the injuries while searching through Iraqi bunkers in northwestern Kuwait for intelligence material and enemy soldiers.

The doctor reported that tests indicated the presence of chemical weapons on Pvt. Fisher's clothing and equipment, and in the bunker complex.

For at least two years after the war, the Pentagon maintained that evidence that Pvt. Fisher was exposed to chemical agents was inconclusive. But in a written statement provided to *The Dallas Morning News*, Pentagon officials confirmed that he "did have contact with a mustard agent which was on the wall of a bunker he was investigating."

Mr. Whitcomb, who received a medical discharge from the Army and has a 100 percent disability from the Department of Veterans Affairs, suspects that he may have been exposed to chemical weapons more than once.

A SCUD missile exploded over Dhahran, Saudi Arabia, soon after he got there. He traveled through an area, he asserts, downwind from an Iraqi facility containing chemical weapons that was bombed by allied aircraft. And while on patrol near Iraq, he encountered dead camels and goats that had "died in their tracks" for no apparent reason.

We were trying to figure out what happened when all of a sudden we noticed there were no flies, no insects," he said. "And you're talking about a place where 10 flies were waiting even before you opened an MRE [Meals Ready to Eat]."

When Mr. Whitcomb's unit began destroying the bunkers in Iraq, he said, soldiers found munitions with markings that indicated they were chemical weapons.

At congressional hearings, several U.S. service members — including chemical detection specialists — have testified that they detected chemical weapons during the war.

Ailing members of a reserve Seabees unit from Georgia and Alabama testified that they were subjected to an Iraqi chemical attack a few days after the allied air war began.

Mr. Riegle's staff documented incidents involving chemical weapons in lengthy reports made public in 1993 and 1994.

Czech chemical warfare experts detected low levels of the nerve agent Sarin early in the war. That detection was initially viewed with skepticism by the Pentagon but more recently accepted.

A 1993 Czech military report suggested that the most likely source of the chemical was allied bombing raids on industrial sites or chemical munitions depots in Iraq, a conclusion that the Pentagon has disputed.

In a June 1994 report, a defense department review board, the Defense Science Board Task Force, concluded that there was no evidence of exposure to chemical weapons during the Gulf War.

But in 1995, the Defense Department released portions of a previously classified log of incidents written down during the Gulf War that purportedly involved chemical weapons. The log, which was available to the military's top leaders in the region, cited several detections of chemical weapons, the discovery of "possible chemical rounds" — and Pvt. Fisher's exposure.

Mr. Tuite said that prior to the release of the log, senior government and Pentagon officials repeatedly had asserted that there was no information, classified or unclassified, indicating that chemical agents were detected, or that any U.S. service members were exposed.

"The fact of the matter is they lied," Mr. Tuite said.

He suggests that "the whole issue of whether or not the Pentagon has been telling the truth is certainly one that needs serious investigation."

Ailing Gulf War veterans are by no means the first to be frustrated by what they perceive to be government inaction.

Veterans who were exposed to radiation during nuclear tests and Vietnam veterans exposed to Agent Orange, Mr. Rockefeller said, had a similar experience.

(MORE)

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"I remember hearings where atomic veterans from the '40s and '50s, dying of cancer, told us that they'd been trying to prove a relationship between the fact that they were sent into a nuclear cloud deliberately . . . and later got cancer. And the government said, 'I'm sorry, we have nothing to do with it,' " Mr. Rockefeller said.

Mr. Sullivan believes that exposure to chemical weapons may be one of several explanations for the illnesses experienced by Gulf War veterans. There has been "tremendous progress," he said, in seeking answers.

"But we still don't have the medical care," he said. "We're getting the research now, but we still don't have the words from [Defense Secretary William] Perry or President Clinton that say, unequivocally, there were chemical exposures and illnesses from the war."

He hopes that will soon come.

"I hope not too many more people have to die or have their lives ruined while they wait," he said.

The New York Times, 8/11/96

Legacy of Illness for Unit That Blew Up Bunkers

By PHILIP SHENON

WASHINGTON, Aug. 10 — After years of Pentagon denials, a group of veterans of the Persian Gulf War are offering the most compelling evidence to date that American troops were exposed to Iraqi chemical weapons, and say that nerve gas and other chemical agents have begun to ravage their bodies.

The soldiers and former soldiers were members of the Army's 37th Engineer Battalion. And unlike thousands of other Americans who have complained that they suffer from the ailments collectively described as gulf war syndrome, the men of the 37th can pinpoint the time and place that they believe they were exposed to chemical weapons: 2:05 P.M. on March 4, 1991, when the battalion blew up 33 Iraqi bunkers in the southern Iraqi desert.

The Pentagon acknowledged this spring — more than five years after the end of the war and more than four years after the United Nations made the first evidence public — that one concrete bunker probably held shells containing sarin, a deadly nerve agent, and mustard gas, a blister agent that can burn flesh. The bunkers were destroyed to keep the Iraqis from re-arming immediately after the war.

Defense Department officials say their initial review of the medical records of the battalion offers no evidence of an unusual pattern of health problems among these soldiers. While it concedes that chemical weapons were probably at the arsenal, the Pentagon has said it still has no clinical evidence the soldiers were exposed.

But the veterans of the 37th tell a different story. Many say they are sick. In interviews with 37 of the nearly 150 battalion members who were reported in the vicinity of the arsenal at the time of the explosion, 27 said they had suffered serious health problems since the war.

Their ailments, they said, include mysterious infections and rashes, serious gastrointestinal problems, fierce headaches and constant fatigue. Many have been hospitalized for unexplained ailments; some have had surgery.

"We just want to know what's wrong with us," said Christian Tullius, a veteran of the 37th from Copperas Cove, Tex., who left the Army only last month.

"We were paratroopers — elite troops, in great shape — and now we're all sick as dogs," said Mr. Tullius, 28, who has been operated on nine times for intestinal ailments since the war and had much of the muscle wall around his stomach removed.

So far, medical experts have not been able to determine a cause for the reports of illness, and have disagreed over whether the syndrome in fact has a medical basis. More than 60,000 gulf war veterans have asked for special Government health screenings to determine if they suffer from ailments related to the war.

The accounts given by members of the 37th, however, have raised concerns about the credibility of the Defense Department, which until recently insisted that it had no evidence Americans might have been exposed to Iraqi chemical or biological weapons. There is also a possibility that tens of thousands of other soldiers downwind from the explosion were exposed as well.

An investigation of the incident at the Kamisiyah arsenal, including interviews with officials at the Pentagon and a review of classified Army reports on the explosion, has shown several things:

¶The Pentagon paid little, if any, attention to early reports that chemical agents might have been released at Kamisiyah, even though the United Nations investigators made the information public in at least three reports to the Security Council in 1992. The United Nations said that copies of the report were also provided immediately to the United States Government, including several Federal libraries.

¶Some veterans of the 37th Battalion dispute crucial elements of the Pentagon's initial account of what happened at Kamisiyah. The Pentagon has said that according to battlefield reports, soldiers conducted an extensive inspection of the site for chemical weapons before the blast, and that detectors found no chemical agents after the explosion. Some veterans said both assertions were incorrect. They said chemical-weapon alarms went off shortly after the blast, leading many soldiers to don rubberized chemical-warfare suits immediately.

¶The battalion ran short of the chemical suits, and troops were encouraged not to unwrap new suits even when chemical-gas alarms went off. The alarms went off frequently during the war — several times a week, with most dismissed as false alarms by commanders. Several soldiers said they often wore only gas masks when the alarms went off, leaving their skin exposed.

"We were just told to put our masks on and get inside the tent," said Dale Cook, a 28-year-old veteran from Fremont, Mich., who said he was suffering from kidney stones, a mysterious fungus that is causing his fingernails to drop off, rashes across much of the rest of his body and chronic fatigue that causes him to nod off at work.

Even as the Defense Department has suggested that exposure to low levels of chemical weapons does not carry long-term health risks, Pentagon officials acknowledge that in fact little is known about the long-term effects. One of the few studies ever done on the issue, a 1974 report in a Swedish research journal, said that low levels of chemical weapons could produce cancers and "chronic illnesses" of the central nervous system.

The former members of the battalion, which is based at Fort Bragg, N.C., were located through Army records and referrals by other veterans. While those interviewed are not a random sample, there still seems to be a remarkable amount of illness among a group of young men who, as paratroopers in the war, were required to be in peak physical condition.

Patrick T. Hopper of Ronkonkoma, L.I., who left the Army only a few months after the gulf war, said that he had suffered from continuous bouts of nausea since the war and that he had been rushed to a hospital emergency room last month after nearly passing out from vomiting.

(MORE)

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Often, he said, he is so tired that he sleeps until the middle of the day. "I just associated all of this with getting older," said Mr. Hopper, who is 25.

James Stark, a 29-year-old battalion veteran who still serves in a National Guard unit near his home in Fort Scott, Kan., said he suffered from migraine headaches that last four to six hours and "totally incapacitate me — basically I tough it out until I get hit with waves of nausea and begin to vomit a lot, and then I'm forced to leave work."

Huge Explosion, And Then Alarms

The concrete bunkers at Kamisiyah, which were located about 200 miles southeast of the Iraqi capital of Baghdad, covered 20 square miles of desert. When the war ended in a cease-fire on Feb. 28, 1991, the United States and its Western allies were eager to destroy what remained of the Iraqi arsenal, so the 37th Engineer Battalion was ordered to demolish the bunkers.

The explosion was so large that it rocked the desert floor miles away and created a plume of smoke that covered hundreds of square miles. Soldiers made a videotape of the scene, and it shows a vast black cloud rising into the sky, fed by several smaller explosions. The video also shows that soldiers, who were about three miles from some bunkers, were not wearing chemical-weapon suits or gas masks.

When the Pentagon made its landmark announcement in June that the 37th Battalion might have been exposed to chemical weapons at Kamisiyah, officials insisted that battlefield records showed that equipment set up near the bunkers at the time of the explosion in 1991 did not detect nerve gas or other chemical agents.

But that is not how Daniel Topolski, a former chemical-weapon specialist with the 37th, remembers it. Mr. Topolski, 31, a home builder who lives near Phoenix, said that his chemical alarm, an M8-A1, went off quickly after the explosion.

The M8-A1 is prone to false alarms, however. So Mr. Topolski remembered grabbing for a hand-held lab kit that is far more precise. It registered positive for nerve gas. "We went to the guys and said, 'Hey, we're not playing, this is real,' " Mr. Topolski said. The soldiers, he said, hurriedly put on their chemical-weapon suits.

"I remember the alarms going off that day," agreed James R. Riggins, a retired major who was the executive officer of the 37th. "We were so close that it made sense to don all the chemical equipment, so we did."

The New York Times

Iraqi bunkers blown up in March 1991 in Kamisiyah held nerve gas.

Mr. Riggins said that despite the Pentagon's insistence that the bunkers at Kamisiyah had been inspected for chemical weapons before the explosion, there was, in fact, no expertise or equipment within the battalion to conduct a thorough search.

"How the hell would we really know what's inside those bunkers?" he asked. "We are obviously not chemical-weapons experts."

Lingering Doubts And Distrust

The United Nations Special Commission on Iraq, which is charged with monitoring Iraq's compliance with the cease-fire, said its investigators first learned in October 1991 of the possibility that chemical weapons might have been released at Kamisiyah, and they were able to confirm their initial findings in a new inspection last spring.

Pentagon officials have suggested that the public reports filed by the United Nations investigators in 1992 were overlooked in the crush of other intelligence information that reached the Defense Department after the war. Senior officials said they first learned of the reports — and of the fact that sarin and mustard gas were probably stored at Kamisiyah — this year.

"We're going to follow up and further investigate," said Stephen C. Joseph, Assistant Secretary of Defense for Health Affairs. "Kamisiyah was the first clear instance in which we had something that we needed to focus on with respect to whether there was an actual exposure to chemical weapons."

Still, he said that a preliminary review of the health records suggested that veterans of the 37th were not suffering an unusual number of health problems.

The findings would tend to support larger studies that have found no evidence to support the concept of gulf war syndrome. A study released in January by the Institute of Medicine, which is affiliated with the National Academy of Sciences, found that veterans' ailments "are not the result of chemical, biological or toxin warfare, or accidental exposures to stored weapons."

Dr. Joseph said that the Pentagon would mail questionnaires to all members of the battalion to inquire about their health since the war, and that it was providing millions of dollars for new research on the effects of low-level exposure to chemical weapons.

Several veterans of the 37th, including some soldiers who are still in the Army, say they do not trust the Pentagon to carry out an honest investigation. Their concern is shared by some members of Congress.

"I believe with all my heart and soul that both the Department of Defense and the Department of Veterans Affairs are covering up the fact that our troops were exposed to chemicals and maybe biological agents," said Representative Christopher Shays, a Connecticut Republican whose staff has been investigating the health problems of gulf war veterans.

From Perfect Health To Chronic Illness

Mr. Riggins, the retired major, has remained healthy, but he said he had no question about the truthfulness of other veterans of the 37th who now say they are sick. "Some of these guys are heroes," he said. "They are John Wayne types. These are not the type of guys to make these things up."

As paratroopers, the members of the 37th Engineer Battalion were expected to be ready to drop into a desolate battlefield at a moment's notice. "They could run 10 miles, they could do hundreds of push-ups, they could carry a rucksack all day and all night," Mr. Riggins said of the soldiers once under his command.

Yet only five years later, many of these same men say they are so weak, so ill and in such pain that they can barely function.

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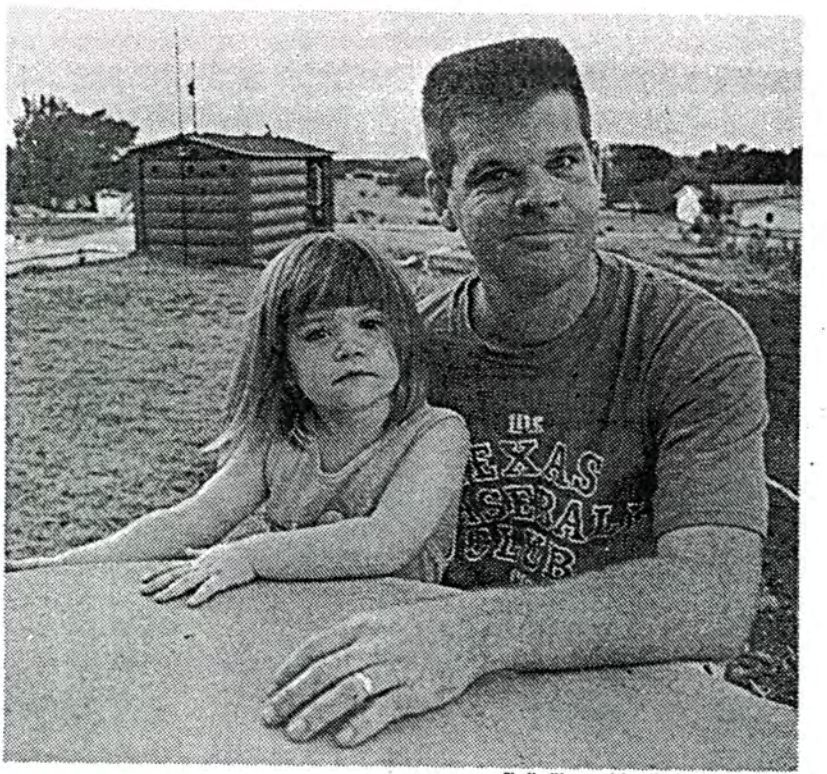
James D. Craig, a 29-year-old veteran of the 37th who left the Army in 1992, said that his medical record "is thicker than the Bible" since he returned from the war.

He said that he had suffered from "the whole array of gulf war symptoms — the fatigue, the sweats, the achy muscle joints."

"You feel like you're 80 years old, and you're only 29," Mr. Craig said. "It's like having the flu forever." Mr. Craig said that doctors at a local veterans hospital had diagnosed his condition as psychosomatic.

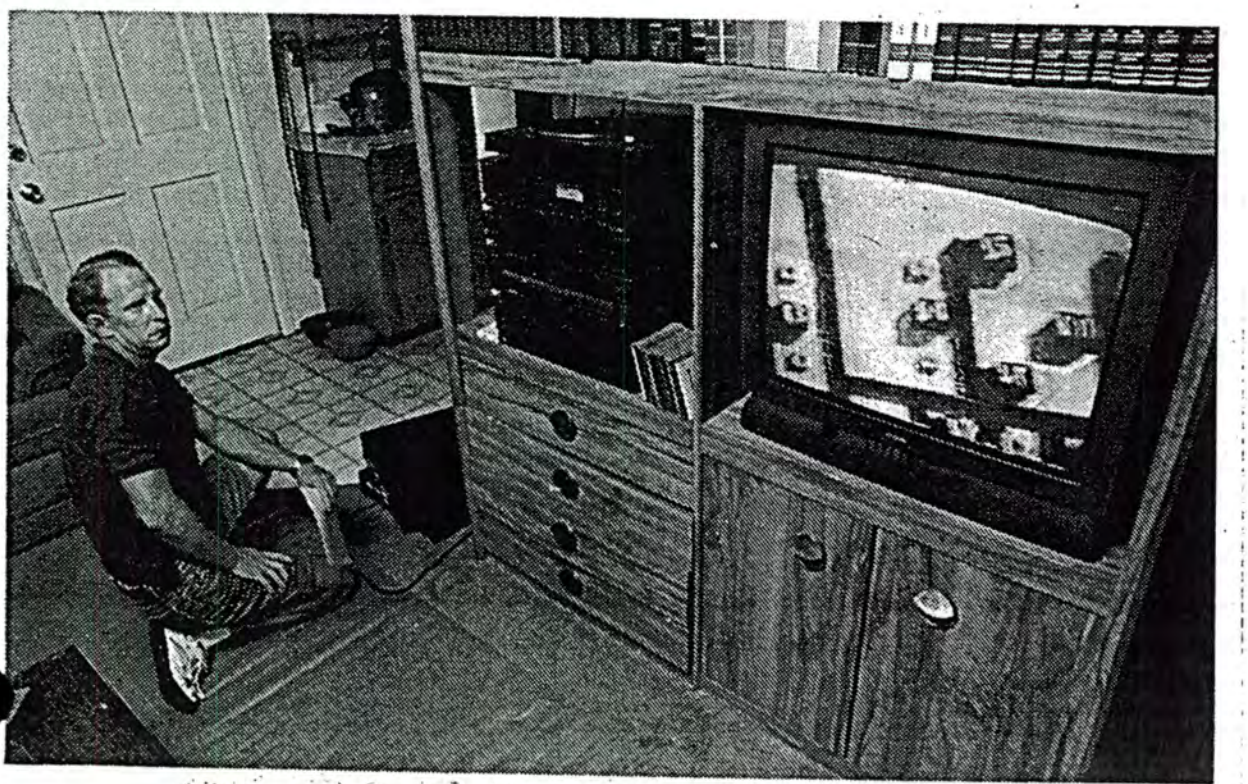
Brian Martin, a 33-year-old battalion veteran from Niles, Mich., was so disabled after his service in the gulf that the Pentagon has already agreed to provide him with full disability pay. His doctors say he suffers from chronic diarrhea, insomnia and headaches. He does not have enough energy to walk more than 200 feet before collapsing.

The military has been unwilling to concede until now that soldiers were exposed to chemical weapons "because it's such a huge black eye — they have to admit that they put us in harm's way during the war," Mr. Martin said. "I'm not out to embarrass the military. I'm not out to hurt the military. But we are sick, and we're asking the military to please acknowledge that."



Shelly Warwood for The New York Times

Christian Tullius, who left the Army after nine operations for intestinal ailments, at home in Copperas Cove, Tex., with his daughter, Elizabeth.



Jeff Topping for The New York Times

Daniel Topolski, a former member of the Army's 37th Engineer Battalion, recently watched a videotape of Iraqi bunkers the battalion blew up on March 4, 1991. The Pentagon has said one held a deadly nerve gas.

Colorado Springs (CO) Gazette Telegraph, 8/8/96

OUR VIEW

An elusive illness

What ails gulf war vets? So far, it's probably no single malady

Earlier this week up in Denver, veterans of the Persian Gulf War gathered to renew their call on the government to get to the bottom of "Gulf War Syndrome." Maybe they're all chasing smoke.

As reported in Wednesday's Gazette Telegraph, veterans, including from the Springs, poured out their heartfelt frustration over trying to find out what's at root of their wide-ranging illnesses. They also expressed bitterness at what they feel is federal inaction over assorted afflictions — from rashes to neurological disorders to cancer to their children's birth defects — that, they contend, stem from their service in the war against Iraq.

They told their stories anew to a traveling, 12-member advisory commission set up by President Clinton in 1995 and composed of veterans, scientists, health care officials and others. The panel's purpose is to act as an independent sounding board on the matter. Its duties include coming up with recommendations to fine-tune the government response in terms of research, treatment and related policies.

Which isn't to say the government hasn't done a lot already: As the Gazette report also noted, the Departments of Veterans Affairs and Defense already have sponsored more than 30 research projects into the possible causes of the disparate ailments. In 1995 alone, up to $13 million was spent on the inquiry, and this year's expenditures promise to run as high.

And to date, the considerable research points to one conclusion: There's no such thing as Gulf War Syndrome. In other words, no single, definable sickness is responsible for the veterans' suffering.

Make no mistake: Probably no one suggests that most of those veterans or their loved ones who are afflicted are imagining the ailments. On the contrary, there are plenty of demonstrable symptoms and even serious and sometimes terminal illnesses that have befallen those who served in our brief Persian Gulf action back in 1991.

It's just that the heavily anecdotal accounts of the veterans' woes just don't make the case that their problems are related. More to the point, the rate of each of their ailments tends to be either at or below rates for the population at large.

Columnist Michael Fumento, a frequent contributor to these pages who's researched Gulf War Syndrome extensively including the studies conducted to date, concludes: "Among 700,000 people (who served in the gulf), over a period of four years, there will be some illness. All the evidence indicates the amount of disease for these vets, other than stress-related illness, is no more than what should be expected."

The government certainly is obliged to treat the various, specific ailments of those who so valiantly served in the armed forces, including in the gulf war. But let's not ask the feds to keeping pay out tax dollars for a super-ailment that may well not exist.

The Wyoming Tribune-Eagle (Cheyenne), 8/6/96

Cheyenne vet seeks answers

Mike Lanning will testify today about Persian Gulf Syndrome.

By Joe Gerdysz
Wyoming Newspapers

For Desert Storm veteran Mike Lanning, full enjoyment of life ended when he returned home more than five years ago and began developing symptoms of Persian Gulf Syndrome.

Lanning and other ailing veterans in the Rocky Mountain region will have the opportunity to testify today in Denver to an open panel of the Presidential Advisory Committee on Gulf War veterans' illnesses. The 12-member panel will take public comments this morning during its meeting at the Adam's Mark Hotel, 1550 Court Place.

Now a Cheyenne resident, Lanning was medically retired by the Air Force in 1994 after developing sleep apnea, chronic fatigue, hepatitis, pain in his muscles and joints and other symptoms of Persian Gulf Syndrome. A CAT scan has also revealed a nodule in his right lung which doctors cannot diagnose, he said.

Unable to work for most of the past two years, he says he's sure his symptoms were caused by exposure to Iraqi chemical and biological weapons while he worked as a fuels specialist in Qatar.

"I feel it's time for the government to stop studying and to start acting," said Lanning.

The Department of Veterans Affairs has not yet ruled on his case, so he has the lowest priority for medical treatment. He is hoping the VA will rule his case service-connected so he and his family can get non-taxable VA compensation. The 50 percent disability income his family gets from the Air Force is taxable and would end if he dies.

More than 945,000 service members served in the Persian Gulf from August 1990 through the end of 1994. As of June 25, 60,441 people have been listed by the VA on the Persian Gulf Registry. More than 80,000 veterans have filed claims for symptoms, of which more than 55,000 have been denied.

Lanning is a member of the Desert Storm Veterans of the Rocky Mountains, a grassroots effort launched three years ago by Denise Nichols, an ex-Air Force nurse now living in Colorado.

"We're hoping that the president won't wait for the committee to turn in its full report after the election," Nichols said in a telephone interview.

Colorado Springs (CO) Gazette Telegraph, 8/7/96

Gulf war vets sound off

Advisory panel hears testimony on health problems

By Genevieve Anton
Gazette Telegraph

DENVER — Maj. Richard Walker, a Persian Gulf War veteran from Pueblo, has told the story of his mysterious illness again and again. In the past five years he's testified before Congress, the state Legislature and the Department of Veteran's Affairs.

Every time he testifies, it saps what little energy he has left.

But Walker stood up once again Tuesday before a presidential advisory committee that held a hearing in Denver as part of an 18-month effort to see how well the government is responding to the health problems being reported by gulf war veterans.

"I'm sure the people on this committee are truly dedicated to finding out what is wrong with us and what can be done to help us," he said later. "I just hope we finally get some answers."

It's a problem that won't go away. Six years after the United States sent 697,000 troops to battle Iraq, tens of thousands of veterans still suffer from unexplained symptoms ranging from rashes to breathing problems to neurological disorders. And there's no happy ending in sight.

Not that the government hasn't tried to get to the bottom of what's causing one of the most contentious health problems among veterans since Agent Orange. The VA and the Defense Department have sponsored more than 30 research projects on possible causes. In 1995 alone up to $13 million was spent on such efforts, and funding for this year is expected to be just as high.

While medical care has improved, compensation is easier to obtain and even some classified information is now available to veterans, no one has been able to nail down the exact cause of what is collectively called "Gulf War Syndrome." And that has hampered efforts to help the victims.

"It's extremely frustrating," said Walker, who also counsels some 70 gulf veterans in Pueblo trying to navigate the maze of federal assistance. "Every day I hear the stories — panicked wives whose husbands go into shock, a widow who can't make ends meet, a veteran who is blown off by the VA once again."

The 12-member advisory commission set up by President Clinton in May 1995 is composed of veterans, scientists, health care officials and policy experts. It's billed as the first independent panel to review all aspects of the government's response — policy, research efforts, medical treatment and outreach programs — and come up with recommendations.

An interim report was submitted in February; a final version is due at the end of the year.

"This committee is very committed and serious about making the strongest recommendations possible to the president," said executive director Robyn Nishimi. "We won't be able to find answers for each individual case, but we'll point out what still needs to be done overall."

However, Denise Nichols, president of a Colorado group for gulf war veterans, said it's just one more delay while veterans continue to suffer and die. Congress and the military now have an excuse to sit back and do nothing while they wait for yet another report, she said.

"Don't study us to death," said Nichols. "Don't shove us off to another hearing or research program like trapped guinea pigs. The president needs to step forward as commander-in-chief and take bold action right now to save the veterans."

Her disillusionment with the lack of progress was shared by a group of sick veterans from Colorado Springs who attended the daylong hearing.

"I see what's going on and I'm not impressed," said Marion Wagner, a retired staff sergeant who was a squad leader for an air defense unit on the front line. "This is a whitewash, a dog-and-pony show to convince the public that something is actually being done."

Wagner pulled out a photo album showing his unit trudging through burned-out bunkers filled with human bodies, spent ammunition and debris as oil-well fires burned in the background — a toxic junkyard of war that he claims ruined his health. Once he left the military, he couldn't get medical care because the VA still has not approved his claim one year after it was submitted.

"I've got no place to go for help," Wagner said. "If the government can't fix my little problem, how is it going to solve anything?"

The Denver Post, 8/7/96

Vet rips panel probing illnesses

Gulf War study flawed, he says

By Sheba R. Wheeler
Special to The Denver Post

Members of the presidential advisory committee on Gulf War veterans' illnesses thought the first leg of their public hearing yesterday morning was over until the irate veteran emerged from the sidelines.

Moments before, committee members had heatedly accused the Department of Defense's Persian Gulf investigation team of withholding unclassified reports and information from veterans who say they suffer from Gulf War Syndrome. The committee also lambasted the team's investigative process, saying they waited until people died before they ran tests to detect low-level exposures to chemical agent.

Team representatives said they were trying to locate evidence of toxic exposure by researching evidence of sick people who showed symptoms, but they have yet to find traces of chemical agents that have been proven to cause the Gulf War Syndrome.

But Jim Adams, who served as a medic in the Gulf War, scoffed at the government team's claim. He said he heard thousands of chemical gas alarms sounding on his ship when it docked at a port in Saudi Arabia. He believes a Scud missile that exploded on the ship could have released toxic agents that caused his skin problems and chronic fatigue, both of which are symptoms of the syndrome.

"These people (investigation team) are stonewalling us and giving us a line of crap," the 25-year-old Wyoming man asserted as he attempted to pelt the investigative team with more questions. But Dr. Andrea Kidd Taylor, head of the panel, refused to let him disrupt the hearings, saying he already had had his chance to speak.

Adams was one of more than a dozen people voicing their concerns at the public hearing yesterday. Committee members listened to testimony, investigated the possibilities of chemical exposure and tried to measure the quality of care and health benefits provided for sick veterans for its final report to be issued at the end of the year.

"It took 20 years for the government to recognize eight different forms of cancer as being related to the defoliant spraying in Vietnam," said Edmee J. Hills, national chairwoman of Veteran's Widows International Network Inc.

"There are thousands of veteran's widows ... not aware they now qualify for DIC (Dependency and Indemnity Compensation) benefits. Are we going to allow for the same tragedy to repeat itself in conjunction with the much maligned Gulf War veteran's illness?"

President Clinton set up the 12-member committee last year to review and provide recommendations on the full range of government activities relating to illnesses that afflicted military people who served in the Gulf War of 1991.

In February, the committee released its interim report in which it claimed the Pentagon's poor record-keeping, delayed outreach programs and faulty chemical and biological warfare equipment complicated Gulf War illness investigations. The committee also said research efforts should be better coordinated and veterans needed to be kept better informed.

Denver (CO) Rocky Mountain News, 8/7/96

..iling gulf war soldiers pour out anger

They're being ignored, vets tell presidential committee

By Dick Foster
Rocky Mountain News Staff Writer

Frustration spilled over into anger Tuesday as ill veterans from the Persian Gulf War told a presidential committee visiting Denver that their illnesses are being downplayed and the causes ignored.

More than a dozen veterans testified before the Presidential Advisory Committee on Desert Storm Illness, which is conducting a nationwide fact-finding tour.

One by one, veterans took the microphone to tell of going to the 1991 war healthy but coming home with strange and stubborn illnesses.

For years, many said, they have endured chronic joint and muscle pain, headaches, memory loss, sleeplessness, diarrhea and skin rashes. Many have developed tumors and cancers and a number have reported birth defects in their children.

A widow, Michal Juarez of Pueblo, spoke for her husband, Agustin, an Army staff sergeant who "had never been sick before going to the gulf war" but died of leukemia in 1995.

Veterans said their illnesses often have been dismissed as coincidental or "imagined" when they reported symptoms to military or veterans hospitals.

"Physicians were acting like I was just imagining things. Then I had a heart attack last year, at age 31," said Susan Meyer, a former Marine communications technician. "I'd like you to see that the VA starts taking people seriously."

Other veterans suggested the Army itself was involved in any failure to determine the cause of gulf illnesses. They complained that records were not kept of the batteries of inoculations they were given, and they were told not to discuss the "secret" injections. Many believe they are the cause of widespread illnesses.

And many are convinced that they were exposed to chemical weapons such as nerve and mustard gas in the war zone.

When Col. Edward Koenegsberg from the Pentagon told the committee there was still no "positive evidence" of chemical exposure it brought the angriest response of the day, from ex-Navy hospital corpsman Jim Adams.

"They're stonewalling us," Adams shouted, walking up toward Koenegsberg as Secret Service agents moved in.

"They say they had no chemical detection, but the Czechoslovakians detected it, our own people detected it, we detected them all over the place and our government keeps covering it up. . .