

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	[Personally Identifiable Information] [partial] (3 pages)	06/00/1994	b(6)

COLLECTION:

Clinton Presidential Records
Chief of Staff
Jennifer O'Connor (Subject Files)
OA/Box Number: 6138

FOLDER TITLE:

Persian Gulf-Mystery Illness 1994 [1]

2024-0267-S
rs4104

RESTRICTION CODES

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

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

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]



Department of Veterans Affairs
Office of Public & Intergovernmental Affairs

FAX: (202) 273-5717

TELEPHONE: (202) 273-5750/5751

FAX FACTS:

Boxx 703-695-1149

Nino 202-690-7318

TO: Dennis Boxx and Theresa Nino

O'Connor 202-456-6704

DATE: July 11, 1994

FROM: Kathy Jurado

Transmitting: Cover page plus 7 pages

COMMENTS: We are still formulating the response to NIH recommendation number 9. Please give me a call at (202) 273-5750 after you review the draft.

Kathy

DRAFT

PERSIAN GULF VETERANS COORDINATING BOARD
PUBLIC AFFAIRS PLAN
JULY 11, 1994

The upcoming events will provide the Persian Gulf Veterans Coordinating Board with media opportunities and will require a coordinated press response.

TIMETABLE**July 21, 1994**

VA Teleconference will discuss the following topics: NIH Recommendations and PG Veterans Coordinating Board Response, Registry Exams, Case Assessment Protocol, and Leishmaniasis.

August 5, 1994

JAMA will publish the NIH interim report with Final Recommendations of the Technology Assessment Panel. The PG Veterans Coordinating Board will release its response to the NIH Recommendations.

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A paper on clinical evaluation and treatment of PG Veterans has been submitted by members of the PG Veterans Coordinating Board staff for publication in the New England Journal of Medicine. If accepted for publication, the article will most likely appear in August.

August ??, 1994

VA Announces Environmental Hazards Research Centers and cites funding of individual research projects

September ??, 1994

(Assuming passage) President signs PG Veterans Compensation Bill.

Page Two

ONGOING PUBLIC AFFAIRS STRATEGY

Outreach

1. Senior DoD and VA Officials visit hospitals, research centers.
2. DoD and VA Officials attend VSO Annual Conventions.
3. DoD and VA mailings to PG veterans regarding availability of exams and compensation.

Research

1. Coverage of research group meetings and findings or decisions.
2. Announcement of research awards.

Press Briefings

1. SECVA and DEPSECDoD and other agency representatives will individually brief specialty press and conduct Op Eds.
3. Press briefings in conjunction with Congressional Hearings.
4. Utilize DoD press briefings for Persian Gulf updates.

Education

1. VA and DoD education of physicians via teleconference and nationwide distribution of pertinent materials or other information.
2. Education of private physicians through outreach to the AMA, Association of American Medical Colleges etc.

**Consensus
of
Interagency Research Coordinating Council
Concerning
Recommendations for Future Research
on
Health-Related Concerns of Persian Gulf
Veterans**

(Revised 6/20/94)

Recommendation #1:

It is important that a more accurate estimate of the symptom prevalence be established. A short health questionnaire could be sent to 700,000 veterans, or a representative sample, including dates of service and a symptom checklist including illness in family members and relevant treatment.

Consensus Statement #1:

The DoD, VA and HHS are working together to design and implement a survey on the health effects of service in the Persian Gulf. We are discussing the details of the content of the questionnaire, the type of survey, the sample size, and the timelines. We plan to send the survey questionnaire to a cohort of military families, including both those who participated in the Persian Gulf and those who did not.

Recommendation #2:

A coordinated Department of Veterans Affairs and Department of Defense hospital-based case assessment protocol should be developed to provide a uniformly thorough assessment, diagnosis, and treatment of all Persian Gulf veterans with multisystem illness. An assessment strategy modeled after the Centers for Disease Control and Prevention (CDC) protocol for chronic fatigue syndrome is recommended. Such systematic diagnosis and evaluation would assure the identification of specific treatable diseases, would minimize the likelihood of misdiagnosis and inappropriate treatment, and would lead to a case definition needed for clinical, epidemiological, and other purposes.

Consensus Statement #2:

This recommendation is currently being implemented by separate initiatives underway within both VA and DoD and the case assessment protocol is being standardized and coordinated between the two departments.

Recommendation #3:

Only by comparing symptom rates among population groups can true underlying differences and unusual illnesses be revealed. Cohort studies are needed in which deployed and nondeployed soldiers are compared. Comparison populations should include those deployed elsewhere. Also needed are well-designed case-control studies that include detailed exposure information for those reporting symptoms and for appropriately selected controls. Family studies should be included when appropriate.

Consensus Statement #3:

The Department of Defense has initiated an aggressive research program which entails epidemiologic studies investigating the morbidity among Gulf War veterans and controls. In addition, VA is receiving a proposal for a similar study involving a smaller number of subjects from the Birmingham, AL VAMC.

Recommendation #4:

Pulmonary symptomology is the most common reason for disability applications. Pulmonary functions of combat and support troops can be determined directly. The military should, therefore, conduct a retrospective cohort study to investigate pulmonary function related to oil fire plume exposures.

Consensus Statement #4:

The Department of Defense has started a comprehensive clinical evaluation project to intensively evaluate all individuals in the DoD Persian Gulf Veterans Health Surveillance System who have undiagnosed symptoms. This evaluation will include, for those individuals with pulmonary symptoms, an in depth pulmonary evaluation that includes pulmonary function tests, arterial blood gas measurements, and other examinations as indicated. This clinical evaluation project will provide a report of the diagnostic and therapeutic outcomes of these examinations and the clinical practice guidelines for diagnosing and treating individuals experiencing Persian Gulf Syndrome to the Deputy Secretary of Defense in September 1994.

Recommendation #5:

The military should simulate the indoor situations associated with unvented heaters and other exposure scenarios involving petroleum, insecticides, and spray painting among others. Physical and mathematical modeling is a reasonable approach to estimating concentrations in situations representative of those experienced in the Persian Gulf operation. These simulated conditions should be relevant to questionnaire design in order to estimate exposures retrospectively.

Consensus Statement #5:

To be undertaken by DoD, after discussion with the Commander, Army Medical Research and Development. This recommendation has been contemplated in conjunction with studies in Multiple Chemical Sensitivity (MCS). An announcement for the multiple chemical sensitivity study is being placed in the Commerce Business Daily and other scientific journals requesting proposals be submitted using the existing Broad Agency Announcement.

Recommendation #6:

Research is needed to establish the relationship of stressors of deployment and combat to the constellation of symptoms afflicting some Gulf War veterans. The Department of Defense should anticipate how specific features of contemporary deployment and combat may contribute to acute and delayed psychophysiological dysfunction and should develop educational, training, and instructional protocols that reduce deployment combat stress.

Consensus Statement #6:

DoD has already conducted at least one study in this area and has sent the results to Congress. The study investigated stress factors in Gulf and non-Gulf veterans, particularly those who had been subject to SCUD missile attacks. A more far reaching study was conducted by Dr. Marlowe from the Walter Reed Army Institute for Research (WRAIR). In addition, this recommendation will be brought to the attention of the Commander, Army Medical Research and Development. DoD's efforts will be coordinated with VA's Advisory Committee on PTSD.

Recommendation #7:

The Department of Veterans Affairs should develop more responsive and effective approaches to diagnosis and therapy of veterans affected by stress-related or stress-exacerbated illness. Attention should be devoted to multidisciplinary research and clinical approaches that identify treatable conditions, provide objective assessments of physiological and neurophysiological dysfunction, and lead to intervention strategies to limit disability due to stress-related symptoms.

Consensus Statement #7:

To be undertaken by VA, specifically involving Dr. M. Freeman of the Secretary's Advisory Committee on PTSD, and Dr. J. Wolfe of the Boston VAMC, who is already conducting studies on the effects of PTSD in Gulf veterans. In addition, some responses to the RFP for environmental hazards research examine stress as a health factor.

Recommendation #8:

The panel found that few data are available regarding the troops who served in the Persian Gulf and their exposures during that period of service, and that data collection carried out was initiated only after a considerable delay. The panel therefore strongly recommends that the Department of Defense develop plans for prompt collection of high-quality, relevant data at any time U.S. forces are deployed in the future. The data collected should include baseline data regarding the predeployment health status of the troops, the environmental characteristics of their surroundings, their exposures following deployment, and their health status both at the end of deployment and subsequently. Plans for such data collection should be developed by a multidisciplinary group including clinicians, occupational physicians, epidemiologists, and industrial hygienists, among others. Input from outside the DoD should be solicited before the plan is finalized, and the final plan should be reviewed and revised periodically thereafter. From the time this planning effort is initiated, the group of individuals who will be responsible for its successful implementation should be clearly designated.

Consensus Statement #8:

The Offices of the Deputy Under Secretary of Defense (Environmental Security) and the Assistant Secretary of Defense (Health Affairs) have begun to plan the formation of a workgroup to develop policies and procedures to establish a routine post-overseas deployment health surveillance process, that as a minimum, looks at a sample of individuals returning from overseas in order to establish a baseline for disease incidence/prevalence that can be expected from overseas deployment. In addition, a routine system of health surveys/questionnaires to be conducted both predeployment and during deployment is being considered. Also, procedures for environmental health risk assessments before, during, and after deployment will be reviewed.

PERSIAN GULF ILLNESS MEETING
JULY 9, 1994

AGENDA

- Introductions
- Administration response to NIH report: press/legislative strategies
- Montgomery Bill

Update: amendments in House
Strategy: House & Senate
Press

2 AS: - manifest symptoms t.1 Oct '96
(deal Mont, Saturday & Evans)
- 3 yr period renewed if no diagnoses

- Veterans Affairs Teleconference (July 21st)
- New England Journal of Medicine article (formerly JAMA article)
- Declassification

- Does in the week after; Dr. Nathan to call
Dr. Martin

Update: schedule, logistics, press/legislative strategies

! All staffers to
watch

- Ongoing press/legislative strategies
- Set up a regular meeting time

early
in Sept.

coordination
septs

next trigger
in Sept

report on
medical exams

DOD rpt to see DoD on
what we're finding
on medical
exams

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Department of Veterans Affairs
Office of Public & Intergovernmental Affairs

FAX: (202) 273-5717

TELEPHONE: (202) 273-5750/5751

FAX FACTS:

Jennifer O'Connor	FAX #s	202-456-6704
Dennis Boxx		703-695-1149
TO: Theresa Nino		202-690-7318

DATE: 7/12/94

FROM: Kathy Jurado 202-273-5760 or 5751

Transmitting: Cover page plus 4 pages

COMMENTS:

**Department of
Veterans Affairs**

Memorandum

Date: July 8, 1994

Dals:

From: ACMD for Environmental Medicine and Public Health (116A), VACO, WASH DC 20420

Subj: "Persian Gulf Update" uplink - DoD and veteran service organizations participation

To: Medical Center Directors (00)

1. A satellite conference entitled, "Persian Gulf Update" is scheduled to be broadcast on Thursday, July 21, 1994. This VA Satellite Network program will be telecast from 1:00 - 2:30 p.m. ET. A brochure is attached for your information.
2. This satellite conference will be produced for Office of Environmental Medicine and Public Health in cooperation with Office of Academic Affairs. The purpose of this program is to update people in the field on recent health care developments of Persian Gulf Veterans, and is primarily designed for health care providers, physicians, nurses, physician assistants, directors, chiefs of staff, and anyone dealing with Persian Gulf veterans or programs.
3. Office of Academic Affairs has asked that DoD personnel and veteran service organizations located in areas adjacent to VA health care facilities be invited to view this satellite conference. We would appreciate your assistance in contacting the appropriate individuals in your area and inviting them to view the teleconference at your Medical Center.
4. We appreciate your cooperation in making these guests welcome. Questions concerning this request can be referred to Dr. Frances M. Murphy, Acting Director, Environmental Agents Service, Office of Environmental Medicine and Public Health (116A) at (202) 535-7193.

Susan H. Mather M.D.

SUSAN H. MATHER, M.D., M.P.H.

Attachment



Department of
Veterans Affairs

Office of Environmental Medicine and Public Health, VACO; Office of Academic Affairs, VACO;
Salt Lake Regional Medical Education Center, and National Audio Visual Production Center, Salt Lake City
Present



Persian Gulf Update

Satellite Video Conference

July 21, 1994

Faculty: Matthew J. Friedman, M.D., Ph.D., Executive Director, National Center for PTSD, White River Junction, VT;
Timothy Gerrity, Ph.D., Chief, Clinical Research Branch, U.S. Environmental Protection Agency, Research Triangle Park, NC;
Susan H. Mather, M.D., M.P.H., Assistant Chief Medical Director for Environmental Medicine and Public Health, VA Central Office,
Washington, DC; Frances M. Murphy, M.D., Acting Director, Environmental Agents Service, Office of Environmental Medicine
and Public Health, VA Central Office, Washington, DC

➤ Location _____

➤ 1:00 p.m. - 2:30 p.m. E.T.

12:00 p.m. - 1:30 p.m. C.T.

11:00 a.m. - 12:30 p.m. M.T.

10:00 a.m. - 11:30 a.m. P.T.

For additional information, please contact your satellite coordinator:

➤ _____

Purpose - To outline recent developments in medical care for veterans of the Persian Gulf War. As a major outcome of this program, participants will be able to begin VAMC-based planning to assist their facility in meeting the challenges of patients exhibiting health problems as a result of the Persian Gulf War.

Target Audience/Accreditation - Physicians, nurses, physician assistants, medical center directors, chiefs of staff, VSOs, VBA staff and DoD clinicians will receive credit for this program.

Objectives - Upon completion of this activity, participants should be able to:

- Identify the ten most common health symptoms of Persian Gulf War Veterans.
- Describe the recommendations of the National Institutes of Health (NIH) workshop of April 1994.
- Describe the impact of stress on physical health and define the diagnosis of PTSD.
- Describe the components of the VA/DoD uniform case assessment protocol.

Accreditation:

The Salt Lake Regional Medical Education Center (RMEC) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The Salt Lake RMEC designates that this activity meets the criteria for two credit hours in Category 1 of Physician's Recognition Award of the American Medical Association.

This offering for 2.4 contact hours is sponsored by the Salt Lake RMEC which is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center Commission on Accreditation.

The Salt Lake RMEC designates that this activity meets the criteria for two contact hours of continuing education.

For activities greater than two contact hours, a certificate of attendance will be awarded by the Salt Lake RMEC. For activities less than two contact hours, certificates will be provided upon request.

Participants must attend the entire session and complete an evaluation form to receive a certificate. A record of attendance for all participants will be kept on file at the Salt Lake RMEC.

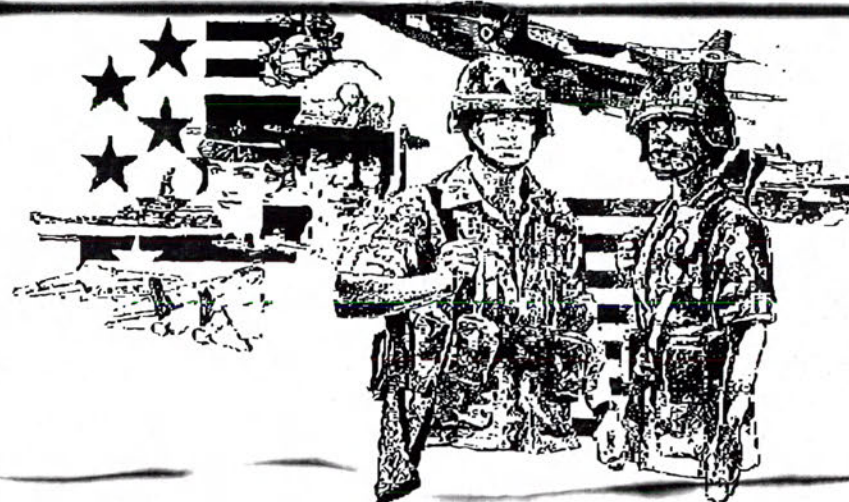


Department of
Veterans Affairs

Office of Environmental Medicine and Public Health, VACO,
Office of Academic Affairs, VACO;
Salt Lake Regional Medical Education Center;
and
National Audio Visual Production Center, Salt Lake City
Present

Persian Gulf Update

July 21, 1994



Satellite Video Conference

1:00 p.m. to 2:30 p.m. E.T.

12:00 p.m. to 1:30 p.m. CT

11:00 a.m. to 12:30 p.m. MT

10:00 a.m. to 11:30 p.m. PT

Project 94 WD

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This satellite conference will outline recent developments in medical care for veterans of the Persian Gulf War. As the major outcome of this program, participants will be able to begin VAMC-based planning to assist their facility in meeting the challenges of patients exhibiting health problems as a result of the Persian Gulf War.

Target Audience:

The target audience for this program includes physicians, nurses, physician assistants, medical center directors, chiefs of staff, VSOs, VBA staff, and DoD clinicians.

Agenda:

- 12:30 p.m. Registration and Test Signal
- 1:30 p.m. Introduction
Susan H. Mather, M.D., M.P.H.
National Institutes of Health Workshop Outcomes
Timothy Gerrity, Ph.D.
Psychiatric Problems Among Persian Gulf Returnees
Matthew J. Friedman, M.D., Ph.D.
Uniform Case Assessment Protocol
Frances M. Murphy, M.D.
Questions and Answers (Call-in Segment)
- 2:30 p.m. Conclusion of Broadcast
Program Evaluation

Objectives:

Upon completion of this activity, the participant will be able to:

- Identify the ten most common health symptoms of Persian Gulf War veterans;
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Faculty

Matthew J. Friedman, M.D., Ph.D.
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National Center for PTSD

Timothy Gerrity, Ph.D.
Chief, Clinical Research Branch
U.S. Environmental Protection Agency

Susan H. Mather, M.D., M.P.H.
Assistant Chief Medical Director for Environment Medicine and Public Health, VA Central Office, Washington, D.C.

Frances M. Murphy, M.D.
Acting Director, Environmental Agents Service
Environmental Medicine and Public Health, VA Central Office
Washington, D.C.

MEMORANDUM
OF CALL

Previous editions usable

TO:

~~Just~~ Gen

☒ YOU WERE CALLED BY—

☐ YOU WERE VISITED BY—

Melissa Barney

OF (Organization)

☒ PLEASE PHONE ▶

☐ FTS

☐ AUTOVON

☐ WILL CALL AGAIN

☐ IS WAITING TO SEE YOU

☐ RETURNED YOUR CALL

☐ WISHES AN APPOINTMENT

MESSAGE

Melissa Bonnes

about Persin Celf.
Persin EPA
Celf
Health 260-9828

RECEIVED BY

meety

11:40

DATE

7/11

TIME

63-110 NSN 540-00-634-4018

STANDARD FORM 63 (Rev. 8-81)

Prescribed by GSA

FPMR (41 CFR) 101-11.6

U.S. GOVERNMENT PRINTING OFFICE: 1991 281-781/40014

Withdrawal/Redaction Sheet

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Confirmations For Monday's Meeting

6/11/94

Dr. Steven Josephs

Dennis Boxx

Michael Landrum

Kathy Jurado

Ed Scott

(b)(6)

Theresa Nino

Marcy Oppenheimer

Shawn Donohue

Loretta Ucelli

Tim Keating

Jake Siewert

Dr. Peter Beach

~~Will Call Back~~

[Redacted]

6/10/94

Tim Keating
Dennis Boxx

[Redacted]

Dennis Boxx
Cleveland
-EP (for Ucelli)

[Redacted]

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
Washington, D.C. 20503

URGENT

July 6, 1994

LEGISLATIVE REFERRAL MEMORANDUM

LRM #I-3169

TO: Legislative Liaison Officer -

DEFENSE - Samuel T. Brick, Jr. - (703)697-1305 - 325
HHS - Frances White - (202)690-7760 - 328

FROM: JANET R. FORSGREN (for) *B. Pellicci*
Assistant Director for Legislative Reference

OMB CONTACT: Robert PELLICCI (395-4871)
Secretary's line (for simple responses): 395-7362

SUBJECT: VA Proposed Report RE: HR 4386, Veterans'
Persian Gulf War Benefits Act

DEADLINE: NOON July 8, 1994

COMMENTS: Secretary Brown wants to send the attached letter to all Members of Congress expressing the Administration's strong support for Persian Gulf benefits legislation.

OMB requests the views of your agency on the above subject before advising on its relationship to the program of the President, in accordance with OMB Circular A-19.

Please advise us if this item will affect direct spending or receipts for purposes of the the "Pay-As-You-Go" provisions of Title XIII of the Omnibus Budget Reconciliation Act of 1990.

CC:

Nancy-Ann Min
Jennifer O'Connor
Rachel Levinson
Cookie Walden
Frank Reeder
David Zavada
Wendell Waites
Bill Dorotinsky
Art Stigile
Chris Jennings
Joe Lackey
Janet Forsgren

07/05/94 10:47 AM;

DRAFT OF LETTER TO ALL MEMBERS OF CONGRESS RE PERSIAN GULF
VETERANS

The Honorable

Dear -----:

At a June 9 House Veterans' Affairs Subcommittee hearing, I expressed the Administration's strong support for the proposed "Veterans' Persian Gulf War Benefits Act" (H.R. 4386). The bill would provide compensation to Persian Gulf War veterans suffering from disabilities resulting from undiagnosed illnesses possibly incurred during service in the Southwest Asia theater of operations. On June 30, the Subcommittee reported the bill favorably with amendments.

This legislation is badly needed at this time in order to enable VA to respond to the needs of many Persian Gulf veterans who are suffering from a wide variety of disabling but unexplained conditions. These include debilitating fatigue, joint pain, memory loss, bleeding gums, and many other symptoms.

Our service members were exposed to a wide variety of toxic substances and environmental hazards during the Persian Gulf War, which was a very dirty war from an environmental standpoint. However, scientific evidence is not yet available that points to a specific cause or causes of many health problems of the veterans. In fact, a recent National Institutes of Health-sponsored technology assessment workshop concluded that "it is impossible at this time to establish a single case definition" for the health problems of Persian Gulf veterans and that much more research is required.

The research necessary to find answers will take years, and the Administration believes that we should give the veterans the benefit of the doubt now. We must not make them wait any longer.

2.

I urge that you support this legislation. This measure is vitally important for the veterans who so capably and courageously served in our most recent war.

Sincerely,

Jesse Brown

**AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 4386
SUMMARY**

Sec. 2. Congressional Findings

(1) PGW veterans were exposed to potentially toxic substances and psychological stress due to threats of chemical and biological warfare.

(2) PGW veterans suffer from illnesses that cannot now be diagnosed/defined, thus not considered to be service-connected for VA benefit purposes.

(3) NIH Workshop was unable to identify a single disease entity or syndrome responsible for illnesses; exposure data is very limited.

(4) P.L. 102-585 established PGW Veterans Health Registry, to provide health examinations, and health information review, assessment, and recommendations for research; P.L. 103-210 authorized priority health care for PGW veterans; P.L. 103-160 provided funding for environmental research medical facility.

(5) Further research and studies must be undertaken; veterans must be given benefit of doubt and provided compensation.

Sec. 3. Purposes

(1) Provide compensation to PGW veterans suffering disabilities resulting from undiagnosed illnesses.

(2) Require development of case assessment strategies and definitions/diagnosis by the earliest possible date.

(3) Promote greater outreach to PGW veterans and families.

(4) Fund research activities and surveys of PGW veterans.

Sec. 4. Development of Case Assessment and Definitions

VA shall develop and implement uniform case assessment protocols and case definitions or diagnoses by the earliest possible date in consultation with DOD and HHS and shall report annually on the status of activities, with first report to be submitted six months after enactment.

Sec. 5. Provision of Information / Outreach

VA shall implement outreach program and information system to provide information regarding Health Registry, health services and benefits, compensation benefits, and health research through VA toll-free telephone number and quarterly newsletter to VA Health Registry participants.

Sec. 6. Compensation Benefits

(1) VA shall pay compensation to PGW veteran suffering chronic disability resulting from undiagnosed illness manifested to a degree of at least 10 percent before later of (a) October 1, 1996, or (b) end of two years from date of departure from

Southwest Asia theater of operations.

(2) Compensation may not be paid where there is affirmative evidence (a) that disability was not incurred in theater during PGW, or (b) that intercurrent injury or illness caused disability.

(3) 'Persian Gulf veteran' means veteran who served on active duty in Southwest theater during Persian Gulf War.

(4) No payment after three years from date of enactment, however, three-year period will automatically be extended an additional three years if VA reports that no diagnosis of illness can be made. VA diagnosis report to be submitted by April 1, 1997.

(5) Effective date October 1, 1994.

Sec. 7. Research Appropriations

Authorize \$5,000,000 per year for FY 1995 through 1997 for conduct of research on PGW veterans' health risks, effects, and treatment, in consultation with DOD and HHS.

Sec. 8. Persian Gulf Veteran Survey

Authorize such sums as may be necessary for FY 1995 for conduct of informational survey of PGW veterans and families in coordination with DOD.

Sec. 9. Authorization for Epidemiological Studies

(1) Authorize such sums as may be necessary for VA to contract for conduct of epidemiological study if National Academy of Sciences (NAS) finds basis for and recommends such study.

(2) DOD and HHS will make relevant data available for study.

Sec. 10. Cost-Savings Provisions

(1) Round down COLA for FY '95

(2) Permit certain DIC recipients to elect to receive death pension in lieu of DIC.

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)



FAX COVER SHEET
FAX NUMBER: (703) 614-3537
VERIFICATION:



ORIGINATING AGENCY: OASD(HA)

POC NAME/OFFICE:

Serleen Mullen

PHONE/ROOM NUMBER:

703-697-2111

DESTINATION AGENCY:

White House

ATTN:

Jennifer O'Conner

ADDITIONAL COMMENTS:

Jennifer: If I'm not here just schedule
a time on July 11th (MON) w/ Kevin Fulford
OR John Johnson.

TV
Sail

DATE/TIME TRANSMISSION: 9:25am # OF PAGES W/COVER: 2



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

JUN 30 1994

EXECUTIVE SUMMARY/COVER BRIEF

MEMORANDUM FOR DEPUTY SECRETARY OF DEFENSE
THROUGH USD (PERSONNEL & READINESS)

FROM: Stephen C. Joseph, M.D., M.P.H., Assistant Secretary of Defense
(Health Affairs)

SUBJECT: Persian Gulf Veterans' Hotline- INFORMATION MEMORANDUM

PURPOSE: Update on the Department's outreach efforts to our Veterans who are ill with Persian Gulf Illnesses.

DISCUSSION: The purpose of the Persian Gulf Veterans' Hotline is twofold: (1) enroll veterans and their families on the DoD Persian Gulf Veterans Health Surveillance System and (2) enroll veterans in the Comprehensive Clinical Evaluation Program.

The Hotline has been in operation for four working days. It operates weekdays from 8 a.m.-11 p.m. EST.

The call volume for the first three days of operation, Friday, June 24th through Tuesday, June 28th was heavy and a number of times on Friday, all twelve lines were in use simultaneously. Total volume was 1,500 calls. As of Tuesday, we had referred 719 veterans and family members for medical examinations: 399 were referred to DoD and 290 to DVA. The remaining calls were veterans and family members asking questions about the purpose of the Hotline, veterans who only wished to be enrolled on the registry but not desiring an examination, approximately 50 press calls and 25 Congressional calls.

Each evening, data is transmitted to each of the regional centers electronically. We have confirmed that they are receiving the information. To date, 179 veterans have been scheduled for appointments, of this number, 63 are undergoing exams and 4 have completed the process.

cc:
Mr. Boxx/PA
Mr. Landrum/LA
Dr. Soper/AE
Ed Scott/VA
C. Varney/WH

11149
39515
50476
278-6791
456-6704

I'm calling from Jennifer O'Connor's office in the Office of Cabinet Affairs in the White House. I would like to invite _____ to a meeting on Monday, July 11, at 3:30 pm. It will be in Room 180 in the Old Executive Office Building. The meeting will cover upcoming events related to the Persian Gulf illness, including the strategy around the administration's response to the NIH report, and the strategy around release of declassified documents at the Defense Department.

Will you be able to attend? Please may I have your birthdate and the spelling of your name as it appears on your photo id.

+ Dr. Steven Josephs (703) 697-2111 (ask for Petty Officer Fulford) YES / (b)(6)
Dennis Boxx (703) 697-9312 (ask for his scheduler) ? YES /
Michael Landrum (703) 697-2536 (ask for his scheduler) YES /

Kathy Jurado 273-5750 (ask for Fran) YES /
Ed Scott, 273-5611 (ask for his assistant) YES /

✓ + Theresa Niño 690-7470 (for clear-in purposes: Theresa Venegas)

✓ Marcy Oppenheimer 401-8032 ✓ YES

Legislative person (ask Marcy Oppenheimer who this should be) Sherron Donohue - 690-7430

Loretta Ucelli (public affairs director at EPA) 260-7960 YES /

Tim Keating -- WH leg affairs 6-2230 YES ✓

Jake Siewert -- WH communications - YES ✓
6-2100

CALL BACK

Sherron Donohue / YES

+ Dr. Peter Berch 690-6156 -

~~Theresa Venegas 690-7470 RL ATW~~

Facsimile Cover Sheet

Department of Veterans Affairs

To: Jennifer O'Connor

Organization:

Phone:

Fax: 456-6704

From: Doug Dembling

Organization: VA Office of Congressional Affairs

Phone: (202) 273-5615

Fax: (202) 273-6791

Date: 07/01/94

**Pages including this
cover page:** 6

Comments: Latest draft of response to NIH recommendations.

[Note: There is a 9th recommendation
that is in the final report
that we have not yet seen.]

**Consensus
of
Interagency Research Coordinating Council
Concerning
Recommendations for Future Research
on
Health-Related Concerns of Persian Gulf
Veterans**

(Revised 6/21/94)

Recommendation #1:

It is important that a more accurate estimate of the symptom prevalence be established. A short health questionnaire could be sent to 700,000 veterans, or a representative sample, including dates of service and a symptom checklist including illness in family members and relevant treatment.

Consensus Statement #1:

The DoD, VA and HHS are working together to design and implement a survey on the health effects of service in the Persian Gulf. On June 3, 1994, a special subcommittee of the Persian Gulf Coordinating Board convened to consider issues of feasibility and advisability in connection with a Persian Gulf Survey and made the following recommendations. a) A survey of Persian Gulf veterans to determine prevalence of symptomatic veterans and family members should be initiated. b) An attempt to survey the entire cohort of 670,000 veterans would be likely to result in a poor response rate and produce invalid results. c) The preferred method for the study would be a telephone survey. If adequate funds can not be identified to carry out a telephone survey, a mail survey would also be a feasible but not optimal method for completion. d) Following questionnaire administration a random sample of respondents would be invited to have a Registry examination at the nearest VA or DoD medical facility. e) Questionnaire development could be carried out by the subcommittee. Peer review by a non-governmental group of experts is recommended for both questionnaire development and results phases of the study.

Recommendation #2:

A coordinated Department of Veterans Affairs and Department of Defense hospital-based case assessment protocol should be developed to provide a uniformly thorough assessment, diagnosis, and treatment of all Persian Gulf veterans with multisystem illness. An assessment strategy modeled after the Centers for Disease Control and Prevention (CDC) protocol for chronic fatigue syndrome is recommended. Such systematic diagnosis and evaluation would assure the identification of specific treatable diseases, would minimize the likelihood of misdiagnosis and inappropriate treatment, and would lead to a case definition needed for clinical, epidemiological, and other purposes.

Consensus Statement #2:

This recommendation is currently being implemented by separate initiatives underway within both VA and DoD and the case assessment protocol is being standardized and coordinated between the two departments.

Recommendation #3:

Only by comparing symptom rates among population groups can true underlying differences and unusual illnesses be revealed. Cohort studies are needed in which deployed and nondeployed soldiers are compared. Comparison populations should include those deployed elsewhere. Also needed are well-designed case-control studies that include detailed exposure information for those reporting symptoms and for appropriately selected controls. Family studies should be included when appropriate.

Consensus Statement #3:

The Department of Defense has initiated an aggressive research program which entails epidemiologic studies investigating the morbidity among Gulf War veterans and controls. In addition, VA is receiving a proposal for a similar study involving a smaller number of subjects from the Birmingham, AL VAMC.

Recommendation #4:

Pulmonary symptomology is the most common reason for disability applications. Pulmonary functions of combat and support troops can be determined directly. The military should, therefore, conduct a retrospective cohort study to investigate pulmonary function related to oil fire plume exposures.

Consensus Statement #4:

The Department of Defense has started a comprehensive clinical evaluation project to intensively evaluate all individuals in the DoD Persian Gulf Veterans Health Surveillance System who have undiagnosed symptoms. This evaluation will include, for those individuals with pulmonary symptoms, an in depth pulmonary evaluation that includes pulmonary function tests, arterial blood gas measurements, and other examinations as indicated. This clinical evaluation project will provide a report of the diagnostic and therapeutic outcomes of these examinations and the clinical practice guidelines for diagnosing and treating individuals experiencing Persian Gulf Syndrome to the Deputy Secretary of Defense in September 1994.

Recommendation #5:

The military should simulate the indoor situations associated with unvented heaters and other exposure scenarios involving petroleum, insecticides, and spray painting among others. Physical and mathematical modeling is a reasonable approach to estimating concentrations in situations representative of those experienced in the Persian Gulf operation. These simulated conditions should be relevant to questionnaire design in order to estimate exposures retrospectively.

Consensus Statement #5:

To be undertaken by DoD, after discussion with the Commander, Army Medical Research and Development. This recommendation has been contemplated in conjunction with studies in Multiple Chemical Sensitivity (MCS). An announcement for the multiple chemical sensitivity study is being placed in the Commerce Business Daily and other scientific journals requesting proposals be submitted using the existing Broad Agency Announcement.

Recommendation #6:

Research is needed to establish the relationship of stressors of deployment and combat to the constellation of symptoms afflicting some Gulf War veterans. The Department of Defense should anticipate how specific features of contemporary deployment and combat may contribute to acute and delayed psychophysiological dysfunction and should develop educational, training, and instructional protocols that reduce deployment combat stress.

Consensus Statement #6:

DoD has already conducted at least one study in this area and has sent the results to Congress. The study investigated stress factors in Gulf and non-Gulf veterans, particularly those who had been subject to SCUD missile attacks. A more far reaching study was conducted by Dr. Marlowe from the Walter Reed Army Institute for Research (WRAIR). In addition, this recommendation will be brought to the attention of the Commander, Army Medical Research and Development. DoD's efforts will be coordinated with VA's Advisory Committee on PTSD.

Recommendation #7:

The Department of Veterans Affairs should develop more responsive and effective approaches to diagnosis and therapy of veterans affected by stress-related or stress-exacerbated illness. Attention should be devoted to multidisciplinary research and clinical approaches that identify treatable conditions, provide objective assessments of physiological and neurophysiological dysfunction, and lead to intervention strategies to limit disability due to stress-related symptoms.

Consensus Statement #7:

To be undertaken by VA, specifically involving Dr. M. Freeman of the Secretary's Advisory Committee on PTSD, and Dr. J. Wolfe of the Boston VAMC, who is already conducting studies on the effects of PTSD in Gulf veterans. In addition, some responses to the RFP for environmental hazards research examine stress as a health factor.

Recommendation #8:

The panel found that few data are available regarding the troops who served in the Persian Gulf and their exposures during that period of service, and that data collection carried out was initiated only after a considerable delay. The panel therefore strongly recommends that the Department of Defense develop plans for prompt collection of high-quality, relevant data at any time U.S. forces are deployed in the future. The data collected should include baseline data regarding the predeployment health status of the troops, the environmental characteristics of their surroundings, their exposures following deployment, and their health status both at the end of deployment and subsequently. Plans for such data collection should be developed by a multidisciplinary group including clinicians, occupational physicians, epidemiologists, and industrial hygienists, among others. Input from outside the DoD should be solicited before the plan is finalized, and the final plan should be reviewed and revised periodically thereafter. From the time this planning effort is initiated, the group of individuals who will be responsible for its successful implementation should be clearly designated.

Consensus Statement #8:

The Offices of the Deputy Under Secretary of Defense (Environmental Security) and the Assistant Secretary of Defense (Health Affairs) have begun to plan the formation of a workgroup to develop policies and procedures to establish a routine post-overseas deployment health surveillance process, that as a minimum, looks at a sample of individuals returning from overseas in order to establish a baseline for disease incidence/prevalence that can be expected from overseas deployment. In addition, a routine system of health surveys/questionnaires to be conducted both predeployment and during deployment is being considered. Also, procedures for environmental health risk assessments before, during, and after deployment will be reviewed.

OFFICE OF CABINET AFFAIRS

**THE WHITE HOUSE
WASHINGTON**

FAX

TO: Ken St. Andre
Deputy Director, Scientific Activities
OASD Health Affairs

Fax: 703-614-3537

FROM: Jennifer O'Connor
Special Assistant to the President for Cabinet Affairs

Fax: 202-456-6704

DATE: July 5, 1994

PAGES: 8

PRIORITY: Y

MESSAGE: I have marked with an asterisk the parts of Dr. Deutch's remarks that are appropriate to include in yours. I'd appreciate a final copy when you've finished your remarks. Thanks for your help with this last minute change.

DRAFT

Gulf War Illness Press Conference John Deutch -- June 23, 1994

- I. Today, I want to bring you up to date on actions taken and plans to continue to address Gulf War Illness issue.
- A. This is an up-date, we don't have all the answers and you will hear from us again.
- B. This is an interagency effort involving DOD, VA, HHS, EPA, and OSTP. -- I am especial pleased that Herschel Gober, Deputy Secretary of VA is with us today.
- C. I want to draw four topics to your attention:
1. I am announcing that the Department is declassifying or otherwise making available thousands of pages of information on the Gulf War to make sure all information bearing on the Gulf War Illness is made public.
 2. I am releasing today the Defense Science Board Report I commissioned in February, 1994 to examine all aspects of the Persian Gulf War Health Effects. This report points the way to further work the Department must undertake.
 3. We are reporting on a major DOD-VA clinical study of Gulf War veterans designed to improve the treatment of all individuals who are suffering from Gulf War illness and to identify the medical cause of this illness.

DRAFT

4. Finally, I want to point out that the report we are releasing today emphasizes the Continuing need for extensive research before we will know the true extent and causes of the health problems of Persian Gulf veterans. The three departments and EPA that comprise the Persian Gulf Veterans Coordinating Board agree with this assessment. We are moving ahead aggressively with research addressing these issues. We are not discounting any possibilities. Our focus remains on the provision of health care to meet these veterans's needs, on research into the causes of their illnesses, and on compensation in appropriate cases. Many who served in the Gulf are suffering. Responding compassionately and effectively are our priorities.

D. Here with me today in addition to Herschel Gober are Dr. Stephen Joseph, ASD (Health Affairs) who will be available to answer any questions concerning the clinical study and Dr. Joshua Lederberg to answer any question relating to the DSB study.

E. Let me address each of these subjects, in turn.

II. Declassification -- The material we are making available pertains both to intelligence about possible chemical or biological agent use in the Gulf War and medical information.

A. The material we are releasing is from the vast store of Gulf War records.

1. There are about 1,000 linear feet of boxes in storage concerning the Gulf War. Only a very small part of it is likely to have any bearing on the illness, but we are in the process of declassifying everything we can, and making both declassified and unclassified information about the war more readily accessible.
 2. We have some material here today as a first step. As our declassification process proceeds, additional material it will be made publicly available.
 3. We have already declassified a number of documents, including unit logs, journals, message traffic and after action reports.
- B. The important point here is that after July 31, 1994 there will need to be an affirmative reason to keep any documents bearing on the Gulf War classified. In other word, the burden of proof will be on those who want to keep the material secret.
- C. This is in contrast to past episodes in the Department's history, e.g. Agent Orange when it took years before the Department released documents for public scrutiny.
- D. In order to make this material accessible we are establishing a public reading room.
- III. Defense Science Board Task Force on Gulf War Health Effects. I commissioned the task force to get the best and most independent minds working on the issue.

- A. Dr. Lederberg headed a distinguished panel that had full access to all information we had, classified and otherwise.
- B. The findings of the task force fall into two groups, those findings that concern the illness and how to deal with it, and those findings that concern the possibility that chemical or biological weapons were used against allied forces during the war.
- C. First, let me deal with the illness. The task force found that no one syndrome could cover the range symptoms reported by service members in Desert Storm.
1. The task force suggested that careful treatment protocols might eventually identify not just one syndrome but a number of syndromes from the range of symptoms reported by Gulf veterans. We are doing this today.
 2. The task force reported that a number of Gulf cases resemble the "Chronic Fatigue Syndrome" and recommended we look more closely into this possibility. We are.
 3. The task force concluded that much further work is needed with those exhibiting symptoms and we completely agree, and I'll talk more about that later.
 4. Finally, I will ask the Veterans Administrations to Review the report of the Task Force.

D. Now to the issue of biological or chemical weapons.

1. The Task Force found no evidence of the deployment or use of biological weapons in the Gulf theater. The symptoms of exposure to biological weapons are well understood and none were detected.
2. The Task Force also found no evidence of overt, intentional use of chemical weapons by the Iraqis.
3. As to very low levels of exposure to chemical weapons, the Task Force said it could find no credible source of such exposure so that seemed unlikely.
4. The Task Force said it could neither confirm nor dismiss reports of chemical agent detection by Czech chemical warfare teams pending completion of evaluations of their detection equipment which is still in progress.

E. The bottom line of the Task Force report is something I think we all believe very strongly. Even without a single, identifiable syndrome, we must ensure the best treatment of all Gulf veterans, case by case, based on their individual symptoms.

1. The Task Force notes that we must focus our full resources on this government wide, and we are doing that.
2. Within the Department, Secretary Bill Perry and General Shalikashvili have directed in the

clearest terms that Gulf veterans will have the most thorough care.

IV. That brings me to my third point, which is the joint DoD-VA clinical study.

A. This is part of our overall effort to identify the cause or causes of the symptoms being experienced by our Gulf War veterans.

B. This clinical study is going to be comprehensive. Participation is open to any service member, retiree, reserve component member who has an active illness thought to be a result of service in the Gulf conflict. It is also open to any family member eligible for military medical benefits.

C. The evaluation will have three phases.

1. First is a basic physical and screening examination.
2. If no diagnosis is made to the satisfaction of both patient and doctor, then the patient goes to a designated medical center for further evaluation and subsequent specialized examinations and tests.
3. For those that are still not diagnosed, we are working with the Institute of Medicine at the National Academy of Science to set up a Special Clinical Review Committee . This committee will review cases to see what additional measures we might take.

4. We have a special 800 number that went into effect today for Gulf war veterans to call for information about the examinations. It is being answered by former service members and spouses who understand the military and the requirements of its members.

V. My final point is the most important -- our highest priority continues to be that service women and men who are ill as a result of their service in the Gulf War are treated promptly, thoroughly, and humanely.

A. You will hear from us again about the progress we are making. All done on an interagency basis.

Draft of Deputy Secretary Hershel Gober's
remarks at DoD Persian Gulf Illness Press
Conf.

I am very pleased that the Department of Defense has decided to declassify Operation Desert Storm documents and make them publicly available. VA will use these materials to learn whatever we can about the health problems of Persian Gulf veterans.

I am also happy that DoD has adopted the new protocol for examining Gulf War veterans. This protocol was developed in consultation with VA and is adapted from the protocol VA has been using at its environmental medicine referral centers for Persian Gulf veterans. VA will now be distributing the protocol to all of its medical centers for use in cases where diagnosis is difficult. Persian Gulf veterans will benefit from the in-depth diagnostic approach that we have developed.

Regarding the Task Force report, we in VA have not yet had the opportunity to review it, and we will do so. However, I have had an opportunity to read the transmittal memorandum, and I want to make sure that everyone understands that the Administration does believe that these veterans are sick, their symptoms are real and they do need our care.

That is why we continue our efforts to study the causes of these illnesses. VA has established special environmental medicine referral centers at its hospitals in West Los Angeles, Houston and Washington, D.C. to handle cases of unusual symptoms. And, VA has designated its medical center in Birmingham Alabama, as a pilot site for neurological and other testing of veterans with health problems that may be related to their exposure to chemical agents during Gulf service. VA also plans to activate three environmental hazards research centers to expand its study of undiagnosed illnesses and is reviewing proposals for additional research. Together with DoD and HHS, we are engaged in more than 20 Persian Gulf-related studies, including general health, environmental effects, chemical agents and depleted uranium.

As many of you know, Secretary Brown testified before the House Veterans Affairs Committee 2 weeks ago and stated that the Administration supports legislation to compensate chronically disabled Persian Gulf War veterans with undiagnosed illnesses. It is clear that the research into the nature and causes of these illnesses will take more time. Therefore, while we wait for scientists to reach some conclusion on the causes of these illnesses, we believe that these chronically ill veterans must be compensated.

We at VA look forward to continuing to work with our colleagues at DoD and HHS to find the answers that will help our Persian Gulf veterans who are ill. Thank you.

GULF WAR ILLNESSES

THEMES

1. The Department of Defense is committed to providing quality care to service members who are ill as a result of their duty in the Persian Gulf.
2. The Department of Defense in concert with Veterans Affairs and Health and Human Services is undertaking a variety of research activities and diagnostic efforts focused on providing answers to what may be causing these, so far, undiagnosible illnesses.
3. The Department of Defense is being completely open and forthright with regard to the information it has and is making that information available to anyone who desires it.

CURRENT STEPS

Declassification of Desert Storm Information

Deputy Secretary of Defense John Deutch has signed a memorandum to the Defense and Services leadership rescinding the Security Classification Guidance for Operation Desert Storm Information. This order is effective July 31, 1994. Any Operation Desert Storm documentation which could possibly have a bearing on this issue will be automatically declassified unless there are overriding National Security reasons for retaining classification. Any exceptions to this declassification order must be personally approved by the Deputy Secretary himself.

Defense Science Board Task Force on Persian Gulf War Health Effects

Dr. Joshua Lederberg, the chairman of the Task Force, will release the group report at the DoD press briefing June 23, 1994. The report is approximately 75 pages long and will be made available to the media.

This Task Force was formed at the request of Secretary of Defense Les Aspin to review information regarding the possible exposure of personnel to chemical and biological weapons agents and other hazardous material during the Gulf War and its aftermath. Specifically, the terms of reference requested that the Task Force review:

- All available intelligence and reports of chemical or biological agents detection or exposure during the Persian Gulf War.
- Scientific and medical evidence related to exposure to nerve agents at low levels and possible long term effects.
- Other potential health consequences resulting from low level chemical exposure, environmental pollutants, Kuwaiti oil fires, endemic biologics or other health hazards attributed to Persian Gulf service.

The Task Force heard presentations from a wide range of scientific and medical experts from within and outside DoD. They also reviewed written information from published and

unpublished sources that was pertinent to the terms of reference. The Task Force's conclusions are:

- There is no evidence that either chemical or biological warfare was deployed at any level, or that there was any exposure of U.S. service members to chemicals or biological warfare agents.
- There is insufficient epidemiological evidence at this time to support the concept of any coherent "syndrome".
- Further work is needed to verify reports of incidence and their association with veterans.
- DoD needs substantial improvement in pre- and post-deployment medical assessments and data handling.
- The appropriate Service medical facilities should ensure that clinical treatment, absent a proven etiology, is managed on a case-by-case basis, directed at the symptoms presented.

Diagnostic Examinations

On June 2, 1994, Under Secretary of Defense Edwin Dorn signed a memorandum implementing an aggressive, comprehensive clinical diagnostic effort to determine, as far as possible, the causes of undiagnosed symptoms affecting Persian Gulf veterans. The efforts have three components:

- All service members who enroll in the DoD Persian Gulf Veterans Health Surveillance system will be given a comprehensive diagnostic evaluation according to a three-phase clinical protocol.
- Dr. Harrison Spencer, Dean of the Tulane School of Public Health and Tropical Medicine, will review existing and proposed plans to determine the need for additional epidemiological studies.
- A forum of national medical and public health experts will be convened to advise DoD and to offer a wider channel for public comment and suggestions.

Assistant Secretary of Defense for Health Affairs Stephen Joseph will announce, at the June 23, 1994 press briefing, that the components of Secretary Dorn's memorandum are underway.

- The senior military physicians and administrators from the 16 major military centers have been orientated on the new protocol and are in the process of contacting those service members on the DoD registry.
- Dr. Spencer has presented his report to Dr. Joseph.

Personnel Actions

Secretary Dorn directed the Services that no service member who shows symptoms associated with Persian Gulf illnesses be retired or separated unless the members requests it in writing.

Toll Free Telephone Number

Dr. Joseph will also announce the establishment of a toll free number for Gulf War service members, who are experiencing medical problems as a result of their service in the Persian Gulf. This hotline will gather data on individuals that will be sent to DoD medical centers on a daily basis so the medical centers can contact the individual to arrange the necessary medical exams. Callers eligible for Veterans Affairs medical care will be referred to the closest VA medical facility.

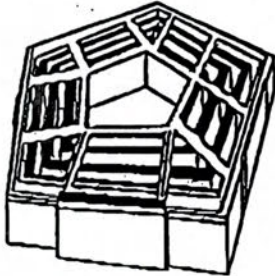
-END-

donet Fesp

54871

5-3925

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
(HEALTH AFFAIRS)



FAX COVER SHEET

FAX NUMBER: (703) 614-3537

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(703) 697-8973/74

ORIGINATING AGENCY: OASD (HA)

POC NAME/OFFICE:

Lynn Parker, Senior Policy Analyst

PHONE/ROOM NUMBER:

Health Policy and Program IntegrationPentagon, Room 3E343DESTINATION AGENCY: WHITE HOUSE CABINET AFFAIRSATTN: JENNIFER O'CONNER PHONE/ROOM: (202) 456-2572FAX PHONE: 456-6704

SPECIAL INSTRUCTIONS:

THIS IS OUR STATEMENT FOR SENATOR
CAMPBELL'S FIELD HEARING ON 7 JULY 94
ON HEALTH CARE PROBLEMS OF MILITARY
PERSONNEL AND VETERANS OF THE
PERSIAN GULF WAR

DATE/TIME TRANSMISSION: 1 July 94 NO. PAGES w/cover: 9

STATEMENT BY

KENNETH A. ST.ANDRE, M.D., M.P.H

DEPUTY DIRECTOR, SCIENTIFIC ACTIVITIES
OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
FOR HEALTH AFFAIRS

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE

HEALTH CARE PROBLEMS
OF
MILITARY PERSONNEL AND VETERANS
OF
THE PERSIAN GULF WAR

JULY 7, 1994

NOT FOR PUBLICATION
UNTIL RELEASED BY THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE

OPENING STATEMENT

Mr. Chairman, I am pleased to be here today to discuss with you what the Department is doing to address the health needs of veterans of Operation Desert Shield and Desert Storm and their families.

I want to describe for you what we are doing and plan to do to ensure these veterans and their families who are experiencing symptoms get the medical care necessary and how we are evaluating their problems to determine the causes of their symptoms.

The recent National Institutes of Health Technology Assessment Workshop found that "Persian Gulf Syndrome" is not a single apparent disease or syndrome, but rather "a range of illnesses with overlapping symptoms and causes." As a part of the Department's continuing efforts to address the medical problems of our veterans, we have instituted a three point plan that includes 1) an aggressive, comprehensive clinical evaluation program, 2) a review by Dr. Harrison Spencer, Dean of Tulane School of Public Health and Tropical Medicine, of existing and currently proposed plans to determine the need for additional epidemiological studies, and 3) a forum of national medical and public health experts to advise the Department and to offer a channel for broader public comment and suggestions.

COMPREHENSIVE CLINICAL EVALUATION PROGRAM (CCEP)

The Assistant Secretary of Defense for Health Affairs (ASD[HA]), in close coordination with the Department of Veterans

Affairs, has established the Comprehensive Clinical Evaluation Program (CCEP) to provide extensive medical examinations to Persian Gulf War veterans or their family members who are experiencing illnesses which they believe are related to the Persian Gulf War. The overall objective of the CCEP is to determine, as well as is possible, the cause(s) of the illnesses being experienced by veterans and their families. This program will be offered to all individuals reported in the Service Surgeons' General registries prior to May 31, 1994 and the following individuals who enroll in the DoD Persian Gulf Veterans Health Surveillance System after May 31, 1994:

Persian Gulf War veterans who are

- Active Duty
- Retired from military service
- Ready Reservists
- Full-time National Guard Duty

Family members of these veterans who are eligible
beneficiaries of the Military Health Services System

The CCEP Clinical Protocol

The CCEP protocol is a three phase, comprehensive evaluation process that is completely compatible with the medical evaluations being conducted by the Department of Veterans Affairs. The protocol provides a framework for diagnostic evaluation, and is not all inclusive or restrictive. Physicians

at military hospitals will conduct additional tests and examinations on an individual basis as appears necessary to fully evaluate each patient. Individuals whose complaints are not explained to either the health care provider's or the patient's satisfaction shall be given increasingly sophisticated evaluations at one of 16 regional military medical centers. Records of patients for whom a satisfactory diagnosis cannot be determined will be reviewed by a Special Clinical Review Committee sponsored by the ASD(HA). Each patient who desires to participate in the CCEP will be given an information sheet explaining the program and their rights within the program. A copy of this information sheet has been provided for the record.

To date, 799 individuals have requested to participate in the CCEP. Of those, 179 have been scheduled for an initial evaluation and 63 are already in the process of being evaluated.

REVIEW BY DR. SPENCER

In May 1994, Dr. Harrison C. Spencer, Dean of Tulane University School of Public Health and Tropical Medicine, reviewed the Department's existing and proposed plans to determine if additional epidemiological approaches would be helpful in solving the health problems being experienced by Persian Gulf War veterans and their families.

He recommended that the Department continue with its plans for the CCEP, that the DoD and DVA estimate the frequency of unexplained illnesses among different groups that have already been reported, that medical care not be dependent upon the

establishment of a case definition, that DoD consider testing for clustering of reported symptoms in time and space, and that the Department develop a strategic plan to manage similar situations in the future.

NATIONAL MEDICAL AND PUBLIC HEALTH FORUM

The ASD(HA) has requested that the Institute of Medicine assist the Department of Defense (DoD) in accomplishing the third part of our plan by establishing an Advisory Committee composed of about 10 clinical experts from the fields of general internal medicine, infectious diseases, allergy, and rheumatology, and other specialties. This Committee will review and assist in the interpretation of the clinical findings from our Comprehensive Clinical Evaluation Program and advise the Department on future clinical studies on which we should embark.

DEFENSE SCIENCE BOARD TASK FORCE ON PERSIAN GULF WAR HEALTH EFFECTS

The Department of Defense established a Defense Science Board Task Force on Gulf War Health Effects to review possible exposure of personnel to chemical and biological agents during

and after the Gulf War and the possible link to post war health effects. The Task Force, chaired by Nobel Laureate, Dr. Joshua Lederberg, has also evaluated the potential health effects of low level chemical exposures and has consider other possible causes of the unexplained illnesses.

The Task Force concluded:

There is no persuasive evidence that any of the proposed etiologies caused chronic illness on a significant scale in the absence of acute injury at initial exposure. In fact, the overall health experience of US troops in ODS was favorable beyond previous military precedent, with regard to non-combat as well as combat-related disease. This remarkably low background has probably put into relief the residual health problems that have instigated this inquiry.

There is no evidence that either chemical or biological warfare was deployed at any level against us, or that there were any exposures of US service members to chemical or biological warfare agents in Kuwait or Saudi Arabia.

There is insufficient epidemiological evidence at this time to support the concept of any coherent "syndrome."

Much further work is needed, even to verify whether the incidence of symptomatic events, beyond the reports of complaints that can be elicited by wide publicity, is

associated with any specific aspects of ODS experience, or indeed is provably different among ODS veterans compared to other armed forces or the civilian population.

I want to emphasize here that the Lederberg Report represents the findings of an independent body. I believe that the findings of our Comprehensive Clinical Evaluation Program may prove useful in helping us to better define the nature and cause (or cause) of the illness being experienced by our Veterans.

1-800-796-9699

*where's
declass?*

In order to ensure that veterans of the Persian Gulf War and their families who are ill are able to access the health care that they need, on June 23, 1994, the Department announced the establishment of a "1-800" number. This service is designed to help our beneficiaries participate in the Comprehensive Clinical Evaluation Program. The full phone number is 1-800-796-9699. When an individual who wishes to participate in the CCEP calls the hotline number, they will be asked to provide their phone number, address, and identifying information. This will be provided to one of the 13 regional military medical centers that are responsible for coordinating the CCEP. The regional center will provide the patient's information to the military treatment facility (MTF) closest to the patient which will then contact the patient to arrange an appointment for an initial evaluation. Patients are being instructed to call the hotline back if they

have not been contacted within two weeks to ensure that all who desire to participate are given the opportunity.

CONCLUSION

The physical and mental distress now being experienced by some who served in the Gulf War, and by some of their family members, makes this a high priority problem for resolution. We can only resolve it once we know what it is: we need to take the "mystery" out of mystery illness!

These symptoms may represent important new medical conditions with bearing on our future medical readiness. In addition to learning how to diagnose and treat them, our ultimate objective must be to understand them well enough to prevent them.

With the new and expanded variability of environments in which our troops may well be deployed, it is virtually certain that new and different "mystery illnesses" will occur again. We need to use the experiences of these symptoms to sharpen our methods for rapidly identifying, treating and preventing these future and, as yet, undetermined hazards. Job #1 is to understand this current mystery, both to help those afflicted and to prevent further occurrence. But, we must also learn from this entire experience to build the process for dealing with future unknown conditions, wherever and whenever they occur. We must be ready for the next time.



Department of
Veterans Affairs

Telefax Transmission
Office of the Secretary

Cover sheet + 5 page(s)

DATE: 6 / 14 / 94

TO: Jennifer O'Connor

Fax #: 456-6704

FROM: Shirley Dix
Office of the Secretary

Phone: 202/273-4800
Fax: 202/273-4877

Comments: Per our conversation.



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

JUN 13 1994

The Honorable John D. Rockefeller IV
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman:

This is in response to your letter of June 9, regarding VA's inability to provide compensation to Persian Gulf War veterans suffering from disabilities resulting from undiagnosed illnesses possibly incurred during their service in the Southwest Asia theater of operations.

Mr. Chairman, we in VA, like you in the Congress, are deeply concerned about these veterans, and we are eager to work with you in finding the answers. Our goal is the same as yours--to find out what is causing the health problems of these young men and women and to provide them with the help they need. I assure you I will do everything in my power to ensure that this Nation meets its commitment to those who may have been harmed as a result of their military service.

When Operation Desert Shield/Desert Storm began, one of VA's primary concerns was to expedite claims processing for casualties of that operation. Fortunately, and unlike previous military operations, traditional combat injuries were few. However, as veterans began filing claims for health problems possibly resulting from exposure to environmental hazards endemic to the Persian Gulf theater, such as smoke from oil well fires in Kuwait, VA began to focus on the long-term effects of exposure to environmental hazards. Thus, we acted to provide services to these veterans of the combat zone and to gather data regarding their health problems. As time went on, it became obvious that a number of health problems may be attributable to more than exposure to smoke from oil well fires. VA, therefore, broadened its investigation to include exposure to other environmental agents and to various substances, such as chemical or biological agents, diesel fuel, vehicle paint, and prophylactic drugs.

Many veterans returning from the Persian Gulf display symptoms similar to Chronic Fatigue Syndrome (CFS), which VA may recognize as a disability warranting service connection if the condition is diagnosed according to the guidelines published by the Department of Health and Human Services. To ensure that these veterans receive consistent evaluations, our Compensation and Pension Service released a Training Letter re: Rating Chronic Fatigue Syndrome to all VA Regional Offices on November 9, 1993. In addition, the C&P Service is amending its Schedule of Rating Disabilities to add a diagnostic code and evaluation for chronic fatigue syndrome. In a similar vein, the Compensation and Pension Service has released a second Training Letter re: Rating Fibromyalgia (fibrositis, myofascial pain syndrome), another condition associated with Persian Gulf War veterans.



Putting Veterans First

2.

The Honorable John D. Rockefeller IV

However, not all of the health problems of Persian Gulf veterans fall within established diagnostic criteria. Accordingly, we considered whether there would be any authority to provide compensation under current law, on a presumptive basis. Based on the advice of the General Counsel's office, we concluded that such action would not be authorized, a decision which has now been confirmed by a formal opinion of our General Counsel (copy enclosed). Moreover, even if we had that authority, we are aware of no scientific basis for linking these veterans' undiagnosed illnesses to Persian Gulf service that would support a regulatory presumption of service connection.

On June 9, at the House Veterans' Affairs Subcommittee hearing on H.R. 4386, "The Veterans' Persian Gulf War Benefits Act", I stated the Administration's strong support for the legislation. I did so in order to enable VA to respond to the needs of our service members who were exposed to a wide variety of toxic substances and environmental hazards during the Persian Gulf War, which was a very dirty war from an environmental standpoint. However, scientific evidence is not yet available that points to a specific cause or causes of many health problems of the veterans. In fact, the recent National Institute of Health-sponsored technology assessment workshop on the "Persian Gulf Experience and Health," concluded that "it is impossible at this time to establish a single case definition" for the health problems being experienced by PGW veterans and that much more research is required. While our scientists carry out this research, we must give the veterans the benefit of the doubt and provide compensation. They should not be made to wait any longer.

Mr. Chairman, I want to once again emphasize that we are totally committed to working together to care for those Persian Gulf veterans who are sick, to seek the causes for their unexplained illnesses, and to provide them with the help they need and deserve. I hope you will join me in supporting this important legislation.

Sincerely,



Jesse Brown

JB/dd/ga

**Department of
Veterans Affairs****Memorandum**

Date: **JUN 10 1994**
From: General Counsel (022)
Subj: Authority to Compensate Persian-Gulf Veterans
To: Secretary (00)

QUESTION PRESENTED:

Would the Secretary of Veterans Affairs be authorized, under current law, to provide by regulation or other administrative directive for the compensation (as service connected) of disabilities resulting from undiagnosed illnesses suffered by veterans of the Persian Gulf War?

COMMENTS:

1. This question arose in the context of House consideration of H.R. 4386, which would authorize VA to pay compensation for chronic disabilities found to result from "undiagnosed illness" suffered by Persian Gulf veterans within one year after active service in that theater of operations. It has been suggested that this new statutory authority may be unnecessary inasmuch as VA is already authorized to compensate on the basis of undiagnosed illness. We strongly disagree.
2. VA's authority to compensate for service-connected disabilities is specified at 38 U.S.C. § 1110, which authorizes payments for

disability resulting from personal injury suffered or disease contracted in line of duty, or for aggravation of a pre-existing injury suffered or disease contracted in line of duty

This section on its face permits compensation to be paid only if three specific factual findings are made regarding an individual claim. First, it must be determined that the claimant suffers from a disability. Second, it must be determined that the disability results from a personal injury or disease. Third, it must be determined that the disability-causing disease or injury was incurred or aggravated in the line of duty.

2.

Secretary (00)

3. The first of these determinations (existence of a disability) is perhaps the most straightforward, involving as it does the application of the schedule for rating disabilities. The third required determination, linking a disabling disease or injury with service, is assisted in some cases by legal presumptions of service incurrence. The question here at issue, however, relates to the second determination necessary to support a finding of service connection: that the disability is a result of a disease or injury.

4. H.R. 4386 and other related legislation is designed to address the current dilemma caused by the absence of data regarding the ailments of certain Gulf veterans. In a number of cases, the nature and causes of these ailments are simply not understood. Veterans are presenting with symptoms of illness for which no diagnosis has been assigned. While no one doubts that at least some of these symptoms may in fact be Gulf-related, VA has been unable in these cases to make the necessary second determination, i.e. establishing the link between disabling symptoms and an underlying disease or injury. H.R. 4386 addresses this problem by obviating VA's need to connect an established disability with either a disease or injury, permitting as it does compensation for disabilities due to "undiagnosed illness."

5. To recapitulate, because VA is authorized to compensate only for disease-caused or injury-caused disabilities, unless VA can ascribe a disability to a disease or injury there is no authority to compensate. The pending legislation supplies that needed additional authority.

6. One may not infer that all disabilities are necessarily a result of some disease or personal injury, and hence potentially compensable. Disability may result from such things as congenital or developmental defects or abnormalities and allergic reactions that are neither diseases nor personal injuries. See 38 C.F.R. § 3.303(c). We would agree that if the evidence permits VA to determine that a claimant's disability is a result of a disease, even if the identity of the disease process cannot be definitively determined, VA could make the necessary second

3.

Secretary (00)

positive factual finding regarding service connection. The problem H.R. 4386 is meant to remedy, and the reason it employs the term "undiagnosed illness," is that not enough is known about the ailments of concern to even classify them as diseases and/or personal injuries.

7. Our lack of statutory authority to remedy this situation must be contrasted with our authority to create evidentiary presumptions linking known diseases with service. For example, VA has by regulation adopted presumptions of service connection for certain diseases suffered by veterans exposed to mustard gas. 38 C.F.R. § 3.316. These were issued under the Secretary's authority, at 38 U.S.C. § 501(a), to promulgate rules with respect to the nature and extent of proof necessary to establish benefit eligibility. It is axiomatic, however, that VA may award benefits only to the extent authorized by statute, and section 501(a) specifies that the Secretary's authority to issue rules exists only to the extent the rules "are consistent with those laws." Thus, while 38 U.S.C. §§ 501(a) and 1110 permit us to issue rules linking personal injuries or diseases to service, we simply lack the authority to link undiagnosed illnesses (which may represent neither diseases nor personal injuries) and Gulf service for purposes of awarding compensation. Any other interpretation would, in effect, have us administratively add to 38 U.S.C. § 1110 the words "or undiagnosed illness" after the word "disease" each time it appears, which of course we are not empowered to do.

HELD: VA may not, under its current statutory authority, issue rules providing for the compensation of Persian-Gulf veterans disabled as a result of undiagnosed illnesses.



Mary Lou Keener

① language insensitive

substantial makes b/c
improvable, provable

"improvable" says people
are hypochondriacs

② - # troops is much lower than
what they are making → first 800 9000
2500
un

③ - comes close to denials are
are trying to stay away from

words like conjecture

④

say about or uncertainty
& imprints 200 but
no verification
- denying

⑤ overall health exper
was favorable compared
to past

⑥

→ incidents of symptomatic
events that will be interpreted
by mass public



Department of Veterans Affairs

Office of Public & Intergovernmental Affairs

FAX: (202) 273-5717

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FAX FACTS:

TO: Jennifer O'Connor

DATE: 6/21/94

FROM: Kathy Jurado

Transmitting: Cover page plus 2 pages

COMMENTS: _____

23rd

am - Hill briefing

11³⁰ - Deutch Press Conf.

- overview of ^{Ledberg} report

- diagnostic prog

- new sep policy in DoD

- Declassific of records

assoc w/ P.G. war

- follow up on 1 w/ Dr Joseph

- Deutch on McN - Leves

+ am talk shows Fri.

Theresa Nino

690 - ~~1500~~ fax

7318

Marcy

- CDC - is there anything new on Iowa study?

Ed Scott

Kathy Jurado

1. - Lederburg →

2. - status rpt on NIH recommendations

- we have the research grp of coord bd
is finalizing action plan based
on NIH recommendations

3. - exact date on VHA teleconference talking to
directors, chiefs of ~~staffs~~ in system - treatment, educ

HHS - when final NIH report will come out

1. August - JAMA
article → can hand
out copies -
beginning of
August

Boxx -

Landrum - end piece

Keating

on going legislative strategies
(should there be ongoing briefings)

(b)(6)

- Alaskan Ed. de V. Mather
- Avis havelle

Theresa Niño



THE DEPUTY SECRETARY OF DEFENSE
WASHINGTON, D.C. 20301-1000



DRAFT 6/23/94 0930

MEMORANDUM FOR CHAIRMAN, JOINT CHIEFS OF STAFF
SECRETARIES OF THE MILITARY DEPARTMENTS
UNDER SECRETARIES OF DEFENSE
COMPTROLLER OF THE DEPARTMENT OF DEFENSE
DIRECTOR, DEFENSE RESEARCH AND ENGINEERING
ASSISTANT SECRETARIES OF DEFENSE
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
DIRECTOR, OPERATIONAL TEST AND EVALUATION
ASSISTANTS TO THE SECRETARY OF DEFENSE
DIRECTOR OF ADMINISTRATION AND MANAGEMENT
DIRECTORS OF THE DEFENSE AGENCIES

SUBJECT: Declassification of Desert Storm Records

The Department of Defense is committed to identifying all possible information possible pertaining to the health problems of Operation Desert Storm veterans. In order to make health-related material more accessible, the Department of Defense Security Classification Guidance for Post Operation Desert Storm Information dated 28 May 1994 will be rescinded.

Addressees are to initiate a zero-based review of the DoD Post Operation Desert Storm Classification Guide immediately and are responsible for identifying topics in the guide that require continued protection as classified information. These topics and copies of documents supporting continued classification will be reviewed by a senior panel of intelligence, technical, operational and policy specialists. Based on its review, this group will develop recommendations justifying continued classification for my consideration. Without specific and overwhelming justification, information classified under the provisions of the DoD Post Desert Storm Classification Guide will be declassified.

DRAFT

6/23/94 0930

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL		# of pages 3
To JENNIFER O'CONNOR	From C. BERNATH	
Dept./Agency	Phone #	
Fax # 202-456-6704	Fax #	
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IMMEDIATE RELEASE

June 23, 1994

DOD INITIATES DECLASSIFICATION OF GULF WAR RECORDS

The Department of Defense has today begun to release previously classified documents from Operation Desert Storm, in order to provide as much data as possible to help answer questions and alleviate the concerns of those who fear they may have been exposed to chemical or biological agents. Deputy Secretary of Defense John Deutch signed a memorandum to the Defense and Service leadership that will rescind the Security Classification Guidance for Operation Desert Storm. He asked for an immediate review of the classification guidance with instructions to identify topics that no longer require protection as classified information. Unless there are overriding National Security reasons for retaining classification, information classified under the provisions of the DoD Post Desert Storm Classification Guide will be declassified. Any exceptions to this declassification order must be personally approved by the Deputy Secretary.

"I want to assure every veteran that it is the policy of this Department to provide them with every bit of information we have that may have an impact on their health," said Dr. Deutch in making the announcement. "We are totally committed to providing you both the information and quality health care you deserve."

In other important related actions, the Defense Science Board Task Force on Persian Gulf War Health Effects, chaired by Dr. Joshua Lederberg, also released its report today. Dr. Lederberg's Task Force has completed its review of information regarding the possible exposure of personnel to chemical and biological weapons agents and other hazardous material during the Gulf War and its aftermath. The Task Force's findings include:

- There is no evidence that either chemical or biological warfare was deployed at any level, or that there was any exposure of U.S. service members to chemical or biological warfare agents.
- There is insufficient epidemiological evidence at this time to support the concept of any coherent "syndrome."
- Further work is needed to verify reports of incidence and their association with veterans.
- DoD needs substantial improvement in pre- and post-deployment medical assessments and data handling.

DRAFT

- The appropriate Service medical facilities should ensure that clinical treatment, absent a proven etiology, is managed on a case-by-case basis, directed at the symptoms presented.

The report emphasizes the need for extensive research before the true extent and causes of the health problems of Persian Gulf veterans is known. Dr. Deutch noted, "The report represents only one element of the on-going review of this issue and does not constitute an end, but rather points to further work to be done."

The Departments of Defense, Veterans Affairs, and Health and Human Services, constituting the Persian Gulf Veterans Coordinating Board, are moving ahead aggressively with medical research. This research will examine all potentially hazardous exposures -- no possibilities are being discounted. The focus of the departments remain on the provision of health care to meet veterans' needs, research into the cause of their illnesses, and compensation in appropriate cases.

In addition, Dr. Stephen Joseph, Assistant Secretary of Defense for Health Affairs, announced a number of other actions taken by DoD, including the barring of involuntary retirement or separation of service members who show symptoms of illnesses associated with Persian Gulf. DoD has also instituted a toll free number for service members to call if they feel they suffer from health problems connected to the Persian Gulf War. Furthermore, DoD also announced the start of extensive diagnostic protocol examinations.

DoD is focusing on encouraging any service members who may be ill to come forward. To do so, the Department has established a toll free number, 1-800-796-9699, for Gulf War service members who are experiencing medical problems as a result of their service in the Gulf. This telephone gathered data will be sent to DoD medical centers on a daily basis so that medical staffs can contact the individual to arrange the necessary medical exams. Callers eligible for Veterans Affairs medical care will be referred to the closest VA medical facility. This toll free number will operate weekdays from 8 a.m. to 11 p.m. EDT.

Dr. Joseph announced that the new protocol for examining Gulf War veterans is now in place. The senior military physicians and administrators from the 16 major military centers have been schooled on the new protocol and are in the process of contacting those service members on the DoD registry.

The evaluation consists of three phases. Phase one is a basic physical and screening examination. Phase two evaluations are individualized, thorough medical examinations similar to those that would be administered by Internal Medicine specialists. DoD's focus is on the individuals and their symptoms. Phase three will be more specialized examinations and tests. At this point it is hoped individual diagnoses of patients will be identified.

Secretary Deutch points out, "The steps we are taking today are part of our continuing effort to find answers to some very difficult questions. We are totally committed to doing what is necessary to provide the best possible care and to identify the causes of health problems among our service members."

-END-

OPTIONAL FORM 89 (7-90)

FAX TRANSMITTAL

of pages = 2

To <u>Ms. Jurado</u>	From <u>Mr. Bazz</u>
Dept./Agency	Phone #
Fax # <u>202-273-5717</u>	Fax #
N&N 7540-01-317-7368 5000-101 GENERAL SERVICES ADMINISTRATION	

DRAFT

IMMEDIATE RELEASE

June 23, 1994

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"I want to assure every veteran that it is the policy of this Department to provide them with every bit of information we have that may have an impact on their health," said Dr. Deutch in making the announcement. "We are totally committed to providing you both the information and quality health care you deserve."

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DRAFT

- The appropriate Service medical facilities should ensure that clinical treatment, absent a proven etiology, is managed on a case-by-case basis, directed at the symptoms presented.

The report emphasizes the likely need for extensive research before the true extent and causes of the health problems of Persian Gulf veterans is known. The Departments of Defense, Veterans Affairs, and Health and Human Services, constituting the Persian Gulf Veterans Coordinating Board, agree with this assessment and are moving ahead aggressively with research addressing these issues. No possibilities are being discounted. The focus remains on the provision of health care to meet these veterans' needs, research into the cause of their illnesses, and compensation in appropriate cases.

In addition, Dr. Stephen Joseph, Assistant Secretary of Defense for Health Affairs, announced a number of other actions taken by DoD, including the barring of involuntary retirement or separation of service members who show symptoms associated with Persian Gulf illness. DoD has also instituted a toll free number for service members to call if they feel they suffer from health problems connected to the Persian Gulf War. Furthermore, DoD also announced the start of extensive diagnostic protocol examinations.

DoD is focusing on encouraging any service members who may be ill to come forward. To do so, the Department has established a toll free number, 1-800-796-9699, for Gulf War service members who are experiencing medical problems as a result of their service in the Gulf. This telephone gathered data will be sent to DoD medical centers on a daily basis so that medical staffs can contact the individual to arrange the necessary medical exams. Callers eligible for Veterans Affairs medical care will be referred to the closest VA medical facility. This toll free number will operate weekdays from 8 a.m. to 11 p.m. EDT.

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Secretary Deutch points out, "The steps we are taking today are part of our continuing effort to find answers to some very difficult questions. We are totally committed to doing what is necessary to provide the best possible care and to identify the causes of health problems among our service members."

-END-



THE DEPUTY SECRETARY OF VETERANS AFFAIRS
WASHINGTON

June 23, 1994

Statement of VA Deputy Secretary Hershel Gober
DoD Press Conference

I am very pleased that the Department of Defense has decided to declassify Operation Desert Storm documents and make them publicly available. VA will use these materials to learn whatever we can about the health problems of Persian Gulf veterans.

I am also happy that DoD has adopted the new protocol for examining Gulf War veterans. This protocol was developed in consultation with VA and is adapted from the protocol VA has been using at its environmental medicine referral centers for Persian Gulf veterans. VA will now be distributing the protocol to all of its medical centers for use in cases where diagnosis is difficult. Persian Gulf veterans will benefit from the in-depth diagnostic approach that we have developed.

Regarding the Task Force report, we in VA have not yet had the opportunity to review it, and we will do so. I have had an opportunity to read the transmittal memorandum. I want to make sure that everyone understands that this Administration does believe that these veterans are sick, their symptoms are real and they do need our care.

That is why we continue our efforts to study the causes of these illnesses. VA has established special environmental medicine referral centers at its hospitals in West Los Angeles, Houston and Washington, D.C. to handle cases of unusual symptoms. And, VA has designated its medical center in Birmingham Alabama, as a pilot site for neurological and other testing of veterans with health problems that may be related to their exposure to chemical agents during Gulf service. VA also plans to activate three environmental hazards research centers to expand its study of undiagnosed illnesses and is reviewing proposals for additional research. Together with DoD and HHS, we are engaged in more than 20 Persian Gulf-related studies, including general health, environmental effects, chemical agents and depleted uranium.

As many of you know, Secretary Brown testified before the House Veterans Affairs Committee 2 weeks ago and stated that the Administration supports legislation to compensate chronically disabled Persian Gulf War veterans with undiagnosed illnesses. It is clear that the research into the nature and causes of these illnesses will take more time. Therefore, while we wait for scientists to reach some conclusion on the causes of these illnesses, we believe that these chronically ill veterans must be compensated.

We at VA look forward to continuing to work with our colleagues at DoD and HHS to find the answers that will help our Persian Gulf veterans who are ill. Thank you.

Jennifer
O'Connor
17 Pages

DoD News Briefing**Subject: Gulf War Illness****Dr. John Deutch, Deputy Secretary of Defense****Mr. Hershel Gober, Deputy Secretary of Veterans Affairs****Dr. Stephen Joseph, Assistant Secretary of Defense
for Health Affairs****Dr. Joshua Lederberg, Chairman, Defense Science Board Task Force
on Gulf War Health****Ms. Kathleen M. deLaski, ATSD (PA)****Thursday, June 23, 1994 - 11:30 a.m.**

Ms. deLaski: Good morning. Thank you for coming to our news conference today on the Gulf War illness. This is an update on several things the Department of Defense is doing in connection with the rest of the Administration.

To give our main presentation, Deputy Secretary of Defense John Deutch is here. And with him, we're very pleased to say that the Deputy Secretary of Veterans Affairs, Hershel Gober, is also here. He'll have some things to say after Dr. Deutch.

They will take your questions, and they'll be assisted in answering questions by our Assistant Secretary of Defense for Health Affairs, Dr. Stephen Joseph, who is sitting next to him. We also have Dr. Joshua Lederberg who, as all of you know, has chaired the report on the effects of Gulf War illness and the question about whether agents were involved. He is a past president of Rockefeller University, New York City, and as most of you know, a Nobel Prize winner.

With that short introduction, I give you Dr. Deutch.

DR. DEUTCH: Thank you, Kathleen.

I want to bring you up to date on actions taken and plans to continue to address the Gulf War illness issue. This is an update. We don't have all the answers. You'll hear from us again as we learn more. It's also an inter-agency effort involving the Department of Defense, the Department of Veterans Administration, Health and Human Services, EPA, and the Office of

Science and Technology Policy. I'm especially pleased that Hershel Gober, the Deputy Secretary of Veterans Affairs, is with us today.

There are four topics I want to draw to your attention. First, I'm announcing that the Department is declassifying, or otherwise making available, thousands of pages of information on the Gulf War to make sure that all information bearing on the Gulf War illness is made public.

Second, I'm releasing today the Defense Science Board report that I commissioned in February 1994 to examine all aspects of the Persian Gulf War health effects. This report points the way to further work for the Department of Defense, and I'll make some remarks about that.

Third, we are reporting on a major Department of Defense/Veterans Affairs clinical study of Gulf War veterans designed to improve the treatment of all individuals who are suffering from Gulf War illness and to identify the medical causes of the illness.

Finally, I want to point out that the report we're releasing today emphasizes the continuing need for extensive research before we will know the true extent and causes of the health problems of the Persian Gulf veterans.

The three departments and EPA that comprise the Persian Gulf Veterans Coordinating Board agree with this assessment. We are moving ahead aggressively with research addressing these issues. We are not discounting any possibilities. Our focus remains on the provision of health care to meet veterans needs, on research into the causes of their illness, and on compensation in appropriate cases. Many who served in the Gulf are suffering. Responding compassionately and effectively are our principal priorities.

As Kathleen mentioned, Steve Joseph is with us today, the Assistant Secretary for Health Affairs, who will answer questions concerning the clinical study that I will mention to you, and Josh Lederberg, the Chairman of the Defense Science Board Study.

Let me address each of the four subjects that I mentioned to you briefly, in turn.

Declassification. The material we're making available today pertains both to intelligence about possible chemical or biological agent use in the Gulf War, and medical information. The material we're releasing is from the vast storehouse of information on the Gulf War. There are about 1,000 linear feet

of boxes in storage concerning the Gulf War. Only a very small part of this information is likely to have any bearing on the illness, but we are in the process of declassifying as much as we can, and making both declassified and unclassified information about the war more readily accessible.

We have some materials here which are pertinent as a first step--relevant, previously classified material--and more will be made publicly available as we go through the material that we have. We've already declassified a number of documents, including the unit logs, the journals, the message traffic, and after action reports which bear on this question.

The important point here is that after today, there will need to be an affirmative reason to keep any documents bearing on the Gulf War classified. The burden of proof will be on those who want to keep the material from public view, rather than the other way around.

I want to mention that I regard this as being in sharp contrast to past experiences in the Department's history, when it took a long, long time for the Department to be willing to reveal all possible information for public scrutiny. For example, the Agent Orange episode. This is a new way Secretary Perry wants to do business.

We are also establishing a public reading room which will allow people to have access to this information as easily as possible.

Secondly, I want to mention some remarks about the Defense Science Board Task Force on Gulf War Health Effects. The Secretary had tasked the Task Force to get the best and most independent minds working on this issue. Josh Lederberg headed a distinguished panel that had full access to all information we had classified and otherwise. The findings of Josh's Task Force, fall into two groups. The first concerned the illness and how to deal with it and those findings that concerned the possibility that chemical or biological weapons were used against allied forces during the war. Let me, first of all, talk about the illness.

The Task Force found that there was no one syndrome that could cover the range of symptoms reported by service members in Desert Storm. The Task Force suggested that careful treatment protocols might eventually identify not just one syndrome, but a number of syndromes from the range of symptoms reported by Gulf War veterans. We are following up on this Task Force recommendation.

The Task Force concluded that much more work is needed with those exhibiting symptoms, and we completely agree, and I'll talk more about that in the context of the Veterans Affairs Department of Defense study.

Finally, I'm going to be asking the Veterans Administration, Hershel Gober, to review the report of the Task Force, to give us his view and the Veterans Administration Department's view of the DSB Task Force report.

Let me make a few remarks about the findings of the Task Force concerning biological and chemical weapons. The Task Force found no evidence of the deployment or use of biological weapons in the Gulf theater. The Task Force also found no evidence of overt intentional use of chemical weapons by the Iraqis. As to very low levels of exposure to chemical weapons, the Task Force said it could find no credible source of such exposures, so that seemed unlikely.

The Task Force said it could neither confirm or dismiss reports of chemical agent detection by the Czech chemical warfare team pending completion of evaluation of their detection equipment, which is still in progress.

The bottom line of the Task Force report is something I think we all agree to very strongly. Even without a single identifiable syndrome, we must ensure the best treatment for Gulf veterans on a case-by-case basis based on individual symptoms.

This brings me to my third point, which is the joint Veterans Affairs/Department of Defense clinical study. This is part of our overall effort to identify the cause or causes of the symptoms being experienced by Gulf War veterans. This clinical study is going to be comprehensive. Its participation is open to any service member, retiree, reserve component member, who has an active illness thought to be the result of service in the Gulf conflict. It is also open to any family member eligible for military medical benefits.

The evaluation will be thorough and comprehensive. It will have three parts. First, the basic physical and screening examination. If no diagnosis is made at that stage, the patient goes to a designated medical center for further evaluation and subsequent specialized examinations and tests.

For those not diagnosed, we are working with the Institute of Medicine and the National Academy of Sciences to set up a special clinical review committee. This committee will review those cases which have no successful diagnosis to see what additional measure might be taken.

We have a special 800 number that went into effect today for Gulf War veterans to call for information about the examination. It is being answered by former service members and spouses who understand the military and the requirements of its members and veterans.

My final point is the most important. Our highest priority continues to be that service women and men who are ill as a result of service to their country in the Gulf War are treated promptly, thoroughly, and humanely. You will hear from us again about the progress we are making, and we are all doing this on a cooperative, inter-agency basis.

At this point I would like to ask Hershel Gober to say a few words, and then I'll be happy to take any questions you may have.

MR. GOBER: Thank you, John.

I'm very pleased that the Department of Defense has decided to declassify Operation Desert Storm documents and make them publicly available. VA will use these materials to learn whatever we can about the health problems of Persian Gulf veterans.

I'm also happy that DoD has adopted the new protocol for examining Gulf War veterans. This protocol was developed in consultation with VA and is adapted from the protocol VA has been using in its environmental medicine referral centers for Persian Gulf veterans.

VA will now be distributing the protocol to all of its medical centers for use in cases where diagnosis is difficult. Persian Gulf veterans will benefit from the in-depth diagnostic approach that we have developed.

Regarding the Task Force report, we at VA have not yet had the opportunity to review it. We will do so. I have had the opportunity to read the transmittal memorandum. I want to make sure that everyone here and across America understands that this Administration does believe that these veterans are sick. Their symptoms are real, and they do need our care. That is why we continue our efforts to study the causes of these illnesses. VA has established special environmental medical referral centers at its hospitals in West Los Angeles, Houston, and Washington, D.C. to handle cases of unusual symptoms. And VA has designated its medical center in Birmingham, Alabama as a pilot site for neurological and other testing of veterans with health problems that may be related to their exposure to chemical agents during their Gulf service.

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We at VA look forward to continuing to work with our colleagues at DoD and HHS to find the answers that will help our Persian Gulf veterans who are ill.

Thank you.

Q: Dr. Deutch, you said on the chemical and biological weapons, you said carefully the Task Force found no evidence of storage or use of biological weapons, and I believe you said by the Iraqis or by coalition forces. And yet on the chemical weapons you said the coalition found no overt use, no evidence of overt use by the Iraqis. How about any possible use by the Iraqis?

Number two, how about the reports that possibly the Saudis might have had chemical weapons stored in the area? How about possible use or escape of chemical weapons stored by the coalition?

Dr. Deutch: Let me say that what I said was the Task Force found no evidence of intentional use of chemical weapons by the Iraqis. No evidence of overt intentional use of chemical weapons by the Iraqis. I would suggest that after you're done with me you ask Josh to put it in his terms of the Task Force.

My own view, I have examined carefully the issues of alleged use of chemical agents in the Gulf, which is, by happenstance, including one situation which the Czechs reported where the Saudis allegedly brought them to a puddle in the sand and the Czechs analyzed that promptly as being mustard agent. They did not take a sample. We have discussed that with the Saudis and there is no evidence, in any record, that they have of that taking place. We have no information that any other member of

the allied contingents there had any chemical agents of any types in the Gulf.

Q: Can we hear from Dr. Lederberg, as a couple of questions so we can hear some of his assessment of this report?

Dr. Deutch: Please.

Q: Dr. Lederberg, I realize you haven't prepared a statement here, but I'd just like to hear from you, having looked at this exhaustively, to hear from you a little bit about what your impression is about what more we know about this Gulf War mystery illness today than we did before you started your report.

Dr. Lederberg: I think for the larger remarks, I'd have to speak after Dr. Joseph has had an opportunity to present the Department's view on the matter. So I'll address myself just to the specific question that you were in dialogue with just now with Dr. Deutch.

The statement that there was no evidence I'd have to enlarge. There was no evidence persuasive to us. There were allegations of use. There were sensors that went off. There were dozens if not hundreds of false alarms. These were built into the way the equipment was designed to operate. The function of those alarms was to warn soldiers about the possibility of imminent attack and be prepared. They were tuned to go off at the least hint, and we know in many, many circumstances that there are other interfering substances that could have generated those alarms. There was also a very high state of alert and anxiety about the possibility that chemicals were going to be used.

We don't believe that constitutes evidence of the use of chemical weapons, although you might say those assigned to watch for signals, were alarmed with respect to their potential use.

We had very diligent support from every element of the Department and from the intelligence community. I don't believe anything was denied to us. I've had the necessary clearances, and I've personally been one of the more active people about being concerned about the need for provision for defense against chemical and biological weaponry. Nothing survived close scrutiny that was persuasive evidence that chemical weapons had been deployed.

I think the language about overt use has to do with the possibility that there were chemical weapons stored in Iraq, and that bombing of Iraq might have released some of those agents. That's a different matter than the overt use of chemicals as weapons.

We could not put together a credible scenario that would substantiate that model. It's not an unreasonable one, one that a priori would have been completely plausible. But you have to look at the etiology, you have to look at the quantity of substances that would have had to have been released. Considering the distances involved, and it was Dr. George Whiteside who chaired the panel, and you'd have to go to him for a very detailed account of their analysis, there was nothing that would hang together. We could not find a scenario whereby a release of Iraqi chemicals as a result of bombing could have given a pattern of signals and a response that would be observed.

So our next conclusion was that we could find no persuasive evidence of the use of chemicals in that theater.

Q: Could you just amplify the other conclusion about there being no single Gulf War syndrome? Can you explain that?

Dr. Lederberg: I'll defer that until after Dr. Joseph has spoken.

Q: Can I ask one followup on this, if I may? When you were doing the study, did you get into prevailing winds at the times of the bombings, winds aloft, that sort of thing?

Dr. Lederberg: Yes, indeed. Those are gone into the report.

Q: What about the business of the oil fires after the cessation of hostilities? Did you look into that at all?

Dr. Lederberg: There were oil fires. There were some numbers of troops that were exposed to heavy smoke. There were some analyses about the residues that might be expected to be toxic, and there was, by that account, unexpected low levels, for example, of heavy metal pollution that might have originated there. We don't have the epidemiological data that might correlate the occurrence of symptoms later on to specific exposure to the oil fires.

There's nothing in the syndrome that makes sense. We have no prior medical information and this applies across the board to a number of possible exposures. Without any significant acute illness, then with a delay of several months, then having symptoms appear months later, which there was no premonitory illness... If we'd had a number of people who had had acute illness in an early stage and then recovered and then had chronic sequelae, we would be on much more familiar medical ground than what has been described here.

Q: Can you say why the illness is limited only to the American forces, and why the coalition forces from the Gulf, from

other countries... Are there any reports of similar illness from other coalition forces?

Dr. Lederberg: Our official reports from coalition members, and particularly the British and the French, have reported nothing comparable to what's been described in our own troops. I would have to say that we had particular methods of elicitation. There was a good deal of public notice given to this. So there was a much more active program of trying to discover what illness may have been present. That's the only speculation I can offer about why there would be a different outcome. But I really think this is out of turn. I really think...

Q: Dr. Lederberg, do you, after your study do you personally think that there are sick veterans out there suffering from ailments that can be linked to the war?

Dr. Lederberg: There are certainly veterans who are showing very significant illness and who will need to have a great deal of help. If I put on my hat as a critical scientist and say if I had been the first to uncover these data, should I proclaim that there is a Lederberg Disease out there that has been defined in any clear-cut fashion, that would be illicit. We do not have firm epidemiologically sound information that would correlate the symptoms with service in the Gulf. That may seem like a very harsh statement, but the fact is there is not the kind of study that would enable you to say with scientific rigor that service in the Gulf was immediately connected with large numbers of the kinds of symptoms described.

Dr. Deutch: I'd like to add a word here which I think is a difference between the way the Department would view the findings that exist today and the way the chairman characterized it. We firmly believe that there are service men and women who are ill as a result of this Gulf experience. And as Hershel Gober said, our top priority is whether or not there is a tight, scientific, medical link between a specific syndrome and the symptoms and illness that these people feel, the top priority has got to be, and is, the prompt, humane, compassionate treatment of these individuals. It is not unknown in the field of medicine to have people who are ill, and all of the scientific and logical connections have not yet been discovered. Part of the reason we are undertaking the Department of Defense/Veteran Affairs joint study is to follow the recommendations of the Lederberg panel to pursue every possible way for clinical examination of a cohort in-depth, to try and elicit what those medical causes are.

Q: Dr. Deutch, not to be perjorative, but is that a scientific conclusion you've come to or a political conclusion?

Dr. Deutch: That is a scientific conclusion I've come to.

Q: Are these people getting progressively worse, or is this static?

Dr. Deutch: We should go back in order now.

Q: I have another question on the chemical issue... Have we had any access to Iraqi records? If there had been a spillage of stored chemical weapons by our bombing, it would have impacted on the Iraqi forces, obviously, before it did us. Have we had any access to the Iraqi records, whether any of their people showed symptoms of chemical weapons... Do they keep the same records or...

Dr. Lederberg: Access have been very limited. Iraq has been very reluctant to tell coalition forces or the rest of the world anything about anything, and I have no doubt that they've made every effort to conceal whatever they had.

There have been interviews of Iraqi officers. Our intelligence people have indicated that they found no information from them with regard to deployment, but I wouldn't bank a great deal on that, but it is negative information.

Dr. Deutch: You might want to also note that, as you point out, if there was a release behind the lines of Iraq, we would expect to have found symptoms among Iraqi soldiers, among the POWs, the prisoners of war that were taken during the Gulf War.

Dr. Lederberg: That's what I say, much higher intensity close to the source than many miles away.

Q: What have you learned from this report and all the work you've put into it that you didn't know and the Department didn't know before this was undertaken?

Dr. Lederberg: Well, it's a matter of negative conclusion. We learned there was nothing that we could pin down. I think there were many of us on the panel who would have been eager to find evidence for a new disease, perhaps there were new endemic infectious agents in that theater--I'm sure there are--that remain to be discovered. Lyme disease was endemic in the United States for many years with rather vague symptomatology, long delay, and so forth. As scientists, we had that very much in mind, to be on the lookout for the possibility that there are mystery illnesses.

We couldn't find anything that would substantiate it. It's really quite important to note that there are no significant laboratory findings with respect to the individuals who remain undiagnosed. People who have had laboratory findings have received diagnoses, but in virtually every case the etiology is pretty clear. I don't dismiss them as real, but they're subjective reports, there's fatigue, there's pain, there's self-

reported fever, there's memory loss. These are not the kinds of things that you can get a laboratory measurement on that then gives you a clue as to what the etiological source is. So it just remains out there as a mystery in that regard.

Here, perhaps, I will differ with Dr. Deutch, I'm not sure. I'm not prepared to say yes or no about whether there was any experience in the Gulf with an etiological cause. It may be true, it may not be true. But we see very similar disease in the civilian population and I guess if there's one other contribution that we may have made, it's correlating these findings to the rather large body of work that's going on under another heading called Chronic Fatigue Syndrome. I find it very difficult to distinguish the attributions that are made about the majority of the undiagnosed illness in the Gulf War, and what goes under the heading of chronic fatigue. That's not an explanation. That's substituting one mystery for another.

But there is an undiagnosed disease that's prevalent in our population that we certainly need to know much more about, and we don't know what to pin it down to. The probable common denominator is threat. The threats of the fever, of viral infection, it can be physical stress, it can be psychic stress. It's still a guess, but I think that's the one common denominator that one might be able to find in this entire area.

I don't disagree for a moment with the policy conclusions that Dr. Deutch has reached. I don't think we can do any other. Until the matter is cleared up, I think the sick veteran deserves the benefit of the doubt.

Q: Are you disappointed?

Dr. Lederberg: Well, sure. I would have liked to have made a more affirmative contribution, but we worked very hard, we had five or six meetings for a couple of days each for a couple or three months. You don't expect miracles of scientific progress in that interval.

I hope we can sustain a combination both of compassion on the one side, and some degree of scientific rigor and always a little bit of skepticism on the other if we're going to get to the bottom of this.

Dr. Deutch: I want to make a remark here at this stage. We formed this Defense Science Board report in February. I stood not here, but upstairs, and made the point that our effort was to get a group of technically qualified, independent people to see whether there was anything that we were overlooking. We didn't ask them to come up with answers. We said are there matters that we should be doing, are there matters we've overlooked? They

have come up with some suggestions that we are pursuing. The entire report is going to be available to you to look at and go over in detail. But we didn't ask them for the results we want. We asked them to use their skill and their efforts to tell us whether we have overlooked anything.

Q: One logical followup, if I may, if the prognosis is correct, doctor, that stress is the common denominator, is there any evidence that comparable illnesses came out of Vietnam, Korea, World War II?

Dr. Lederberg: Absolutely, and there is a chapter in our report that gives that history. We have had what one could well view as comparable history after every major war. Different names were given to those syndromes in different wars. Things like it were called Soldiers' Heart, Neurosema, Combat Fatigue, Shellshock, and so on. It's something we've come to expect as a fairly routine matter.

Now there are different sets of circumstances, and the kind of stress that was involved in protracted combat was a well-founded fear of whether you were going to survive day after day, is not going to be the same thing that most of our troops experienced in Saudi Arabia. But don't underestimate the stress that they were exposed to, even though they were not in combat over a considerable period of time.

Q: Are you saying stress, in essence, could make you susceptible to disease? That it's not the war, necessarily. Anybody during stress might be receptive to some disease...

Dr. Lederberg: No question about it. That's right.

Q: If you can't tie the cause to the etiology to the Gulf, do you think these veterans are sick then, or are they...

Dr. Lederberg: There's no question that they're sick. That's not the issue. The issue is what the cause was, and more importantly, what to do about it in trying to treat them. At the moment, barring knowledge of that etiology, it's pretty much limited to trying to find symptomatic relief of one kind or another and supportive therapy. But no one has questioned that they're sick.

Q: Is there too much political pressure to pin this on the war? Is that interfering a little bit with science? People want there to be a Gulf War-related syndrome?

Dr. Lederberg: It's not interfering with the science. Obviously, those currents are operating, but I think the doctors are doing their job. Our investigation takes cognizance of these kinds of comments and pressures, but it hasn't interfered. You've heard me speak out, just what our views on the matter are.

Q: But the Pentagon is taking responsibility here, saying we're going to treat them. Does that create a kind of a leak, making people say that it must have been related to the war?

Dr. Deutch: I think that you are exactly right. The Department of Defense, Department of Veterans Affairs, would say these people are sick and our first priority is to treat them. When you get in these analytical, clinical discussions about the cause, which is very important to know from the point of view of both ultimate treatment and causation, we don't want to lose the facts of the men and women who served over there, that we believe they're sick and they are going to get prompt and compassionate treatment. We don't want to let those two matters [spear] each other. The fact that we have asked Josh Lederberg to form a panel of outside people to look at it indicates that we are willing to take it wherever it goes without (inaudible) of facts. These men and women are going to get treated by the Department of Defense, by the Department of Veterans Affairs.

May I suggest that we hear for a moment from Dr. Joseph.

Dr. Joseph: I know of no physician, and I include myself, who has seen, or examined, or talked to these veterans who does not believe they are ill. I think there is no question about that. It's been said several times. Any of the doctors you talk to would agree to that.

The question of whether we know or not what they're ill with is a quite different question. In both the Lederberg report and the NIH conference that some of you have seen the outcomes of several months ago, said the same thing about that. They said the evidence we have so far, the medical evidence, doesn't enable us to put all those people, all those symptoms, in a single diagnostic category, or a single syndrome.

I think the best way to look at it, like looking at the layers of skin on an onion. There are, undoubtedly people who are suffering from Gulf War illnesses who when examined and treated, have clearly understandable traditional diagnoses. The \$64,000 question is whether, as you peel back all those layers-- yes, this person has this; this person has that; we know how to treat this--whether there's a core within that onion of people with these very generalized symptoms that currently cannot be explained by a diagnostic name or a label, or a diagnostic cause as we understand.

I differ a little bit with Josh Lederberg, and in our world it's perfectly fine to differ. I believe that there is a core. I don't know how large that core is, and I certainly have no idea about what the cause of that core is. But looking for that core, trying to define it, trying to see if we can't come to some

understanding about causality is really what the DoD and VA clinical program is about. In effect, that's starting at the right end.

Rather than saying it might be this cause or it might be that cause or whatever, what we need to do, what we're doing now, is to take as many patients as we can, reach out to those patients, one by one examine them, try to make diagnoses where we can, give treatment where we can for symptoms for diagnoses, give benefit to those individuals. At the same time, take all that information that we get from those many individuals, aggregate it, and see if we can't come to define and articulate, "Is there a core and what does that core consist of?" That's really what this is about, reaching out, programs through the DoD medical centers and the VA specialized centers, to get as many people as we can, as quickly as we can and in a very sophisticated kind of standardized protocol, try to work through this.

Q: Do you have any clinical evidence that the Gulf War veterans who have this mystery illness and have been treated have benefited from the treatment?

Dr. Joseph: If I may, the problem with the question is it lumps everybody into one lump instead of these different layers of skin on the onion. There are many Gulf War veterans who are symptomatic after service in the Gulf and who have had diagnoses made on them who have been treated for those diagnoses successfully. There are others, and the question is, what about those, who either we have no diagnosis for currently, nor a kind of conceptual framework for that diagnosis. And of course, we may treat their symptoms and alleviate that, but we'd be treating symptoms and not an underlying disease. I think the other important thing here, something John said about the clinical diagnostic protocol that the VA and we are using, is one that has no holds barred. In the examination, in the history, in the laboratory tests, in the specialized consultations, we'll follow whatever diagnostic leads appear, and there is nothing ruled out in terms of possible illness.

Q: I'd like to follow up on my previous question. There was some report or indication given to the forces before we went to the Gulf, that has some affect on their illness. Can you comment on that?

Dr. Joseph: Yes, I can comment on that. One, and Dr. Lederberg may wish to comment, both from our underlying theoretical structure of those medications, vaccines and medications, we do not see an obvious link to the symptoms that are described, particularly with no acute disease and then chronic symptoms appearing later.

Secondly, there really are not individuals in whom we have been able to link those things together.

Thirdly, that's exactly what we're doing with the clinical protocol and the individual diagnosis and treatment, trying to see if we can define the cluster of people who might link those things together. I think that's a long shot, but that's why we're going to try and see.

Dr. Deutch: Is your question about pyridostigmine, the possible affects that had?

Q: (Inaudible)

Dr. Deutch: I don't think there's no persuasive evidence to the linkage here. We've continued to look at that. Any time anyone mentions two chemicals, the possibility of synergistic action has to be considered. We certainly don't have any medical or chemical basis for a connection between (inaudible).

Q: (Inaudible) report?

Dr. Lederberg: We did look into pyridostigmine as to the extent of the information that could be made available--the public literature and several experts on the matter. One reason we focused on it was that we could identify no more than two or three agents or circumstances about which there was no doubt about the exposure, and there were large numbers of troops that were basically involved. And pyridostigmine was one of these.

Another, and one I would put much more [stress] on myself than others have done is simply very fine sand. The concentration of very fine respirable particulate matter is higher in Kuwait than anywhere else in the world. This may be something that people who live there can accommodate to both in terms of how they go about their daily lives, and perhaps even biological adaptations. That's something that I feel ought to be looked into more deeply than it has. There's no doubt it was there quite pervasively.

Third, this hasn't been looked at very much at all, is the fact that we had, this is a negative exposure, a very sudden change in life circumstances for many individuals. Seven hundred thousand people were suddenly put into an environment not only with very high physical and psychological stresses, and lack of recreation and all the rest of this, but rather sudden deprivation of alcohol. I just ask myself, what do people do under those circumstances, and that's just uninvestigated with respect to what other sources of recreational intake there might have been.

I don't know to what extent any of these factors were actually involved, but these are, if you act objectively and cold bloodedly about the environment, these are the three that stand out.

I just wanted to say, this is not by way of conclusions, this is part of a systematic examination. What were the things that were different about that environment that would require further pursuit?

So pyridostigmine has been used for 30 years now in the treatment of Miaceria Gravis. I don't know the number of patients, but it must be in the thousands, of tens of thousands, who are receiving this drug chronically for the treatment of another grave disease. And there has been no indicated report of the kinds of side effects that have been, attributed to it in the context of the Persian Gulf. That's not conclusive, but I think it's very, very strong evidence against there being any particular reason to blame pyridostigmine for these consequences.

But I have to say straight out with respect to any exposure of any kind, it is all but impossible on a laboratory basis to say that there isn't going to be one person in a thousand who may have a unique idiosyncratic aberrant response, and that could be the case here. It's almost an impossible thing to determine a priori. You can't do the studies on this particular scale to nail that down yea or nay. That will have to be one into in more detail. The same applies to the other exposure that I named.

Q: Many of the family members who are complaining of symptoms and children, also, of family members, of reservists who are not, have [not] been treated either at VA hospitals or military hospitals. Is there any provision of treating them?

Dr. Joseph: Family members who are eligible for military health care obviously don't fall under the circumstances you described. There are, indeed, a number of categories of people who fall between mandated cracks. That's one of the advantages of having the inter-agency group that we referred to, and between DoD, and VA, and HHS, we're looking to find either existing or possibly new solutions to cover those groups.

Q: Regarding the measurements of the Czech chemical equipment. Has that incident occurred? And a second question, have the results been analyzed of the technologies that would stem from the Czech equipment?

Dr. Deutch: I don't know whether the final results are back on the examination of the Czech equipment. Putting in doubt, I think in a technical sense where the Czechs, of course, had four occasions where they had detection, that we want to make sure that the procedures and the equipment are such that they were

valid detections. I'm sure the Czechs would want examination done.

Q: Dr. Deutch, can I just clear up one more thing? You said there was no indication that any of the coalition members had chemical weapons, and you have received assurances from the Saudis that they had no chemical stocks in the area that might have escaped?

Dr. Deutch: As I mentioned last time, we have taken the obligation of checking with the members of the coalition, and we have been given assurances by all members of the coalition that they had no chemical stocks in the area.

Thank you all very much.

Ms. deLaski: Before you all go. These are the documents that Dr. Deutch talked about. This is the small number that we've already declassified in the past few days, the logs and things. There will also be some more coming out in the next day. The reading room is now open. It's our conference room across the hall from the regular briefing room. That will be open at least today and we'll figure out how much longer, depending on your interest.

You may shoot pictures of this, you may shoot pictures in the reading room. Coordinate that with Denny Klauer. We have a blue top and we have the memo that Dr. Deutch has signed now which actually orders this classification guidance to be rescinded. We expect a lot of work in the next few weeks, to declassify a lot more materials. You can feel free to look at what we have here. You can make copies of it.

-END-

Chad:

Today, we are having both Hill briefings and a press briefing on the Defense Department's announcements related to the Persian Gulf Syndrome. The Hill briefings start at 9:00am and the press briefing is at 11:45am.

It is **really important** to get all press releases, talking points and questions/answers to the people listed below first thing this morning.

Here's what you need to get: press release, talking points, questions and answers, Dep Sec Deutch's remarks and Dep Sec Goyer's remarks. Dennis Boxx at 703 697 9312 will have all except the last item. Kathy Jurado at 273-5750 will have the last item -- Goyer's remarks. Also, call Seileen Mullen at 703 697 2111 and have her deliver copies of the Lederberg Report to each person on the list as well. (So you will get all the other stuff to fax from here and she will deliver the report from DoD)

Here's who all this stuff has to go to (and their fax numbers should be on the list you were faxing from for the Persian Gulf meeting this past Tuesday -- except for the QWhite House folks -- who should you hand deliver the stuff to)):

Ginny Terzano (White House press)

Jake Siewert (White House communications)

Tim Keating (White House leg Affairs)

Elisa Harris (White House National Security Council)

Jane Wales (White House Office of Science and Tech Policy)

Lynn Goldman, EPA

Avis LaVelle, HHS

Therese Nino Venegas, HHS

Kevin Thurm, HHS (the chief of staff)

Marcy Oppenheimer, HHS

Peter Beech, HHS

Jerry Kleppner, HHS

2nd FI NW 62580 - Press Off By doors

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389 OEOB

494 OEOB

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THE WHITE HOUSE

WASHINGTON

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FROM:

Chad Brownstein

PHONE:

(202) 456-2572

FAX:

(202) 456-6704

MESSAGE:

This was handed out on the
hill today



OFFICE OF THE SECRETARY OF DEFENSE

1000 DEFENSE PENTAGON
WASHINGTON, DC 20301-1000



June 23, 1994

Dear Mr. Chairman:

The enclosed summary sheet and packet of materials contain information being released to the Congress today by the Department of Defense to report the findings of the Defense Science Board's review of Iraq's Chemical/Biological Warfare use during the Persian Gulf War. The Board's report and additional information will be used today by Dr. Stephen Joseph, the Assistant Secretary of Defense (Health Affairs), to brief the House and Senate Armed Services Committees, the House and Senate Veterans Affairs Committees, and other interested Members of Congress.

Dr. Joseph's briefing will provide an update on the Department's initiatives to diagnose and treat active duty Persian Gulf veterans as well as providing the most recent information about the coordinated efforts of the Departments of Defense, Veterans Affairs, and Health and Human Services to be responsive to the needs of those suffering as a result of serving in the Gulf theater.

If you should have additional questions, do not hesitate to contact Michael Landrum (703) 697-2536, Tamara Crail at (703) 695-2503 or Dr. Joseph at (703) 697-2111.

Sincerely,

Sandra K. Stuart
Assistant to the Secretary of Defense
(Legislative Affairs)



The purpose of this morning's briefing is to bring you up-to-date on actions taken and plans to continue to address Gulf War Illness issues. We do not yet have all the answers and assure you that we will continue to provide you with timely and factual information. This is an interagency effort involving the DoD, VA, HHS, EPA, and OSTP.

First, the Department is declassifying or otherwise making available thousands of pages of information on the Gulf War. We are aware of the persistent criticism of the Department of Defense's credibility on this matter. We want you to know that the policy of the Department conforms to the policy of this administration which is to provide honest and forthright responses to all questions.

Effective July 31, 1994, any Operation Desert Storm documentation will be automatically declassified, unless there are overriding National Security reasons for retaining classification. Any exceptions to this declassification order must be personally approved by the Deputy Secretary. To further improve accessibility of the declassified information, we are establishing a public reading room. **The important point is that after July 31, 1994, there will need to be an affirmative reason to keep any documents bearing on the Gulf War illness secret.**

We will be releasing the Defense Science Board Report commissioned in February of this year to examine all aspects of the Persian Gulf War health effects. Chaired by Dr. Joshua Lederberg, the task force was asked to access all information, classified and otherwise, report their findings, and point out where the Department needs to go on this issue. The findings of the task force fall into two groups; findings that concern the illness and how to deal with it and findings that concern the possibility that chemical or biological weapons were used against allied forces during the war.

The task force found that no one syndrome could cover the range of symptoms reported by service members who served in the Gulf during Desert Storm/Shield. They suggest that careful treatment protocols might eventually identify not just one syndrome but a number of syndromes. The task force further reported that a number of cases reported by Gulf war veterans resemble Chronic Fatigue Syndrome recommending that we look more closely at this possibility. Finally, the task force concluded that absent a proven etiology (established diagnosis), service and veterans medical facilities should ensure that clinical treatment is managed on a case-by-case basis directed at the symptoms presented.

The task force found no evidence of the deployment or use of biological weapons in the Gulf theater. The symptoms of exposure to biological weapons are well understood and none were detected.

The task force found no evidence of overt, intentional use of chemical weapons by the Iraqis. Furthermore, their investigation found no credible source of low levels of exposure to chemical weapons making such exposure unlikely. In addition, the task force said it could neither confirm nor dismiss reports of chemical agent detections by the Czech chemical warfare teams. Evaluations of their detections are still in progress.

We are already acting on several of the recommendations of the Lederberg report. On the 12th of May, the Department announced a three-part effort to help us identify the cause or causes of symptoms being experienced by our Gulf war veterans. One of these is a joint DoD-VA effort to perform a comprehensive clinical evaluation on all service members and veterans who have an illness due to service in the Gulf conflict. Participation in the DoD effort is open to any service member, retiree, and some reserve component members. Attached to this report is the clinical protocol being used by both the DoD and the VA.

Also attached is a listing of the regional medical centers . Senior military physicians and administrators from these military treatment facilities are instructing their medical center personnel on the protocol and how to conduct the evaluations. In an effort to make participation in this program as easy as possible, our clinic personnel are contacting each individual on the DoD registry and inviting them to participate. The registry was established to keep a record of those active duty personnel who are complaining of symptoms that may be related to service in the Persian Gulf. Evaluations have already begun at some clinics.

An important consideration for some people is the issue of compensation. Because we do not have established diagnoses for the symptoms associated with the Persian Gulf Illness, Mr. Edwin Dorn, Under Secretary of Defense for Personnel and Readiness, on June 2nd, 1994, issued a memorandum to the Service Secretaries stating that:

"no Service member who shows symptoms associated with Persian Gulf illness (may) be retired or separated unless (1) the member requests retirement or separation in writing or (2) the member can be medically retired or separated through the disability system with an established diagnosis..."

DRAFT

Gulf War Illness Press Conference John Deutch -- June 23, 1994

- I. Today, I want to bring you up to date on actions taken and plans to continue to address Gulf War Illness issue.
- A. This is an up-date, we don't have all the answers and you will hear from us again.
- B. This is an interagency effort involving DOD, VA, HHS, EPA, and OSTP. -- I am especial pleased that Herschel Gober, Deputy Secretary of VA is with us today.
- C. I want to draw four topics to your attention:
1. I am announcing that the Department is declassifying or otherwise making available thousands of pages of information on the Gulf War to make sure all information bearing on the Gulf War Illness is made public.
 2. I am releasing today the Defense Science Board Report I commissioned in February, 1994 to examine all aspects of the Persian Gulf War Health Effects. This report points the way to further work the Department must undertake.
 3. We are reporting on a major DOD-VA clinical study of Gulf War veterans designed to improve the treatment of all individuals who are suffering from Gulf War illness and to identify the medical cause of this illness.

DRAFT

4. Finally, I want to point out that the report we are releasing today emphasizes the Continuing need for extensive research before we will know the true extent and causes of the health problems of Persian Gulf veterans. The three departments and EPA that comprise the Persian Gulf Veterans Coordinating Board agree with this assessment. We are moving ahead aggressively with research addressing these issues. We are not discounting any possibilities. Our focus remains on the provision of health care to meet these veterans's needs, on research into the causes of their illnesses, and on compensation in appropriate cases. Many who served in the Gulf are suffering. Responding compassionately and effectively are our priorities.

D. Here with me today in addition to Herschel Gober are Dr. Stephen Joseph, ASD (Health Affairs) who will be available to answer any questions concerning the clinical study and Dr. Joshua Lederberg to answer any question relating to the DSB study.

E. Let me address each of these subjects, in turn.

II. Declassification -- The material we are making available pertains both to intelligence about possible chemical or biological agent use in the Gulf War and medical information.

A. The material we are releasing is from the vast store of Gulf War records.

1. There are about 1,000 linear feet of boxes in storage concerning the Gulf War. Only a very small part of it is likely to have any bearing on the illness, but we are in the process of declassifying everything we can, and making both declassified and unclassified information about the war more readily accessible.
 2. We have some material here today as a first step. As our declassification process proceeds, additional material it will be made publicly available.
 3. We have already declassified a number of documents, including unit logs, journals, message traffic and after action reports.
- B. The important point here is that after July 31, 1994 there will need to be an affirmative reason to keep any documents bearing on the Gulf War classified. In other word, the burden of proof will be on those who want to keep the material secret.
- C. This is in contrast to past episodes in the Department's history, e.g. Agent Orange when it took years before the Department released documents for public scrutiny.
- D. In order to make this material accessible we are establishing a public reading room.
- III. Defense Science Board Task Force on Gulf War Health Effects. I commissioned the task force to get the best and most independent minds working on the issue.

- A. Dr. Lederberg headed a distinguished panel that had full access to all information we had, classified and otherwise.
- B. The findings of the task force fall into two groups, those findings that concern the illness and how to deal with it, and those findings that concern the possibility that chemical or biological weapons were used against allied forces during the war.
- C. First, let me deal with the illness. The task force found that no one syndrome could cover the range symptoms reported by service members in Desert Storm.
1. The task force suggested that careful treatment protocols might eventually identify not just one syndrome but a number of syndromes from the range of symptoms reported by Gulf veterans. We are doing this today.
 2. The task force reported that a number of Gulf cases resemble the "Chronic Fatigue Syndrome" and recommended we look more closely into this possibility. We are.
 3. The task force concluded that much further work is needed with those exhibiting symptoms and we completely agree, and I'll talk more about that later.
 4. Finally, I will ask the Veterans Administrations to Review the report of the Task Force.

D. Now to the issue of biological or chemical weapons.

- 1. The Task Force found no evidence of the deployment or use of biological weapons in the Gulf theater. The symptoms of exposure to biological weapons are well understood and none were detected:**
- 2. The Task Force also found no evidence of overt, intentional use of chemical weapons by the Iraqis.**
- 3. As to very low levels of exposure to chemical weapons, the Task Force said it could find no credible source of such exposure so that seemed unlikely.**
- 4. The Task Force said it could neither confirm nor dismiss reports of chemical agent detection by Czech chemical warfare teams pending completion of evaluations of their detection equipment which is still in progress.**

E. The bottom line of the Task Force report is something I think we all believe very strongly. Even without a single, identifiable syndrome, we must ensure the best treatment of all Gulf veterans, case by case, based on their individual symptoms.

- 1. The Task Force notes that we must focus our full resources on this government wide, and we are doing that.**
- 2. Within the Department, Secretary Bill Perry and General Shalikashvili have directed in the**

clearest terms that Gulf veterans will have the most thorough care.

IV. That brings me to my third point, which is the joint DoD-VA clinical study.

A. This is part of our overall effort to identify the cause or causes of the symptoms being experienced by our Gulf War veterans.

B. This clinical study is going to be comprehensive. Participation is open to any service member, retiree, reserve component member who has an active illness thought to be a result of service in the Gulf conflict. It is also open to any family member eligible for military medical benefits.

C. The evaluation will have three phases.

1. First is a basic physical and screening examination.
2. If no diagnosis is made to the satisfaction of both patient and doctor, then the patient goes to a designated medical center for further evaluation and subsequent specialized examinations and tests.
3. For those that are still not diagnosed, we are working with the Institute of Medicine at the National Academy of Science to set up a Special Clinical Review Committee . This committee will review cases to see what additional measures we might take.

4. We have a special 800 number that went into effect today for Gulf war veterans to call for information about the examinations. It is being answered by former service members and spouses who understand the military and the requirements of its members.

V. My final point is the most important -- our highest priority continues to be that service women and men who are ill as a result of their service in the Gulf War are treated promptly, thoroughly, and humanely.

A. You will hear from us again about the progress we are making. All done on an interagency basis.

Individuals In Registry
Before 31 May 94
(About 300)

All

TRMC
Phase I Procedures

Satisfactory
Diagnosis

Treatment

No *
Diagnosis

Individuals Entered
Into the Registry
After 31 May 94

All

MTF
Phase I Procedures

Satisfactory
Diagnosis

Treatment

No *
Diagnosis

TRMC
Phase II Procedures

Satisfactory
Diagnosis

Treatment

No *
Diagnosis

TRMC
Phase III Procedures

Satisfactory
Diagnosis

No
Diagnosis

Special Clinical
Review Committee

*Diagnosis is not established to the
satisfaction of either the physician
or the patient.

TRMC: Tricare Regional Medical Center
MTF: Military Treatment Facility

Region 1

Walter Reed AMC
6900 George Ave NW
Wash., D. C.
20307-5001

NNMC Bethesda
8901 Wisconsin Ave
Bethesda, MD
20889-5000

Region 2

NMC Portsmouth
620 John Paul Jones Circle
Portsmouth, VA
23708-5000

Region 3

DD Eisenhower AMC
Fort Gordon, GA
30905-5650

Womack AMC
Fort Bragg, NC
28307-5000

Region 4

81 Medical Group
301 Fisher Street
Keesler AFB, MS
39534-2519

Region 5

645 Medical Group
4881 Sugar Maple Drive
Wright-Patterson AFB
45433-5529

Region 6

59 Medical Wing
220 Berquist Drive
Lackland AFB, TX
78236-5300

Brooke AMC
Fort Sam Houston, TX
78234-6200

Region 7

William Beaumont AMC
El Paso, TX
79920-5001

Region 8

Fitzsimons AMC
Aurora, CO
80045-5000

Region 9

NMC San Diego
34800 Bob Wilson Drive
San Diego, CA
92134-5000

Region 10

60 Medical Group
101 Bodin Circle
Travis AFB, CA

Region 11

Madigan AMC
Tacoma, WA
98431-5001

Region 12 and Asia

Tripler AMC
Tripler AMC, III
96859-5000

Europe

Landstuhl ARMC
2d General Hospital
APO AE 09180-3460



THE SECRETARY OF DEFENSE
WASHINGTON, THE DISTRICT OF COLUMBIA



25 MAY 1994

MEMORANDUM FOR PERSIAN GULF WAR VETERANS

SUBJECT: Persian Gulf War Health Issues

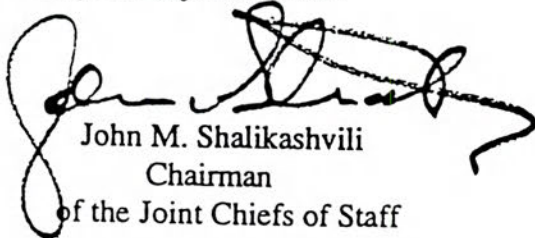
As you may know, there have been reports that some Persian Gulf War veterans are experiencing health problems that may be related to their service in the Gulf. We want to assure each of you that your health and well-being are top priorities for the Department of Defense.

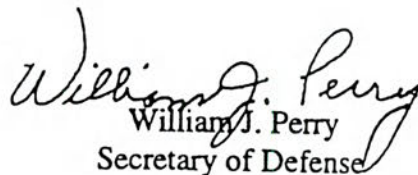
There are many hazards of war, ranging from intense combat to environmental exposures. Anyone who has health problems resulting from those hazards is entitled to health care. If you are experiencing problems, please come in for a medical evaluation. Active duty personnel and their eligible family members should report to any military hospital and ask to be included in the Department's Persian Gulf War Veterans Health Surveillance System. You will receive a full medical evaluation and any medical care that you need. Reserve personnel may contact either a military hospital or their nearest Veterans Affairs Medical Center and ask to be included in the DoD Surveillance System or the VA's Persian Gulf War Health Registry. You will receive a full medical examination. Depending on the results of the evaluation and eligibility status, reserve personnel will receive medical care either from military facilities or from VA facilities.

There have been reports in the press of the possibility that some of you were exposed to chemical or biological weapons agents. There is no information, classified or unclassified, that indicates that chemical or biological weapons were used in the Persian Gulf. There have also been reports that some veterans believe there are restrictions on what they can say about potential exposures. Please be assured that you should not feel constrained in any way from discussing these issues.

We are indebted to each one of you for your service to your country during the Persian Gulf War and throughout your military careers. We also want to be sure that you receive any medical care you need.

Thank you for your service.


John M. Shalikashvili
Chairman
of the Joint Chiefs of Staff


William J. Perry
Secretary of Defense



OFFICE OF THE SECRETARY OF DEFENSE
WASHINGTON DC 20315-1000

SECRETARY OF DEFENSE TELECOPIER COVER SHEET

Attention:

Jennifer O'Connor

Fax Number:

456-2983

From:

Mr. Sullivan

Phone Number:

693-0566

Fax contains 4 pages
(not including cover sheet)

Subject: _____

Now: _____

DRAFT

**Gulf War Illness Press Conference
John Deutch -- June 23, 1994**

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DRAFT

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clearest terms that Gulf veterans will have the most thorough care.

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A. You will hear from us again about the progress we are making. All done on an interagency basis.



Department of Veterans Affairs
Office of Public & Intergovernmental Affairs

FAX: (202) 273-5717

TELEPHONE: (202) 273-5750/5751

FAX FACTS:

TO: Jennifer O'Connor *456-6704*

DATE: *6/22/94*

FROM: Kathy Jurado

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COMMENTS:

OPTIONAL FORM 89 (7-90)

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of pages = 2

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Dept./Agency	Phone #
Fax # <i>202-273-5717</i>	Fax #
N6N 7540-01-317-7368 5099-101 GENERAL SERVICES ADMINISTRATION	

DRAFT

IMMEDIATE RELEASE

June 23, 1994

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(703)697-3189(copies)
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DOD DECLASSIFIES GULF WAR RECORDS

The Department of Defense has today issued orders to declassify documents from Operation Desert Storm, in order to provide as much data as possible to help answer questions and alleviate the concerns of those who fear they may have been exposed to chemical or biological agents. Deputy Secretary of Defense John Deutch signed a memorandum to the Defense and Service leadership rescinding the Security Classification Guidance for Operation Desert Storm. Effective July 31, 1994, any Operation Desert Storm documentation will be automatically declassified, unless there are overriding National Security reasons for retaining classification. Any exceptions to this declassification order must be personally approved by the Deputy Secretary.

"I want to assure every veteran that it is the policy of this Department to provide them with every bit of information we have that may have an impact on their health," said Dr. Deutch in making the announcement. "We are totally committed to providing you both the information and quality health care you deserve."

In other important related actions, the Defense Science Board Task Force on Persian Gulf War Health Effects, chaired by Dr. Joshua Lederberg, also released its report today. Dr. Lederberg's Task Force has completed its review of information regarding the possible exposure of personnel to chemical and biological weapons agents and other hazardous material during the Gulf War and its aftermath. The Task Force's findings include:

- There is no evidence that either chemical or biological warfare was deployed at any level, or that there was any exposure of U.S. service members to chemical or biological warfare agents.
- There is insufficient epidemiological evidence at this time to support the concept of any coherent "syndrome."
- Further work is needed to verify reports of incidence and their association with veterans.
- DoD needs substantial improvement in pre- and post-deployment medical assessments and data handling.

DRAFT

- The appropriate Service medical facilities should ensure that clinical treatment, absent a proven etiology, is managed on a case-by-case basis, directed at the symptoms presented.

The report emphasizes the likely need for extensive research before the true extent and causes of the health problems of Persian Gulf veterans is known. The Departments of Defense, Veterans Affairs, and Health and Human Services, constituting the Persian Gulf Veterans Coordinating Board, agree with this assessment and are moving ahead aggressively with research addressing these issues. No possibilities are being discounted. The focus remains on the provision of health care to meet these veterans' needs, research into the cause of their illnesses, and compensation in appropriate cases.

In addition, Dr. Stephen Joseph, Assistant Secretary of Defense for Health Affairs, announced a number of other actions taken by DoD, including the barring of involuntary retirement or separation of service members who show symptoms associated with Persian Gulf illness. DoD has also instituted a toll free number for service members to call if they feel they suffer from health problems connected to the Persian Gulf War. Furthermore, DoD also announced the start of extensive diagnostic protocol examinations.

DoD is focusing on encouraging any service members who may be ill to come forward. To do so, the Department has established a toll free number, 1-800-796-9699, for Gulf War service members who are experiencing medical problems as a result of their service in the Gulf. This telephone gathered data will be sent to DoD medical centers on a daily basis so that medical staffs can contact the individual to arrange the necessary medical exams. Callers eligible for Veterans Affairs medical care will be referred to the closest VA medical facility. This toll free number will operate weekdays from 8 a.m. to 11 p.m. EDT.

Dr. Joseph announced that the new protocol for examining Gulf War veterans is now in place. The senior military physicians and administrators from the 16 major military centers have been schooled on the new protocol and are in the process of contacting those service members on the DoD registry.

The evaluation consists of three phases. Phase one is a basic physical and screening examination. Phase two evaluations are individualized, thorough medical examinations similar to those that would be administered by Internal Medicine specialists. DoD's focus is on the individuals and their symptoms. Phase three will be more specialized examinations and tests. At this point it is hoped individual diagnoses of patients will be identified.

Secretary Deutch points out, "The steps we are taking today are part of our continuing effort to find answers to some very difficult questions. We are totally committed to doing what is necessary to provide the best possible care and to identify the causes of health problems among our service members."

-END-

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL

of pages **2**

To Ms. Jurado	From Mr. Bess
Dept./Agency	Phone #
Fax # 202-273-5717	Fax #
NPN 7540-01-317-7388 5000-101 GENERAL SERVICES ADMINISTRATION	

DRAFT

IMMEDIATE RELEASE

June 23, 1994

No. XXX-94
(703)695-0192(media)
(703)697-3189(copies)
(703)697-5737(public/industry)

DOD DECLASSIFIES GULF WAR RECORDS

The Department of Defense has today issued orders to declassify documents from Operation Desert Storm, in order to provide as much data as possible to help answer questions and alleviate the concerns of those who fear they may have been exposed to chemical or biological agents. Deputy Secretary of Defense John Deutch signed a memorandum to the Defense and Service leadership rescinding the Security Classification Guidance for Operation Desert Storm. Effective July 31, 1994, any Operation Desert Storm documentation will be automatically declassified, unless there are overriding National Security reasons for retaining classification. Any exceptions to this declassification order must be personally approved by the Deputy Secretary.

"I want to assure every veteran that it is the policy of this Department to provide them with every bit of information we have that may have an impact on their health," said Dr. Deutch in making the announcement. "We are totally committed to providing you both the information and quality health care you deserve."

In other important related actions, the Defense Science Board Task Force on Persian Gulf War Health Effects, chaired by Dr. Joshua Lederberg, also released its report today. Dr. Lederberg's Task Force has completed its review of information regarding the possible exposure of personnel to chemical and biological weapons agents and other hazardous material during the Gulf War and its aftermath. The Task Force's findings include:

- There is no evidence that either chemical or biological warfare was deployed at any level, or that there was any exposure of U.S. service members to chemical or biological warfare agents.
- There is insufficient epidemiological evidence at this time to support the concept of any coherent "syndrome."
- Further work is needed to verify reports of incidence and their association with veterans.
- DoD needs substantial improvement in pre- and post-deployment medical assessments and data handling.

Secretary Deutch points out, "The steps we are taking today are part of our continuing effort to find answers to some very difficult questions. We are totally committed to doing what is necessary to provide the best possible care and to identify the causes of health problems among our service members."

-END-

Draft of Deputy Secretary Hershel Gober's
remarks at DoD Persian Gulf Illness Press
Conf.

I am very pleased that the Department of Defense has decided to declassify Operation Desert Storm documents and make them publicly available. VA will use these materials to learn whatever we can about the health problems of Persian Gulf veterans.

I am also happy that DoD has adopted the new protocol for examining Gulf War veterans. This protocol was developed in consultation with VA and is adapted from the protocol VA has been using at its environmental medicine referral centers for Persian Gulf veterans. VA will now be distributing the protocol to all of its medical centers for use in cases where diagnosis is difficult. Persian Gulf veterans will benefit from the in-depth diagnostic approach that we have developed.

Regarding the Task Force report, we in VA have not yet had the opportunity to review it, and we will do so. However, I have had an opportunity to read the transmittal memorandum, and I want to make sure that everyone understands that the Administration does believe that these veterans are sick, their symptoms are real and they do need our care.

That is why we continue our efforts to study the causes of these illnesses. VA has established special environmental medicine referral centers at its hospitals in West Los Angeles, Houston and Washington, D.C. to handle cases of unusual symptoms. And, VA has designated its medical center in Birmingham Alabama, as a pilot site for neurological and other testing of veterans with health problems that may be related to their exposure to chemical agents during Gulf service. VA also plans to activate three environmental hazards research centers to expand its study of undiagnosed illnesses and is reviewing proposals for additional research. Together with DoD and HHS, we are engaged in more than 20 Persian Gulf-related studies, including general health, environmental effects, chemical agents and depleted uranium.

As many of you know, Secretary Brown testified before the House Veterans Affairs Committee 2 weeks ago and stated that the Administration supports legislation to compensate chronically disabled Persian Gulf War veterans with undiagnosed illnesses. It is clear that the research into the nature and causes of these illnesses will take more time. Therefore, while we wait for scientists to reach some conclusion on the causes of these illnesses, we believe that these chronically ill veterans must be compensated.

We at VA look forward to continuing to work with our colleagues at DoD and HHS to find the answers that will help our Persian Gulf veterans who are ill. Thank you.

GULF WAR ILLNESSES

THEMES

1. The Department of Defense is committed to providing quality care to service members who are ill as a result of their duty in the Persian Gulf.
2. The Department of Defense in concert with Veterans Affairs and Health and Human Services is undertaking a variety of research activities and diagnostic efforts focused on providing answers to what may be causing these, so far, undiagnosible illnesses.
3. The Department of Defense is being completely open and forthright with regard to the information it has and is making that information available to anyone who desires it.

CURRENT STEPS

Declassification of Desert Storm Information

Deputy Secretary of Defense John Deutch has signed a memorandum to the Defense and Services leadership rescinding the Security Classification Guidance for Operation Desert Storm Information. This order is effective July 31, 1994. Any Operation Desert Storm documentation which could possibly have a bearing on this issue will be automatically declassified unless there are overriding National Security reasons for retaining classification. Any exceptions to this declassification order must be personally approved by the Deputy Secretary himself.

Defense Science Board Task Force on Persian Gulf War Health Effects

Dr. Joshua Lederberg, the chairman of the Task Force, will release the group report at the DoD press briefing June 23, 1994. The report is approximately 75 pages long and will be made available to the media.

This Task Force was formed at the request of Secretary of Defense Les Aspin to review information regarding the possible exposure of personnel to chemical and biological weapons agents and other hazardous material during the Gulf War and its aftermath. Specifically, the terms of reference requested that the Task Force review:

- All available intelligence and reports of chemical or biological agents detection or exposure during the Persian Gulf War.
- Scientific and medical evidence related to exposure to nerve agents at low levels and possible long term effects.
- Other potential health consequences resulting from low level chemical exposure, environmental pollutants, Kuwaiti oil fires, endemic biologics or other health hazards attributed to Persian Gulf service.

The Task Force heard presentations from a wide range of scientific and medical experts from within and outside DoD. They also reviewed written information from published and

unpublished sources that was pertinent to the terms of reference. The Task Force's conclusions are:

- There is no evidence that either chemical or biological warfare was deployed at any level, or that there was any exposure of U.S. service members to chemicals or biological warfare agents.
- There is insufficient epidemiological evidence at this time to support the concept of any coherent "syndrome".
- Further work is needed to verify reports of incidence and their association with veterans.
- DoD needs substantial improvement in pre- and post-deployment medical assessments and data handling.
- The appropriate Service medical facilities should ensure that clinical treatment, absent a proven etiology, is managed on a case-by-case basis, directed at the symptoms presented.

Diagnostic Examinations

On June 2, 1994, Under Secretary of Defense Edwin Dorn signed a memorandum implementing an aggressive, comprehensive clinical diagnostic effort to determine, as far as possible, the causes of undiagnosed symptoms affecting Persian Gulf veterans. The efforts have three components:

- All service members who enroll in the DoD Persian Gulf Veterans Health Surveillance system will be given a comprehensive diagnostic evaluation according to a three-phase clinical protocol.
- Dr. Harrison Spencer, Dean of the Tulane School of Public Health and Tropical Medicine, will review existing and proposed plans to determine the need for additional epidemiological studies.
- A forum of national medical and public health experts will be convened to advise DoD and to offer a wider channel for public comment and suggestions.

Assistant Secretary of Defense for Health Affairs Stephen Joseph will announce, at the June 23, 1994 press briefing, that the components of Secretary Dorn's memorandum are underway.

- The senior military physicians and administrators from the 16 major military centers have been orientated on the new protocol and are in the process of contacting those service members on the DoD registry.
- Dr. Spencer has presented his report to Dr. Joseph.

Personnel Actions

Secretary Dorn directed the Services that no service member who shows symptoms associated with Persian Gulf illnesses be retired or separated unless the members requests it in writing.

Toll Free Telephone Number

Dr. Joseph will also announce the establishment of a toll free number for Gulf War service members, who are experiencing medical problems as a result of their service in the Persian Gulf. This hotline will gather data on individuals that will be sent to DoD medical centers on a daily basis so the medical centers can contact the individual to arrange the necessary medical exams. Callers eligible for Veterans Affairs medical care will be referred to the closest VA medical facility.

-END-

OPTIONAL FORM 10 (7-90)

FAX TRANSMITTAL

of Pages 2

To <u>Ms. Turado</u>	From <u>Mr. Bazz</u>
Dept./Agency	Phone #
Fax <u>202-273-5717</u>	Fax #
NSN 7540-01-317-7388 5009-101 GENERAL SERVICES ADMINISTRATION	

DRAFT

IMMEDIATE RELEASE

June 23, 1994

No. XXX-94
(703)695-0192(media)
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"I want to assure every veteran that it is the policy of this Department to provide them with every bit of information we have that may have an impact on their health," said Dr. Deutch in making the announcement. "We are totally committed to providing you both the information and quality health care you deserve."

In other important related actions, the Defense Science Board Task Force on Persian Gulf War Health Effects, chaired by Dr. Joshua Lederberg, also released its report today. Dr. Lederberg's Task Force has completed its review of information regarding the possible exposure of personnel to chemical and biological weapons agents and other hazardous material during the Gulf War and its aftermath. The Task Force's findings include:

- There is no evidence that either chemical or biological warfare was deployed at any level, or that there was any exposure of U.S. service members to chemical or biological warfare agents.
- There is insufficient epidemiological evidence at this time to support the concept of any coherent "syndrome."
- Further work is needed to verify reports of incidence and their association with veterans.
- DoD needs substantial improvement in pre- and post-deployment medical assessments and data handling.

Secretary Deutch points out, "The steps we are taking today are part of our continuing effort to find answers to some very difficult questions. We are totally committed to doing what is necessary to provide the best possible care and to identify the causes of health problems among our service members."

-END-



Department of Veterans Affairs
Office of Public & Intergovernmental Affairs

FAX: (202) 273-5717

TELEPHONE: (202) 273-5750/5751

FAX FACTS:

TO: Jennifer O'Connor

456-6704

DATE: 6/22/94

FROM: Kathy Jurado

Transmitting: Cover page plus 2 pages

COMMENTS: _____



OFFICE OF THE SECRETARY OF DEFENSE
WASHINGTON DC 20301-11000

SECRETARY OF DEFENSE TELECOPIER COVER SHEET

Attention: *Jennifer O'Connor*

Fax Number: *456-2983*

From: *M. Sullivan*

Phone Number: *693-0566*

Fax contains 8 pages
(not including cover sheet)

Subject: _____

Notes: _____

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

22-Jun-1994 04:38pm

TO: Jennifer M. O'Connor
FROM: Richard L. Siewert
 Office of Communications
CC: Virginia M. Terzano
SUBJECT: persian gulf

JENNIFER -

CAN YOU FORWARD THE MATERIAL FROM DOD WHEN YOU GET IT?

THANKS. I WILL MAKE SURE THAT IT GETS CIRCULATED IN THE PRESS
OFFICE.

JAKE

jen - We need a follow up memo
to Herschel & John re the
changes or additions to
them & other Declass issue).

Herschel
John

& Kevin

brech has
be joint

OFFICE OF CABINET AFFAIRS

THE WHITE HOUSE

WASHINGTON

FAX

TO: Elisa Harris

DATE: 6-22-94

PHONE: _____

NO. OF PAGES 3
(Including cover)

FAX: _____

PRIORITY: Y N

FROM: Jennifer O'Connor

PHONE: (202) 456-2572

FAX: (202) 456-6704

MESSAGE: This is the 3 page Exec. Summary
of Lederberg Report. The report is 80 pages
and is being printed at DOD. They
are going to messenger copies when
it's printed.

06-21-1994 17:00

P.02

June 1, 1994

MEMORANDUM FOR CHAIRMAN, DEFENSE SCIENCE BOARD**SUBJECT: Report of the Defense Science Board (DSB) Task
Force on Persian Gulf War Health Effects**

Attached is the final report of the DSB Task Force on Persian Gulf War Health Effects. The Task Force was established by the Under Secretary of Defense (Acquisition & Technology) to review information regarding the possible exposure of personnel to chemical and biological weapons agents and other hazardous material during the Gulf War and its aftermath. Specifically, the terms of Reference requested that the Task Force review:

- all available intelligence and reports of chemical or biological agent detection or exposure during the Persian Gulf War
- scientific and medical evidence relating to exposure to nerve agents at low levels and possible long term effects
- other potential health consequences resulting from low level chemical exposure, environmental pollutants, Kuwaiti oil fires, endemic biologics or other health hazards attributed to Persian Gulf service

The Task Force heard presentations from a wide range of scientific and medical experts from within and outside the Department of Defense. We also reviewed written information from published and unpublished sources that was pertinent to our terms of reference.

In this report, we confine ourselves to conclusions for which there is substantial supporting evidence. There is a substantial hiatus between the imaginable and the plausible and the proven.

On the order of 1 per thousand or less of the troops deployed in ODS have reported symptoms and complaints for which there is not a conventional medical diagnosis and explanation. Many conjectures could be entertained, and would be hard to prove or disprove, about exposures and consequences at this level of outcome; ODS was not conducted as a controlled clinical experiment for our analytical convenience. It might take many years of further investigation to run every conjecture to ground beyond any remote possibility of doubt. In our proceedings, we relied on the veracity of reports briefed to us by the analysts from the Department of Defense, the intelligence community, and other government agencies. In our view, we had unstinting cooperation from all of these; but beyond our examination for face consistency, and an effort to get corroboration from primary records, e.g. log books, we had no resources or procedure to challenge that veracity.

Accordingly, our conclusions are as follows:

- There is no persuasive evidence that any of the proposed etiologies caused chronic illness on a significant scale in the absence of acute injury at initial exposure. In fact, the overall health experience of US troops in ODS was favorable beyond previous military precedent, with regard to non-combat as well as combat-related disease. This remarkably low background has probably put into relief the residual health problems that have instigated this inquiry.
- The Task Force found no evidence that either chemical or biological warfare was deployed at any level against us, or that there were any exposures of US service members to chemical or biological warfare agents in Kuwait or Saudi Arabia. We are aware of one soldier who was blistered, plausibly from mustard gas, after entering a bunker in Iraq during the post-war period.
- The Task Force felt that there is insufficient epidemiological evidence at this time to support the concept of any coherent "syndrome". We do recognize that veterans numbering in the hundreds have complained of a range of symptoms not yet explained by any clear-cut diagnosis -- a number of cases in many respects resemble the "Chronic Fatigue Syndrome"; it would be advantageous to coordinate further research on veterans' illness in this category with ongoing studies of "CFS" in the civilian population. This is not to deny the possibility of service-connectedness, as severe stress, infection and trauma may well be precipitating causes of "CFS".
- Much further work is needed, even to verify whether the incidence of symptomatic events, beyond the reports of complaints that can be elicited by wide publicity, is associated with any specific aspects of ODS experience, or indeed is provably different among ODS veterans compared to other armed forces or the civilian population. This remark is not to be read as denying service-connectedness, but simply a reflection of the tenuous state of the available epidemiological data in the absence of controlled surveys and studies.

Despite the intense external interest in the results of this report, as our report is to the Secretary of Defense, we confine our recommendations to actions within his purview:

- The Department of Defense needs substantial improvements in pre- and post-deployment medical assessments and data handling. These must obviously be coordinated between DoD and DoVA.
- The appropriate Service medical facilities should ensure that clinical treatment, absent a proven etiology, is managed on a case-by-case basis, directed at the symptoms presented. Carefully controlled

treatment protocols might assist in carving out specific syndromes from the broad range of symptoms noted.

- The Task Force advises that high-tech, low-casualty campaigns in exotic places will engender a preoccupation with residual health effects as a fact of life for the foreseeable future. If chemical or biological weapons are ever actually employed, there will be a gross multiplication of those residuals (on top of obvious acute physical and psychological casualties), and further research is needed on long-term consequences of exposure.

In light of the consequences of a perception to the contrary, the Task Force believes that DoD must clearly sustain its historic commitment to providing the highest quality health care to those who serve the nation in their military missions.

Joshua Lederberg
Chairman



Department of Veterans Affairs
Office of Public & Intergovernmental Affairs

FAX: (202) 273-5717

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TO: *Jennifer O'Connor* 456-6704

DATE:

6/23

FROM:

Kathy Jurado

Transmitting: Cover page plus 2 pages

COMMENTS:

DepSec bober's Comments

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL

of pages ► 3

To <i>O'Connor</i>	From <i>Cmd. Cullin</i>
<i>O'Sullivan & Browder</i>	Phone # <i>(703) 697-9143</i>
Dept./Agency	Fax #
Fax # <i>802 456-6704</i>	

NSN 7540-01-317-7368

5099-101

GENERAL SERVICES ADMINISTRATION

DRAFT

- The appropriate Service medical facilities should ensure that clinical treatment, absent a proven etiology, is managed on a case-by-case basis, directed at the symptoms presented.

The report emphasizes the likely need for extensive research before the true extent and causes of the health problems of Persian Gulf veterans is known. The Departments of Defense, Veterans Affairs, and Health and Human Services, constituting the Persian Gulf Veterans Coordinating Board, agree with this assessment and are moving ahead aggressively with research addressing these issues. No possibilities are being discounted. The focus remains on the provision of health care to meet these veterans' needs, research into the cause of their illnesses, and compensation in appropriate cases.

In addition, Dr. Stephen Joseph, Assistant Secretary of Defense for Health Affairs, announced a number of other actions taken by DoD, including the barring of involuntary retirement or separation of service members who show symptoms associated with Persian Gulf illness. DoD has also instituted a toll free number for service members to call if they feel they suffer from health problems connected to the Persian Gulf War. Furthermore, DoD also announced the start of extensive diagnostic protocol examinations.

DoD is focusing on encouraging any service members who may be ill to come forward. To do so, the Department has established a toll free number, 1-800-796-9699, for Gulf War service members who are experiencing medical problems as a result of their service in the Gulf. This telephone gathered data will be sent to DoD medical centers on a daily basis so that medical staffs can contact the individual to arrange the necessary medical exams. Callers eligible for Veterans Affairs medical care will be referred to the closest VA medical facility. This toll free number will operate weekdays from 8 a.m. to 11 p.m. EDT.

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The evaluation consists of three phases. Phase one is a basic physical and screening examination. Phase two evaluations are individualized, thorough medical examinations similar to those that would be administered by Internal Medicine specialists. DoD's focus is on the individuals and their symptoms. Phase three will be more specialized examinations and tests. At this point it is hoped individual diagnoses of patients will be identified.

Secretary Deutch points out, "The steps we are taking today are part of our continuing effort to find answers to some very difficult questions. We are totally committed to doing what is necessary to provide the best possible care and to identify the causes of health problems among our service members."

-END-

I am very pleased that the Department of Defense has decided to declassify Operation Desert Storm documents and make them publicly available. VA will use these materials to learn whatever we can about the health problems of Persian Gulf veterans.

I am also happy that DoD has adopted the new protocol for examining Gulf War veterans. This protocol was developed in consultation with VA and is adapted from the protocol VA has been using at its environmental medicine referral centers for Persian Gulf veterans. VA will now be distributing the protocol to all of its medical centers for use in cases where diagnosis is difficult. Persian Gulf veterans will benefit from the in-depth diagnostic approach that we have developed.

Regarding the Task Force report, we in VA have not yet had the opportunity to review it, and we will do so. However, I have had an opportunity to read the transmittal memorandum, and I want to make sure that everyone understands that the Administration does believe that these veterans are sick, their symptoms are real and they do need our care.

That is why we continue our efforts to study the causes of these illnesses. VA has established special environmental medicine referral centers at its hospitals in West Los Angeles, Houston and Washington, D.C. to handle cases of unusual symptoms. And, VA has designated its medical center in Birmingham Alabama, as a pilot site for neurological and other testing of veterans with health problems that may be related to their exposure to chemical agents during Gulf service. VA also plans to activate three environmental hazards research centers to expand its study of undiagnosed illnesses and is reviewing proposals for additional research. Together with DoD and HHS, we are engaged in more than 20 Persian Gulf-related studies, including general health, environmental effects, chemical agents and depleted uranium.

As many of you know, Secretary Brown testified before the House Veterans Affairs Committee 2 weeks ago and stated that the Administration supports legislation to compensate chronically disabled Persian Gulf War veterans with undiagnosed illnesses. It is clear that the research into the nature and causes of these illnesses will take more time. Therefore, while we wait for scientists to reach some conclusion on the causes of these illnesses, we believe that these chronically ill veterans must be compensated.

We at VA look forward to continuing to work with our colleagues at DoD and HHS to find the answers that will help our Persian Gulf veterans who are ill. Thank you.



THE SECRETARY OF VETERANS AFFAIRS

WASHINGTON

June 22, 1994

MEMO TO: Christine Varney
Secretary to the Cabinet

FROM: Harold F. Gracey, Jr. *Harold*
Chief of Staff

SUBJECT: Persian Gulf Press Conference

As we discussed, Deputy Secretary Goyer will be available for the Persian Gulf Press Conference tomorrow.

We are doing so, as you urged, even though we believe our being there is not in the best interest of veterans. Frankly, we believe that the negative news generated by the Lederberg report will obscure the good news, and that the Administration will lose control of the story that results.

This problem could be solved by delaying release of the Lederberg report by a few days or a week--at least until we have all reviewed the final report and have an opportunity to offer a coherent view of it. However, I understand that DOD and the White House believe delay is impossible or imprudent, or both.

I find it incredible that we received the transmittal memorandum (dated June 1) only this morning, and that we have yet to get a copy of the full, final report. Clearly, we can't endorse a report we haven't seen. As stated in our conversations, we have serious concerns about the tone and approach reflected in the transmittal memorandum. It seems to minimize the Persian Gulf health problem. Examples include:

- understating the number of veterans for which there is not a conventional diagnosis and explanation;
- references to "the imaginable," the "favorable" overall health experience of troops, and "complaints that can be elicited by wide publicity;" and
- the allusion to a "preoccupation with residual health effects" in future conflicts.

To our eyes (and to those of the veteran community), those words will be inflammatory--and that will be the story that we read about.

I hope you understand our concerns. I truly appreciate your working to improve coordination, and I will work here to do the same on this and other similar issues.

**Putting Veterans First**

E. Let me address each of these subjects, in turn.

II. Declassification -- The material we are making available pertains both to intelligence about possible chemical or biological agent use in the Gulf War and medical information.

A. The material we are releasing is from the vast store of Gulf War records.

1. There are about 1,000 linear feet of boxes in storage concerning the Gulf War. Only a very small part of it is likely to have any bearing on the illness, but we are in the process of declassifying everything we can, and making both declassified and unclassified information about the war more readily accessible.
2. We have some material here today as a first step. As our declassification process proceeds, additional material it will be made publicly available.
3. We have already declassified a number of documents, including maps of bunkers and other chemical and biological storage sites that were attacked during the war.

B. The important point here is that after July 31, 1994 there will need to be an affirmative reason to keep any documents bearing on the Gulf War classified. In

Gulf War Illness Press Conference
John Deutch -- June 23, 1994

I. Today, I want to bring you up to date on actions taken and plans to continue to address Gulf War Illness issue.

A. This is an up-date, we don't have all the answers and you will hear from us again.

B. This is an interagency effort involving DOD, VA, HHS, EPA, and OSTP. -- I am especial pleased that Herschel Gober, Deputy Secretary of VA is with us today.

C. I want to draw four topics to your attention:

1. I am announcing that the Department is declassifying or otherwise making available thousands of pages of information on the Gulf War to make sure all information bearing on the Gulf War Illness is made public.

2. I am releasing today the Defense Science Board Report I commissioned in February, 1994 to examine all aspects of the Persian Gulf War Health Effects. This report points the way to further work the Department must undertake.

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL# of pages **3**

To Ms. O'Connor	From Mr. Bork
Dept./Agency	Phone #
Fax # 202-456-6704	Fax #

NSN 7540-01-317-7988

5099-101

GENERAL SERVICES ADMINISTRATION

3. We are reporting on a major DOD-VA clinical study of Gulf War veterans designed to improve the treatment of all individuals who are suffering from Gulf War illness and to identify the medical cause of this illness.
 4. Finally, I want to point out that the report we are releasing today emphasizes the likely need for extensive research before we will know the true extent and causes of the health problems of Persian Gulf veterans. The three departments and EPA that comprise the Persian Gulf Veterans Coordinating Board agree with this assessment. We are moving ahead aggressively with research addressing these issues. We are not discounting any possibilities. Our focus remains on the provision of health care to meet these veterans's needs, on research into the causes of their illnesses, and on compensation in appropriate cases. Many who served in the Gulf are suffering. Responding compassionately and effectively are our priorities.
- D. Here with me today in addition to Herschel Gober are Dr. Stephen Joseph, ASD (Health Affairs) who will be available to answer any questions concerning the clinical study and Dr. Joshua Lederberg to answer any question relating to the DSB study.

other word, the burden of proof will be on those who want to keep the material secret.

- C. This is in contrast to past episodes in the Department's history, e.g. Agent Orange when it took years before the Department released documents for public scrutiny.
- D. In order to make this material accessible we are establishing a public reading room.

III. Task Force on Gulf War Health Effects. I commissioned the task force to get the best and most independent minds working on the issue.

- A. Dr. Lederberg headed a distinguished panel that had full access to all information we had, classified and otherwise.
- B. The findings of the task force fall into two groups, those findings that concern the illness and how to deal with it, and those findings that concern the possibility that chemical or biological weapons were used against allied forces during the war.
- C. First, let me deal with the illness. The task force found that no one syndrome could cover the range symptoms reported by service members in Desert Storm.
 - 1. The task force suggested that careful treatment protocols might eventually identify not just one syndrome but a

number of syndromes from the range of symptoms reported by Gulf veterans. We are doing this today.

2. The task force reported that a number of Gulf cases resemble the "Chronic Fatigue Syndrome" and recommended we look more closely into this possibility. We are.
3. The task force concluded that much further work is needed with those exhibiting symptoms and we completely agree, and I'll talk more about that later.

D. Now to the issue of biological or chemical weapons.

1. The Task Force found no evidence of the deployment or use of biological weapons in the Gulf theater. The symptoms of exposure to biological weapons are well understood and none were detected.
2. The Task Force also found no evidence of overt, intentional use of chemical weapons by the Iraqis.
3. As to very low levels of exposure to chemical weapons, the Task Force said it could find no credible source of such exposure so that seemed unlikely.

4. The Task Force said it could neither confirm nor dismiss reports of chemical agent detection by Czech chemical warfare teams pending completion of evaluations of their detection equipment which is still in progress.

E. The bottom line of the Task Force report is something I think we all believe very strongly. Even without a single, identifiable syndrome, we must ensure the best treatment of all Gulf veterans, case by case, based on their individual symptoms.

1. The Task Force notes that we must focus our full resources on this government wide, and we are doing that.
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A. This is part of our overall effort to identify the cause or causes of the symptoms being experienced by our Gulf War veterans.

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interagency basis.



6/22/94
5:45 pm

Department of Veterans Affairs
Office of Public & Intergovernmental Affairs

FAX: (202) 273-5717

TELEPHONE: (202) 273-5750/5751

FAX FACTS:

Christine Varney

456-2983

Jennifer O'Connor

456-6704

TO: _____

DATE: 6/22/94

FROM: Kathy Jurado

Transmitting: Cover page plus 2 pages

COMMENTS: _____

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1. The Task Force found no evidence of the deployment or use of biological weapons in the Gulf theater. The symptoms of exposure to biological weapons are well understood and none were detected.
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A. Dr. Lederberg headed a distinguished panel that had full access to all information we had, classified and otherwise.

B. The findings of the task force fall into two groups, those findings that concern the illness and how to deal with it, and those findings that concern the possibility that chemical or biological weapons were used against allied forces during the war.

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E. Let me address each of these subjects, in turn.

II. Declassification -- The material we are making available pertains both to intelligence about possible chemical or biological agent use in the Gulf War and medical information.

A. The material we are releasing is from the vast store of Gulf War records.

1. There are about 1,000 linear feet of boxes in storage concerning the Gulf War. Only a very small part of it is likely to have any bearing on the illness, but we are in the process of declassifying everything we can, and making both declassified and unclassified information about the war more readily accessible.

2. We have some material here today as a first step. As our declassification process proceeds, additional material it will be made publicly available.

3. We have already declassified a number of documents, including maps of bunkers and other chemical and biological storage sites that were attacked during the war.

B. The important point here is that after July 31, 1994 there will need to be an affirmative reason to keep any documents bearing on the Gulf War classified. In

3. We are reporting on a major DOD-VA clinical study of Gulf War veterans designed to improve the treatment of all individuals who are suffering from Gulf War illness and to identify the medical cause of this illness.
 4. Finally, I want to point out that the report we are releasing today emphasizes the likely need for extensive research before we will know the true extent and causes of the health problems of Persian Gulf veterans. The three departments and EPA that comprise the Persian Gulf Veterans Coordinating Board agree with this assessment. We are moving ahead aggressively with research addressing these issues. We are not discounting any possibilities. Our focus remains on the provision of health care to meet these veterans's needs, on research into the causes of their illnesses, and on compensation in appropriate cases. Many who served in the Gulf are suffering. Responding compassionately and effectively are our priorities.
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DRAFT

**Gulf War Illness Press Conference
John Deutch -- June 23, 1994**

- I. Today, I want to bring you up to date on actions taken and plans to continue to address Gulf War Illness issue.
- A. This is an up-date, we don't have all the answers and you will hear from us again.
- B. This is an interagency effort involving DOD, VA, HHS, EPA, and OSTP. -- I am especial pleased that Herschel Gober, Deputy Secretary of VA is with us today.
- C. I want to draw four topics to your attention:
1. I am announcing that the Department is declassifying or otherwise making available thousands of pages of information on the Gulf War to make sure all information bearing on the Gulf War Illness is made public.
 2. I am releasing today the Defense Science Board Report I commissioned in February, 1994 to examine all aspects of the Persian Gulf War Health Effects. This report points the way to further work the Department must undertake.

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL

of pages = **8**

To: <u>Ms. Turedo</u>	From: <u>Mr. Boxer</u>
Dept./Agency	Phone #
FAX # <u>202-273-5717</u>	FAX #



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DATE: 6/21/94

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OFFICE OF THE SECRETARY OF DEFENSE

WASHINGTON DC 20301-1000

SECRETARY OF DEFENSE TELECOPIER COVER SHEET

Attention: *Christine Varney*Fax Number: *456-2983*From: *M. Sullivan*Phone Number: *103)693-0566*Fax contains 8 pages
(not including cover sheet)*347-6819*

Subject: _____

Note: _____

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232 a Russell