

file
VA
mise

March 3, 1995

Mr. James David McDonald
Wheeler High School
375 Holt Road
Marietta, Georgia 30068

Dear James:

I am pleased to join your family and friends as you are honored on Vietnam Day by Wheeler High for your valiant service to our country.

America depends on teachers like you to help our children gain the knowledge and expertise needed to succeed in a rapidly changing world. Your distinguished leadership and extraordinary service as an educator reflect your commitment to improving young lives. Your work has touched the lives of countless youth, and you can be proud of your efforts to build a brighter future for the young people of your community.

On behalf of a grateful nation, I extend my deepest gratitude for your heroic service to this nation and for your continuing dedication to our country's most important resource.

Sincerely,

BILL CLINTON

BC/KMB/DH/lynn-pw
(3.mcdonald.jd)

(Corres. #2033868)

cc: Jennifer O'Conner, Cabinet Affairs, w/incoming
cc: Secretary Brown, VA



THE SECRETARY OF VETERANS AFFAIRS

WASHINGTON

DEC 22 1994

Mrs. Jennifer O'Connor
Special Assistant to the President
Cabinet Affairs
The White House

Jennifer
Dear Mrs. O'Connor:

Secretary Jesse Brown of the Department of Veterans Affairs requested that I forward the attached letter to you. Please note, Ms. Love requested Secretary Brown's assistance in inviting the President to participate in a belated medal ceremony on May 19, 1995, at the Wheeler High School, located in Marietta, Georgia. Regretfully, Secretary Brown's schedule prohibits him from personally participating in this event.

If the President's schedule will not accommodate this request, I suggest that a suitable letter from the President be forwarded to Mr. McDonald.

Sincerely,

B.L.J.
Robert L. Jones, Special
Assistant to the Secretary

Attachment

443102

Wheeler High School

Cobb County Public Schools



Dr. H. Earl Holliday, *Principal*

December 9, 1994

Jesse Brown
Secretary of the Department of Veteran Affairs
801 Eye Street, NW
Washington, D.C. 20091

Dear Mr. Secretary:

I am writing this letter on behalf of James David McDonald. Dave McDonald is a friend and coach at Wheeler High School. Because of some gross error, he never received his medals from the Vietnam War. He was awarded the National Defense Service Medal, Army Commendation Medal, and Vietnam Service Medal with two Bronze Service Stars.

When Senator Sam Nunn visited Wheeler High School in November, I gave him Dave McDonald's service record. Senator Nunn's office is working to see Coach McDonald receive his medals. Coach McDonald has mailed the information they needed back to Senator Nunn's office.

After reading an article about you in the paper in which you stated "Anyone who puts his or her life on the line deserves to be treated with the utmost dignity and respect", I thought you would agree that it would be a travesty for Dave McDonald to receive his medals in the United States Mail. Coach McDonald has been our great speaker on Vietnam Day at Wheeler High School for the past eight years. He is a man of great courage, honor, and is very patriotic. Dave has shared his story and inspirational message to hundreds of teenagers each year. Sir, it would be a shame for a man who gave so much to his country to merely receive his medals in the U.S. Mail. So I am appealing to you for help. Help us give Dave McDonald the recognition that he so greatly deserves, the recognition that he has been denied for entirely too long.

We would like Coach McDonald to be honored and presented his medals in a ceremony at Wheeler High School on our annual Vietnam Day, May 19, 1995. We would like President Clinton to present the medals to Coach McDonald at this ceremony. We feel this is extremely appropriate. Please help us with our project. You have direct access to President Clinton. Max Cleland, Georgia Secretary of State and former P.O.W. from Vietnam, will be speaking at this ceremony as well. It would be an honor and pleasure to have you as our guest also.

Wheeler High School

Cobb County Public Schools



Dr. H. Earl Holliday, *Principal*

Sir, you have made so much progress in helping our Veterans and insisting that they are treated with the respect they deserve. We look forward to hearing from you. Thank you for your consideration of our request and for all your efforts on Dave's behalf. I am enclosing a copy of Dave McDonald's service request. Please get in touch with Senator Nunn's office and make sure his medals are not sent in the mail. Thank you again.

Sincerely,

Kitty Love
Social Studies Teacher
Wheeler High School

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APR 2 1991
Cobb County Public Schools

Office of Congressional Affairs



Department of Veterans Affairs

file
VA
misc**To:** Jennifer O'Conner**From:** Ed Scott**Phone:** (202) 273- 5611**Fax:** (202) 273-6791**Remarks:**

These items might be of interest.

Number of pages 8
including cover:**Date:** 7/8/94**Fax to number:** 202-456-6704

As Of 07/07/94

VA Wide Major Construction Actions Due ... by 9/30/94

Page 1

Reg MIS#	Location	Description	Award Amt	IFB	OPEN	AWARD
3 506H27	ANN ARBOR, MI	CLINICAL ADDITION EAST PARKING STRUCTURE	\$0	8/29/94 Due	11/10/94	1/13/95
3 506I27	ANN ARBOR, MI	CLINICAL ADDITION PH-3 (ASBESTOS)		8/29/94 Due	11/10/94	1/13/95
2 508D18	ATLANTA, GA	CLINICAL ADDITION (PHASE III)	\$16,993,000	8/18/94 Due	10/13/94	12/13/94
1 512045	BALTIMORE (LOCH RAVEN),	120 BED NURSING HOME	\$11,310,000	6/8/94	7/29/94 Due	9/19/94 Due
1 527027	BROOKLYN, NY	OUTPATIENT ADDITION	\$38,184,000	6/24/94	8/23/94 Due	9/21/94 Due
1 527036	BROOKLYN(ST.ALBANS DIV.),	MOD KITCHEN & SATELLITE DINING AREAS	\$6,000,000			9/15/94 Due
3 552E90	DAYTON, OH	BED REPLACEMENT/MOD PHASE 4 (DEMO B 300)	\$2,500,000			9/30/94 Due
3 592065	KNOXVILLE, IA	LAUNDRY REPLACEMENT	\$3,529,000	7/6/94 Overdue	8/9/94 Due	8/29/94 Due
4 600C99	LONG BEACH, CA	SEISMIC BLDG 1 AND RENOVATE BLDG 126	\$27,092,000	7/13/94 Due	9/14/94 Due	10/15/94
1 604086	LYONS, NJ	180 BED PSYCH BLDG.	\$32,725,000	6/17/94	8/16/94 Due	9/16/94 Due
3 609019	MARION, IL	OUTPATIENT/CLINICAL ADDITION	\$15,710,000	5/10/94	6/30/94	8/30/94 Due
4 612018	MARTINEZ, CA	120 BED NURSING HOME CARE UNIT	\$11,500,000	7/15/94 Due	9/1/94 Due	9/30/94 Due
4 612095	MARTINEZ, CA	DEMOLITION MAIN BUILDING	\$4,500,000	7/15/94 Due	9/1/94 Due	9/30/94 Due
5 818016	MASSACHUSETTS NATL. CE	GRAVESITE DEVELOPMENT	\$5,154,000	7/29/94 Due	9/26/94 Due	11/8/94
2 623053	MUSKOGEE, OK	REPLACEMENT BED BUILDING - OVERVIEW	\$0			8/24/94 Due

As Of 07/07/94

VA Wide Major Construction Actions Due ... by 9/30/94

Page 2

Reg MIS#	Location	Description	Award Amt	IFB	OPEN	AWARD
2 623A53	MUSKOGEE, OK	REPLACEMENT BED BUILDINGS(ASBESTOS)				8/24/94 Due
2 623B53	MUSKOGEE, OK	REPL BED BUILDING PHASE 1 - SITE WORK	\$1,500,000	3/3/94		8/22/94 Due
1 627032	NEWINGTON, CT	MEDICAL CENTER MODERNIZATION (OVERVIEW)	\$0			9/30/94 Due
1 627E32	NEWINGTON, CT	MEDICAL CENTER MODERNIZATION - PHASE 2	\$46,849,000	7/12/94 Due	9/7/94 Due	9/30/94 Due
4 640G42	PALO ALTO(PAD), CA	REPLACE CLINICAL/BED TOWERS (PHASE 4)	\$108,100,000	5/2/94	7/14/94 Due	8/30/94 Due
3 660C39	SALT LAKE CITY, UT	RENOVATE BLDG 1 (ASBESTOS) PH 2	\$0	3/8/94	4/1/94	6/7/94 Overdue
4 665152	SEPULVEDA, CA	SEISMIC CORRECT/CLINICAL SERVICES (OV)	\$0	9/15/94 Due	11/10/94	12/10/94
5 317007	ST.PETERSBURG(RO), FL	RELOCATE R.O. TO DEPT. OWNED GROUNDS	\$20,948,000	7/12/94 Due	8/23/94 Due	9/16/94 Due
4 674064	TEMPLE, TX	BED REPLACEMENT BUILDING	\$43,000,000	6/15/94 Overdue	7/28/94 Due	8/25/94 Due
4 674A64	TEMPLE, TX	BED REPLACEMENT BUILDING (ASBESTOS)		6/15/94 Overdue		
4 612A93	TRAVIS, CA	WAREHOUSE/OFFICE BLDG JPG (PHASE 1))	\$500,000			8/15/94 Due
2 680090	TUSKEGEE, AL	120 BED NURSING HOME CARE(REPLACEMENT)	\$7,176,000	7/15/94 Due	8/15/94 Due	9/15/94 Due
4 685G77	WACO, TX	BUILDING 7 DGS (ASBESTOS)	\$0			9/30/94 Due
4 685H77	WACO, TX	RENOVATE BUILDING 7	\$9,900,000	7/15/94 Due	9/1/94 Due	9/30/94 Due
1 460C24	WILMINGTON, DE	OUTPATIENT CLINIC ADDITION (PH 2)	\$17,175,000	6/24/94	8/11/94 Due	9/8/94 Due

As of 07/07/94

VA Wide Major Design Development Actions Due ... by 9/30/94

Page 1

Reg MIS#	Location	Description	Award Amt	AE Awd	Start DD	Compl DD
5 917001	ALBANY NATL. CEMETERY,	MASTER PLAN/PHASE I DEVELOPMENT	\$700,000	9/1/94 Due	9/9/94 Due	7/14/95
1 523024	BOSTON, MA	AMBULATORY CARE ADDITION	\$1,400,000	7/1/93	6/1/94 Overdue	12/1/94
5 101169	CLEVELAND NATL CEMETER	EIS/MASTER PLAN/PH1 DEVELOP.	\$503,000	8/15/94 Due		4/15/95
5 918001	CLEVELAND NATL. CEMETER	PHASE 1	\$0	8/15/94 Due		4/14/95
3 543005	COLUMBIA, MO	AMBULATORY CARE ADDITION	\$750,000	7/20/94 Due	10/15/94	1/1/95
5 916001	DALLAS/FORT WORTH, TX	NEW CEMETERY DEVELOPMENT	\$400,000	7/15/94 Due	12/3/94	4/3/95
1 590064	HAMPTON, VA	AMBULATORY CARE ADDITION	\$1,025,000	8/27/90	8/29/90	7/22/94 Due
4 459L01	HONOLULU, HI	NEW MEDICAL & RO CENTER (CONST. MANAGER)	\$263,000	7/21/94 Due		
5 851017	HOUSTON NATIONAL CEMET	GRAVESITE DEVELOPMENT	\$157,000	5/13/92	6/30/93	7/8/94 Due
2 581053	HUNTINGTON, WV	RESEARCH ADDITION BLDG. 5	\$489,000	9/30/92	1/5/94	8/3/94 Due
5 323009	JACKSON (RO), MS	RELOCATE RO TO DEPT OWNED GROUNDS	\$120,000	8/31/92	7/19/93	7/14/94 Due
4 612018	MARTINEZ, CA	120 BED NURSING HOME CARE UNIT	\$450,000		1/21/94	7/22/94 Due
2 621083	MOUNTAIN HOME, TN	LAUNDRY/WAREHOUSE	\$80,000	8/15/94 Due	11/3/94	1/4/95
2 621114	MOUNTAIN HOME, TN	RELOC MED SCHOOL FUNCTIONS/RENOV B2,3,5	\$2,500,000	8/15/94 Due	12/6/94	10/16/95
2 626052	NASHVILLE, TN	PARKING GARAGE	\$112,000		4/16/90	2/1/91 Overdue

004/008

VA CONG AFFAIRS

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As of 07/07/94

VA Wide Major Design Development Actions Due ... by 9/30/94

Page 2

Reg	MIS#	Location	Description	Award Amt	AE Awd	Start DD	Compl DD
5	914002	NAT. MEMORIAL CEM. OF AZ.	GRAVESITE DEVELOPMENT	\$388,000	9/24/93	10/13/93	7/7/94 Overdue
2	547002	ORLANDO AREA, FL	SATELLITE OUTPATIENT CLINIC/NURSING HOME	\$500,000	9/13/94	1/10/95	9/5/95
4	649117	PRESCOTT, AZ	60 BED NURSING HOME CARE CENTER	\$300,000	7/18/94 Due	7/19/94 Due	9/21/94 Due
4	101334	REGION 3 SUBGROUP 3-B, T	FACILITY DEVELOPMENT PLANS - 4TH GROUP	\$1,000,000	7/29/94 Due		
5	904014	SANTA FE NATL. CEMETERY,	MASTER PLAN & GRAVESITE DEVELOPMENT	\$380,000	8/6/92	7/6/93	7/30/94 Due
4	665152	SEPULVEDA, CA	SEISMIC CORRECT/CLINICAL SERVICES (OV)	\$461,840	3/29/94		7/15/94 Due

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VA Wide Major Construction Documents Actions Due ... by 9/30/94

Page 1

Reg MIS#	Location	Description	Award Amt	AE Awd	Start CD	Compl CD
3 506027	ANN ARBOR, MI	CLINICAL ADDITION AND RENOVATION (OVW)	\$9,190,000		9/24/92	7/29/94 Due
3 506E27	ANN ARBOR, MI	CLINICAL ADDITION PH-3 CLINICAL ADDITION	\$2,706,000	9/23/93	10/14/93	9/6/94 Due
3 506H27	ANN ARBOR, MI	CLINICAL ADDITION EAST PARKING STRUCTURE	\$0	9/23/93	9/23/93	9/5/94 Due
3 506I27	ANN ARBOR, MI	CLINICAL ADDITION PH-3 (ASBESTOS)		9/23/93	9/23/93	9/5/94 Due
2 508D18	ATLANTA, GA	CLINICAL ADDITION (PHASE III)	\$1,714,000	9/30/88	12/5/88	8/8/94 Due
1 527036	BROOKLYN(ST.ALBANS DIV.),	MOD KITCHEN & SATELLITE DINING AREAS	\$433,000	7/10/91		6/1/94 Overdue
2 573019	GAINESVILLE, FL	AMBULATORY CARE ADDITION(OVERVIEW)	\$800,000	7/29/94 Due	8/8/94 Due	5/17/95
2 573C19	GAINESVILLE, FL	AMB. CARE ADDTN.,SITE WORK & ENERGY(PH1)	\$0		8/8/94 Due	5/17/95
1 590064	HAMPTON, VA	AMBULATORY CARE ADDITION	\$2,046,000	9/26/94 Due	10/3/94	5/15/95
4 459C01	HONOLULU, HI	NEW MEDICAL CENTR. NHCU PHASE	\$600,000	7/21/94 Due	7/28/94 Due	10/14/94
2 581053	HUNTINGTON, WV	RESEARCH ADDITION BLDG. 5	\$350,000	8/30/94 Due	8/31/94 Due	5/24/95
5 323009	JACKSON (RO), MS	RELOCATE RO TO DEPT OWNED GROUNDS	\$628,000	7/15/94 Due	7/18/94 Due	12/15/94
4 612095	MARTINEZ, CA	DEMOLITION MAIN BUILDING	\$0		3/21/94	7/12/94 Due
5 818016	MASSACHUSETTS NATL. CE	GRAVESITE DEVELOPMENT	\$271,000	9/30/93	10/7/93	7/28/94 Due
2 614011	MEMPHIS, TN	SEISMIC CORRECTIONS (OVERVIEW)	\$4,000,000	7/15/94 Due	7/28/94 Due	5/30/95

0006/008

VA CONG AFFAIRS

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07/08/94

As Of 07/07/94

VA Wide Major Construction Documents Actions Due ... by 9/30/94

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Reg	MIS#	Location	Description	Award Amt	AE Awd	Start CD	Compl CD
2	614B11	MEMPHIS, TN	SEISMIC CORRECTIONS PHASE 1	\$0		7/15/94 Due	5/18/95
2	621D64	MOUNTAIN HOME, TN	BED TOWERS/RENOVATIONS (PHASE 3)	\$0	10/29/84	9/30/94 Due	12/30/94
4	649117	PRESCOTT, AZ	60 BED NURSING HOME CARE CENTER	\$300,000	9/22/94 Due	9/26/94 Due	10/28/94
4	664G41	SAN DIEGO, CA	NON-STRUCT SEISMIC CORR REMAIN BLDG PH 3	\$0		10/4/85	8/29/94 Due
2	672045	SAN JUAN, PR	AMBULATORY CARE ADDITION(OVERVIEW)	\$1,500,000	8/30/94 Due	7/11/94 Due	8/31/95
2	672A45	SAN JUAN, PR	PARKING GARAGE (PH 1)			9/7/94 Due	11/9/94
2	672B45	SAN JUAN, PR	AMBULATORY CARE ADDITION (PH 2)			9/7/94 Due	8/18/95
2	680090	TUSKEGEE, AL	120 BED NURSING HOME CARE(REPLACEMENT)	\$463,000	9/30/91	3/10/93	7/14/94 Due
4	685H77	WACO, TX	RENOVATE BUILDING 7	\$0		1/15/94	7/14/94 Due
1	689029	WEST HAVEN, CT	AMBULATORY CARE ADDITION	\$2,050,000	6/30/94 Overdue	7/8/94 Due	4/4/95
5	907023	WILLAMETTE NATL. CEMETE	MASTER PLAN & GRAVESITE DEVELOPMENT	\$415,000	3/4/94	3/9/94	9/14/94 Due

0007/008

VA CONG AFFAIRS

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07/08/94

July 7. Senator Ben Nighthorse Campbell (D-CO) chaired a Veterans' Affairs Committee hearing in Denver on health and compensation issues related to Persian Gulf (PG) veterans. The Senator stressed the need for:

- o research into the causes of PG veterans' health problems;
- o creative outreach to inform veterans about Persian Gulf-related programs;
- o health care benefits to be provided on a priority basis; and
- o compensation claims to be handled in a timely manner.

Three panels of witnesses testified. The first were PG veterans and a spouse of a PG veteran. The spouse stated her belief that her husband was exposed to chemical or biological warfare agents. A nurse who served in the Gulf War stated that she thinks that the PG veterans' health problems are transmissible. Several of the veterans praised VA for its efforts; others criticized the lack of aggressive medical care and expressed the concern that some veterans were being means-tested inappropriately.

VA and DoD representatives from Washington testified on the second panel. Dr. Fran Murphy, Acting Director, VA Environmental Agents Service, described VA treatment programs, priority health care, special studies, planned environmental research centers, and information and education efforts. Gary Hickman, Director, Compensation Service, discussed claims by PG veterans for compensation and centralized processing at the Louisville Regional Office. Dr. Ken St. Andre, DoD's Deputy Director, Scientific Studies, described DoD's comprehensive clinical evaluation program and other efforts to improve services for its beneficiaries, including the establishment of an 800 number.

Local VA and DoD representatives testified on the final panel. The Director of the Denver and Grand Junction VAMCs and Denver Regional Office described program operations, workload, and other services at their facilities. A representative from Fitzsimons Army Medical Center discussed implementation of DoD's comprehensive clinical evaluation program.

July 9. The House Veterans' Affairs Subcommittee on Housing and Memorial Affairs will hold a field hearing in Tacoma, WA, on homeless issues (primarily medical). (9 a.m. - 11 a.m.; Clover Park High School, 11203 Cravely Lake Drive, S.W., Tacoma, WA)



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

MAR 8 1995

Mr. Alan C. Miller
The Los Angeles Times
Washington Bureau
1875 I Street, NW
Suite 1100
Washington, DC 20006

Dear Mr. Miller:

This is to acknowledge receipt of your FOIA request for additional information regarding the Secretary's travel. Your correspondence was addressed to a public affairs specialist who has been out of the office rather than to the FOIA officer. Accordingly, it did not come to our attention until the afternoon of Monday, March 6.

This is to let you know that the Department intends to fulfill your request. However, due to the magnitude of material involved and the fact that you have asked for it in a format that must be developed, we expect preparation time to be approximately 10 working days. We will notify you if it appears that we will be unable to accommodate your request in that time.

As with your prior requests, all fees will be waived.

Sincerely,

Linda Kaufmann
Freedom of Information Act Officer



Putting Veterans First

OPTIONAL FORM NO. 10 (7-93)

FAX TRANSMITTAL

1 of pages 2

Office of the Director	Office of Budget 2.19.95 2890
395-3109	Page 1
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marked + sent

The Honorable Robert C. Byrd
Ranking Minority Member
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Senator Byrd:

This is in response to your request for information on the potential affect on VA programs of the Balanced Budget Amendment that is soon to be considered on the Senate floor. I appreciate the need for continuing efforts to reduce federal deficits and support the goal of a balanced budget. However, I am extremely worried about how the current proposal would affect veterans and their families.

The proponents of the amendment have refused to indicate what spending cuts they would make in order to eliminate the deficit. Nevertheless, many of them have pledged both that they will oppose two major approaches to deficit reduction -- cuts in Social Security and increases in taxes. At the same time, they are promising to create new deficit pressures by increasing defense spending and actually reducing taxes, again without showing how they would offset the enormous costs involved in their initiatives. In contrast, despite the very fundamental nature of the federal government's solemn obligations to our veterans, Balanced Budget Amendment proponents have indicated no intention to establish special protections for veterans' benefits. This would leave VA programs among those on the table subject to tremendous, inevitable pressures that the amendment will create to cut unprotected programs.

It is my understanding that, if Social Security and defense are exempt from reductions and ^{the} ~~tax increases are not~~ ^{cuts in the Contract with America are enacted,} considered, then remaining federal programs will have to be reduced by 30 percent in FY 2002. Assuming, in the current absence of specifics, that such a reduction would be applied across the board, it would have a devastating affect on ^{more than} ~~programs~~ ^{the} ~~programs~~.

A 30-percent reduction to the Veterans Health Administration would prohibit us from providing health care services to many of those whom we now treat. A reduction in FTEE of 63,000 in 2002 would be expected and we would be

able to treat 488,000 fewer inpatients and would be able to accommodate 11,403,000 fewer outpatient visits. The cutbacks will mean the closing of many VA hospitals, outpatient clinics, and nursing homes. In fact, the viability of the VA as a nation health-care system for veterans would be threatened. It certainly could not be maintained on the same scale as today's system, and the Department's ability to maintain the current high level of quality care could be severely damaged.

Similarly, our Regional Offices would also suffer a reduction of 3,000 FTEE, which would make it impossible for us to process veterans' claims for benefits in a timely way. Likewise, operations in the National Cemetery System would have to be severely curtailed, impairing our ability to bury veterans with dignity.

The many benefit programs that VA administers for disabled veterans would also be subject to deep cuts. As an example, the most severely disabled veteran who receives compensation for a service-connected disability would, under current policy, be receiving approximately \$42,400 per year by 2002. A 30-percent reduction in this veteran's earned benefit would equate to \$12,721 for that year. This is hardly a response for a grateful nation to express to those who answered their country's call and came back less than whole.

Our pension program for non-service-disabled wartime veterans is designed to keep these disabled veterans from living a life of abject poverty. A 30-percent cut in 2002 would result in a loss of up to \$4,790 for the neediest of veterans, and would force all VA pension recipients below the poverty line.

Thank you for this opportunity to share with you my concerns regarding the Balanced Budget Amendment. As always, I greatly appreciate your concern for and support of veterans and their families.

Sincerely,

Jesse Brown

D. J.



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

FEB 14 1995

The President
The White House
Washington, DC 20500

Dear Mr. President:

I am appealing to you the Office of Management and Budget's decision to disapprove the enclosed letter to Senator Rockefeller in support of his amendment to the Balanced Budget Amendment.

Senator Rockefeller's amendment would protect benefits and services provided for service-connected disabilities or deaths from the cuts necessary to carry out that constitutional amendment.

It would be an outrage for this Administration to withhold support from the Rockefeller amendment. With the Balanced Budget Amendment proponents refusing to disclose how they would achieve a balanced budget and taking off the table various means of reducing the deficit, I believe it is imperative to exempt at least this one paramount category of veterans' benefits. I see no moral or strategic basic for us failing to extend our support for Senator Rockefeller's effort, and I strongly urge that the OMB decision be reversed.

Respectfully,


Jesse Brown

Enclosure

JB/eps



Putting Veterans First



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

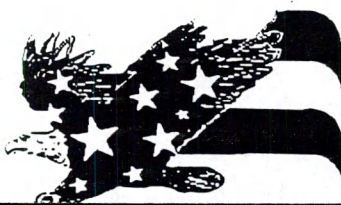
The Honorable John D. Rockefeller IV
Ranking Minority Member
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510-6375

Dear Senator Rockefeller:

I am writing to congratulate you on your proposed amendment to the Balanced Budget Amendment to exempt benefits provided for service-connected disabilities or deaths from the cuts necessary to eliminate the deficit pursuant to that constitutional amendment. In light of the refusal of the proponents of the amendment to describe what programs would be cut to reach a balanced budget, there is little choice but to exempt these benefits and services from cuts if we are to maintain what is a very fundamental commitment to our veterans.

Your amendment would protect a very special group of individuals -- the 2.2 million veterans who incurred disabilities serving in the defense of our Nation and the more than 300,000 survivors of those who died from service-connected causes. Your amendment would protect disability compensation for veterans and survivors' compensation for service-disabled veterans' families, which reflect paramount commitments to those who served. It would also protect a variety of other very important benefits including vocational rehabilitation, automobile and specially adapted housing grants, service-connected burial benefits, dependents' educational benefits, and medical care for service-connected conditions.

I have previously informed the Senate of my serious misgivings about a balanced budget amendment that leaves veterans' benefits on the table. I still have them and they are heightened when the proponents of the amendment announce their opposition to a number of other means of reducing the deficit. Nevertheless, adoption of your amendment would go



Putting Veterans First

Page 2

a long way to ease my fears about what harm might be done to at least this one, most deserving category of beneficiaries if such an amendment were adopted I applaud you for your vision and wish you success.

Sincerely,

Jesse Brown

JB:wb

OFFICE OF CABINET AFFAIRS

THE WHITE HOUSE

WASHINGTON

FAX

TO: Toni Hustead

DATE: 3/8/95

PHONE: _____

NO. OF PAGES 4
(Including cover)

FAX: 395-6835

PRIORITY: Y N

FROM: Matthew Ross

PHONE: (202) 456-2572

FAX: (202) 456-6704

MESSAGE: 1st stopped by Martha Foley
President cleared a second letter

Martha Foley
approved this
letter to
Byrd +
Rockefeller

Matt — other
Call Vets PAD
@ OMB to find
out what we
did on this
issue
Toni Hustead -

Kitty -
Fyl
Jen

bike
VA
misc

Los Angeles Times

WASHINGTON BUREAU

February 24, 1995

Ms. Linda Stalvey
FOIA Officer
Department of Veterans Affairs
810 Vermont Ave., NW
Washington, D.C. 20420

Dear Ms. Stalvey:

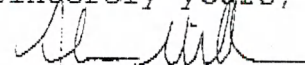
Pursuant to the Freedom of Information Act, 5 U.S.C. 552, I request the following information concern Secretary Jesse Brown's for all of 1993 and 1994: a state by state numerical breakdown of the invitations that he has received to speak, visit or make an appearance. The list should include all 50 states as well as the Virgin Islands. Please provide separate breakdowns for invitations for 1993 and 1994.

I am a journalist employed by The Los Angeles Times, and am preparing a report for which the requested information is indispensable. There is a genuine public interest in such an issue. To the best of my knowledge, based on my research, the records I'm seeking are not available elsewhere on the public record.

I promise to pay reasonable search and duplication fees in connection with this request. However, the FOI Act provides for waiver or reduction of fees if disclosure could be considered as "primarily benefiting the general public," which I believe it would do in this case.

Thank you for your assistance. I look forward to hearing from you.

Sincerely yours,



Alan C. Miller
Staff Writer

Springfield (MA) Sunday Republican, 11/12/95

President phones hospital patients

By SOLOMON MOORE*Staff writer*

NORTHAMPTON — President Clinton made a call to Northampton yesterday afternoon that inaugurated a new phone system that will serve hospitalized veterans at Veterans Affairs medical centers around the nation.

World War II veteran Lt. Ellen "Grace" Forgey was one of four veterans on the other end of the line with the president, who called from the White House.

Forgey, easily the most talkative of the veterans, told the president from the Learning Center at the VA Medical Center in Leeds

that the phones had connected hospitalized veterans to the outside world and "made life better in this hospital."

Other veterans on the line, which was connected to a conference phone line so that others at the VA center could hear the conversation, were located in Chillicothe, Ohio, New York City and Roseburg, Ore.

The president praised the veterans for their sacrifice to their country and thanked the Brotherhood of Electrical Workers and the Telephone Pioneers who volunteered money and labor to create the phone system.

"They have saved our govern-

ment millions of dollars with the volunteer work and contributions they have made," said the president.

Grace Forgey and her late husband, Herbert Forgey, also a World War II veteran, joined the Telephone Pioneers after he retired as a construction worker for AT & T.

Until 1991 bedside phones at VA hospitals were deemed "non-essential" and too costly. Now 27,000 phones have been installed at 61 VA medical centers around the country.

"We know on this Veterans Day we owe our freedom to people like you," said President Clinton.

at the close of the conversation. "We look forward to the day when every hospitalized veteran has access to a phone like this."

VA Public Relations Director Joanne M. Carney said the non-profit coalition dubbed PT Phone Home Inc. will put phones in all VA hospitals by 1996 at no cost to the taxpayer.

Forgey said she was not at all nervous while on the line with the White House, but she did express concern for the president and hoped he was getting enough rest.

"I think he's a very nice president," she said. "What an awful job for anyone to have to do — I wouldn't want to do it."



DEPARTMENT OF VETERANS AFFAIRS
Chairman, Board of Veterans' Appeals
Washington DC 20420

OCT 16 1995

In Reply Refer To: 0141A119
XC 6 798 229
FAY, Addison H.

Mrs. Grace V. Fay
Route 1, Box 102
Laclede, MO 64651

Dear Mrs. Fay:

This is in further response to your correspondence of July 20, 1995, to the White House, concerning your appeal. Your correspondence was forwarded to the Board for reply on September 15.

The Board issued a decision in your appeal on August 31, 1995. A copy of the August 1995 decision was mailed to your most recent address, P.O. Box 102, Laclede, MO 64651. However, I have enclosed another copy of that decision. Your correspondence has been forwarded to the St. Louis Regional Office for association with the file.

I hope that this information is of assistance to you.

Sincerely yours,

A handwritten signature in black ink, appearing to be "Cragin", is located below the "Sincerely yours," text.

Charles L. Cragin

Enclosure

cc: Mr. Thomas L. Sullivan
Attorney at Law
113A South Kansas Avenue
Marceline, MO 64658

cc: Agency Liaison
The White House

✓ cc: 001B

7/29
Jennifer -
Can Glenn
check this out?

Grace V. Fay
Rt. 1 Box 102
Laclede, Missouri 64651
(816) 258-3612

8/30 to
be Ann

J.

Mr. Harold Ickes
The White House
1600 Pennsylvania Avenue N. W.
Washington, D.C. 20500

Dear Mr. Ickes,

My late husband, Addison H. Fay, served in the United States Army during World War II. He saw extensive action, earning three Bronze Stars and a Purple Heart. In August, 1944, he was wounded in combat against the Germans in France. As a result of his wounds, doctors had to remove his spleen. The lack of a spleen caused him extensive problems, and contributed to his death in 1991.

In 1991, I filed a request for benefits with the Department of Veterans Affairs, based on my belief that my husband's death was due to his service-connected injury. After being denied at lower levels, my claim reached the Board of Veterans' Appeals in Washington in December, 1991. It is still there, awaiting action.

In March, 1995, the Board of Veterans Appeals notified me that they were requesting an opinion on the medical issue in my case from an outside medical expert. On April 17, 1995, Dr. B. Mark Hess, the expert selected by the V.A., sent them a report stating in clear and unambiguous terms, that my husband's death was service connected. I have enclosed a copy of that report for your information.

Despite the passage of three months since receiving that medical report, the Board of Veterans Appeals has failed to act on it. I cannot understand why my claim has now been

dragged out longer than the war in which my husband was wounded. It is time to bring this matter to a close.

I respectfully request that you bring this matter to the attention of the Board of Veterans Appeals at once, and urge them, in the strongest possible terms, to approve my claim and pay me what they owe me. I simply should not have to wait any longer.

When contacting the Board of Veterans Appeals to discuss my claim, refer to the following data to help them identify the file:

0141B19
XC 6 798 229
Fay, Addison H.

Very truly yours,

Grace V. Fay
Grace V. Fay

Enclosed: medical report

BOARD OF VETERANS' APPEALS
INFORMAL HEARING PRESENTATION

IN THE APPEAL OF: FAY, Addison H.

XC 6 798 229

DATE: February 2, 1995

REPRESENTED BY: Mr. Michael Bargmann
Disabled American Veterans

TRANSCRIPT OF ORAL ARGUMENTS FOR SUBSEQUENT
PRESENTATION TO AND REVIEW BY THE BOARD SECTION, BOARD OF
VETERANS' APPEALS, WASHINGTON, D.C.

QUESTION AT ISSUE:

Entitlement to service connection for cause of death.

MR. BARGMANN: Grace V. Fay, widow of the above-identified veteran and appellant herein petitions and seeks relief from the Board of Veterans' Appeals as to the issue certified via 38 U.S.C.A. § 7104. The appellant's claim is well grounded as provided by § 5107(a).

The appellant asserts, in essence, that no amount of reasons or bases can be articulated to deny entitlement to service connection for cause of death based on the fact that the veteran's splenectomy caused autoimmune deficiencies to include chronic infections which affected all visceral organs which led to the veteran's untimely demise.

FAY, Addison H.

XC 6 798 229

In this instant case we have two medical opinions. The first being from a Dr. F. A. Santer in letter dated January 21, 1993, and that of a Department of Veterans Affairs physician with the rating board at the agency of local jurisdiction dated June 2, 1993, by Dr. C. S. Sherwin.

First, a medical opinion by a rating specialist did not hold the same credibility as that of the veteran's treating physician. Additionally, Dr. Santer annotates in his letter to include the first paragraph: "I have completed an extensive review of Mr. Fay's medical records on which my medical conclusions are based."

What is not know in this instant case is what extensive review of medical records were accomplished by Dr. Santer. We need this information so an informed decision can be rendered. Was the medical information within the evidentiary claims folder or private medical records? Without this information, again, an informed decision cannot be rendered and due process would not be served.

Thus, we ask that all treatment records on this veteran prior to his untimely demise be obtained. Then, we ask for an independent medical opinion via 38 U.S.C.A. § 1709 as to the causal relationship between the veteran's splenectomy and residuals as a result thereof and the veteran's untimely demise. Once this is accomplished then, and only then, can an informed decision be rendered and due process served.

4W39:mps:2/8/95



Wright State
University



School of Medicine
Department of Medicine

April 17, 1995

Montella Pollard (014)
Board of Veterans' Appeals
Suite 343
810 Vermont Avenue, NW
Washington, DC 20420

Dear Ms. Pollard:

In a March 30, 1995 letter from Jack W. Blasingame, I was asked to provide an independent medical expert opinion concerning the death of a veteran. The specific question is whether "the veteran's service-connected splenectomy, and the residuals thereof, caused or contributed to the veteran's death via a myocardial infarction."

My conclusion, explained below, is that the splenectomy significantly contributed to the patient's risk of myocardial infarction and his death is therefore related to his military injury.

Sources of Information:

The sources of patient information available to me consisted of two large packets of records which were reviewed in detail. One was labelled "VOL I" and contained extensive information about the claims made and administrative response to date. It contained clinical information from the 1940's and early 1950's, of only limited relevance. The other packet was labelled "VOL II MED RECORDS ONLY - SUBMITTED BY SURV. SPOUSE," and contained copies of extensive and pertinent hospital records, as well as limited records from two physicians' offices, dated 7/14/69—8/28/78 and 8/19/81—3/1/91, one day before the veteran's death.

In addition to detailed review of the patient records, my investigation included readings in Williams' Hematology (5th Edition, 1995) and Wintrobe's Clinical Hematology (9th Edition, 1993) and — more importantly — a MEDLINE search of the medical literature from 1966-1995 for information relevant to the patient's condition.

Clinical Summary: Infectious Disease and Immune Status

During August of 1944, while serving in France, the veteran received a shrapnel wound in "the back of the left chest", which required urgent laparotomy and splenectomy. There appear to have been no complications, and the patient was apparently well at discharge 12/5/45. Apart from pneumonia in March, 1947 there are no records of significant infectious disease until August, 1978 when he is again said to have had pneumonitis, and in November, 1983 bronchitis. Frequent, apparently minor, respiratory infections during 1989 were treated with antibiotics. A serious joint infection in the right knee required protracted intravenous antibiotic therapy following surgery on the knee in 1/90.

The patient had a normal electrocardiogram both 8/3/91 and on 10/24/91 when he was admitted to Pershing Memorial Hospital. Three days later he suffered an acute anterolateral myocardial infarction complicated by posterior extension. His prognosis was "guarded" at discharge on 11/15/81, and during the approximate ten years until his death, he had repeated, serious cardiac problems. These required coronary artery bypass grafts (3/18/82 and 3/15/88) and emergency care and/or hospitalization for chest pain (3/3/83, 9/24/84, 11/25/86, 4/15/88, 9/26/89). In addition to recurrent chest pain, he required admission for congestive heart failure (5/5/88 and 8/2/88) and severe ventricular arrhythmias (8/2/90). His death on 3/2/91 was attributed to cardiac arrest caused by myocardial infarction.

Because splenectomy is known to be associated with thrombocythemia, and thrombocythemia is in turn associated with myocardial infarction, the patient's records were reviewed specifically for information concerning platelet counts. No platelet counts are reported during the patient's initial hospitalization for myocardial infarction in 10/81. Between 12/14/83 and 11/4/89 platelet values of 342,000, 346,000, "normal", 325,000 and 397,000 are reported. All are within the usual normal limits, though the patient's values are all well above the mean of 250,000 reported by Wintrobe. The patient's reported platelet counts were all pre-operative values, done at a time that he was presumably well.

The platelet count obtained preoperatively at the time of his 1/24/90 admission was abnormally high (421,000), and following several normal determinations (294,000, 262,000, 335,000), very high values occurred (586,000, 697,000, 735,000, and 643,000). The only additional value obtained prior to the patient's death was 308,000, during the 9/25/80-9/28/90 admission.

Issues:

1. Is there evidence, as claimed, that impaired immunity contributed to the patient's death?
2. Does splenectomy result in a significantly increased risk of death from ischemic heart disease?
3. Does the veteran's record contain any patient-specific evidence to suggest that the splenectomy may have contributed to his risk of ischemic heart disease?

Responses:

1. Splenectomy is known to increase the risk of death from infection, specifically pneumonia. Review of the veteran's record, however, does not demonstrate unusually severe or frequent infections, with the possible exception of the post-operative knee joint infection. It could be argued that his splenectomy made him uniquely susceptible to that infection, but there is no evidence of associated morbidity after 3/23/90, and no demonstrated relation of that infection to his death of ischemic heart disease a year later.

The arguments advanced in the documents contained in VOL I, that impaired immunity contributed directly to the veteran's death rest, in my opinion, entirely on speculation.

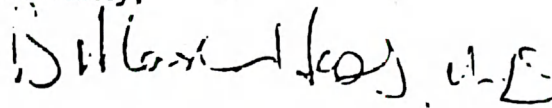
A search of the years 1966-1995 was carried out to see if the medical literature reports an association between/among splenectomy, myocardial infarction, and life expectancy. An article published in the July 16, 1977 Lancet speaks directly to the question. In "Splenectomy and Subsequent Mortality in Veterans of the 1939-45 War," Robinette and Fraumeni followed 740 American servicemen who had undergone splenectomy during World War II, and compared their mortality and specific causes of death with those of a control group. The overall death rate of post-splenectomy patients was increased in comparison with the controls. Specifically, death from ischemic heart disease was 1.857 times more common in veterans who had undergone splenectomy. Quoting the authors, "The chief finding of our survey was the excess mortality from ischaemic heart disease, principally acute myocardial infarction." An abstract of this article is attached.

It cannot be proved that splenectomy directly contributed to the death of this veteran, but the increased death rate from ischemic heart disease in 740 other post-splenectomy veterans of World War II is, in my opinion, compelling evidence. The patient, as a direct result of his combat injury, belonged to a group demonstrated to have increased mortality from ischemic heart disease.

3. The possibility of a patient-specific risk is suggested by the patient's thrombocythemia during the post-operative period (1/24/90-2/21/90). This veteran had normal platelet counts under normal pre-operative conditions, but in 1990 developed severe thrombocythemia post-operatively. Available records do not establish how frequently the patient developed thrombocythemia. No data are available to show whether the patient had thrombocythemia at the time of his initial myocardial infarction or during subsequent cardiac events. The patient's record does, however, indicate that under some circumstances this particular veteran developed severe thrombocythemia, a condition directly attributable to his splenectomy and which is known to be associated with myocardial infarction.

In my opinion, the previous argument attempting to relate the the veteran's death to impaired immunity (Issue #1) is without merit. However, the demonstrated association of splenectomy and death from ischemic heart disease (Issue #2) and the veteran's demonstrated abnormal thrombocythemia in 1990 (Issue #3) both link the veteran's service-connected splenectomy, and the residuals thereof, to his death of a myocardial infarction.

Sincerely,



B. Mark Hess, MD
Assistant Professor of Medicine
Department of Medicine
Wright State University School of Medicine

replied to PC Finance 5/30/95

Robinette CD; Fraumeni JF Jr

Splenectomy and subsequent mortality in veterans of the 1939-45 war.

Lancet 1977 Jul 16;2(8029):127-9 file BACK66

Unique Identifier: BACK75 77211569

Abstract:

A long-term follow-up of 740 American servicemen splenectomised because of trauma during the 1939-45 war showed a significant excess mortality from pneumonia and ischaemic heart-disease. Mortality from cirrhosis was also increased, but not significantly. The findings confirm that the risk of fatal infections is increased by asplenia; however, the risk of cancer was not increased, as it is in some other immunodeficiency states. Post-splenectomy thrombocytosis and hypercoagulability may account for the increased risk of fatal myocardial ischaemia in this group.

Medical Subject Headings:

*Cardiovascular Diseases--MORTALITY
Comparative Study
Follow-Up Studies
Human
Liver Cirrhosis--MORTALITY
Male
*Military Medicine
Neoplasms--MORTALITY
*Pneumonia--MORTALITY
Spleen--INJURIES
*Splenectomy
United States
United States Department of Veterans Affairs
*War
JOURNAL ARTICLE (Publ. Type)

BOARD OF VETERANS' APPEALS
INFORMAL HEARING PRESENTATION

IN THE APPEAL OF: Fay, Addison H.

C 6 798 229

DATE: June 5, 1995

REPRESENTED BY: Michael G. Bargmann
National Appeals Officer
Disabled American Veterans

TRANSCRIPT OF ORAL ARGUMENTS FOR SUBSEQUENT
PRESENTATION TO AND REVIEW BY THE BOARD SECTION, BOARD OF
VETERANS' APPEALS. WASHINGTON, D.C.

QUESTION AT ISSUE: Entitlement to service connection for cause of death.

Mr. Bargmann: Previous argument of February 2, 1995, on behalf of the appellant Mrs. Grace V. Fay, widow of the above-identified veteran, asserted the veteran's chronic infections, and service-connected splenectomy had a causal relationship with the veterans untimely demise. See 38 U.S.C.A. §§ 1310 and 1312 as well as 38 C.F.R. §§ 3.303, 3.310 and 3.312.

Medical opinion of April 17, 1995 by Dr. B.M. Hess, Assistant Professor of Medicine, Department of Medicine, Wright State University School of Medicine, held "[t]he demonstrated association of splenectomy and death from ischemic heart disease (Issue #2) and the veteran's demonstrated abnormal thrombocythemia in 1990 (Issue #3) both link the veteran's service-connected splenectomy, and the residuals thereof, to his death of a myocardial infarction", (bold type his).

Thus, as previously argued on behalf of the appellant, there is no amount of reasons and bases that can be articulated to deny service connection for the veteran's cause of death. Therefore, a grant of benefits by the Board would not only be equitable but self-sustaining.

MEMORANDUM

DATE: December 4, 1995

TO: Jennifer M. O'Connor

FROM: Nan Roman, Vice President of Policy and Programs

SUBJECT: VA, HUD, and Independent Agencies Appropriations Bill
Conference Report

The following letter addresses Conference Committee language contained in the HUD McKinney portion (Amendment No. 23) of the VA, HUD, Independent Agencies Appropriations bill Conference Report (104-353). It was sent to the chairmen and ranking members of the House and Senate Appropriations Committees. Thank you for your attention. If you have any questions regarding this issue please call me at (202) 638-1526.



THE NATIONAL ALLIANCE TO END HOMELESSNESS, INC.

November 27, 1995

The Honorable David Obey
U.S. House of Representatives
Rayburn 2462
Washington, DC 20515-4907

Dear Representative Obey:

We the undersigned organizations whose members and affiliates are directly involved in addressing homelessness at the local level, write to you to request your assistance in clarifying language in the Conference Report (104-353) of the VA/HUD/Independent Agencies Appropriations bill (HR 2099). This language directs that, "...to the maximum extent practicable, the conferees direct the Department [of HUD] to allocate homeless assistance grants under the Shelter Plus Care program...."

This language threatens the in-place, comprehensive homeless assistance systems developed by nonprofit organizations and local governments, with support from the U.S. Department of Housing and Urban Development, over the past ten years. The Shelter Plus Care Program, while an important component of a strategy to address homelessness, meets the needs only of a very defined segment of that population (people with disabilities, almost exclusively single) for a very particular type of housing (service enriched or supportive). It is not designed to meet the needs of families or individuals without disabilities, or with disabilities that do not require intensive treatment. It does not address homeless people's need for permanent housing without intensive services, for transitional housing, or for shelter. It is not flexible enough to address the widely varying needs of a diverse communities and a diverse homeless population.

In addition, it is our understanding that the homeless assistance programs will be re-designed in an authorization bill next year. Any changes necessitated by appropriations report language will only apply for one year. Thus, local homeless assistance plans will have to be shifted and federal bureaucracy re-tooled this year -- and then again next year when a full-fledged reauthorization is complete. As last year's allocation of Homeless Grant Program funds is generally accepted to have been effective in supporting local efforts to provide comprehensive homeless assistance, there is no compelling reason why this disruptive change is necessary.

1518 K STREET NW SUITE 206 WASHINGTON, DC 20005 TELEPHONE (202) 638-1526 FAX (202) 638-4664

For these reasons, we urge you to clarify the Conference Report accompanying HR 2099. We ask that you stipulate that HUD can allocate the Homeless Assistance Grants as it did in FY1995, taking into account the Conferees concern that short term solutions to homelessness not be over-emphasized, and that long term comprehensive strategies be supported.

Thank you very much for your attention to this critical matter.

Sincerely,

National Alliance to End Homelessness
The United States Conference of Mayors
Council of State Community Development Agencies
National Community Development Association
National Coalition for the Homeless
Travelers Aid International
National Law Center on Homelessness and Poverty
National Coalition for Homeless Veterans
Greater Boston Housing and Shelter Alliance, Inc.



DEPARTMENT OF VETERANS AFFAIRS

Office of Public Affairs

OFFICE TELEPHONE NO: (202) 273-5710/5711

FAX NO: (202) 273-5719

DATE:

11-21-9

TO:

Jennifer O'Connor 456-2883

FAX NO:

FROM:

Jim Holley

COMMENTS:

FYI

TRANSMITTING COVER PAGE PLUS
PAGE(S)

4

ma St. John (80F) (80A) (80)

Clinton's phone call thrills Chillicothe vet

By Rita Price

Dispatch Staff Reporter

CHILLICOTHE, Ohio — In the 10 years or so that he's been a patient at the Veterans Administration Medical Center, William Frizzell never had the luxury of a bedside telephone.

Yesterday, the Columbus native held a hot line to the White House.

Frizzell, 71, sat in his room and chatted briefly with President Clinton, who made a call to the Chillicothe center to commemorate Veterans Day and to kick off a new bedside telephone project called PT Phone Home (Patient Phone Home).

Frizzell said he was honored to speak to the president, but no burning questions came to mind.

"We're having a wet one," the former Marine and World War II veteran said.

Clinton, not surprisingly, had his own Chillicothe weather story.

"I visited that community once. I went running around in the city park when it was 3 degrees. They thought I needed a mental examination for doing it," the president said.

Frizzell grinned, and Clinton moved on with his message of thanks. In addition to Frizzell, three other veterans at U.S. medical centers were included in the confer-

neers of America (active and retired telephone industry employees) and other interested groups. Winter said the installation and equipment normally would have cost the VA at least \$400,000.

Volunteer rewards come in the form of smiles, Winter said. "These guys were so happy to be able to talk

ence call.

"I'm grateful to all of you, and I hope that the Veterans Administration is taking good care of you. We know on this Veterans Day that we owe our freedom to you," Clinton told them. "We're doing everything we can to try to preserve the quality of health care in the veterans network."

Clinton also praised the PT Phone Home project, saying, "We're expanding it as rapidly as we can."

The nationwide, all-volunteer effort is providing bedside phones for veterans hospitalized in the nation's 173 VA medical centers.

Because phones were long considered nonessential and too costly, most VA medical centers have only an antiquated portable pay phone to wheel into patients' rooms for calls to loved ones, officials said. There generally is one phone available per wing, making staying in touch with friends and family infrequent and difficult.

Chillicothe's upgrade began six weeks ago, and now 264 rooms have lines, said Cliff Winter, Ameritech safety coordinator and PT Phone Home project leader.

The labor and equipment were donated by Ameritech, the Communication Workers of America, Vietnam Veterans, Telephone Pio-

to their girlfriends, wives, loved ones. It means a lot."

Frizzell, who served in the Marines from 1942 to 1945 and was aboard the USS John Hancock, has been receiving care in Chillicothe off and on since 1984. He has been a patient in the Nursing Home Care Unit for most of the past two years.

The bedside phone is a boon. "I've been wanting to talk to my sister," he said.

Winter said volunteers are happy to oblige. "Contact with family and friends is a powerful healing tool during times of illness and stress," he said. "We feel it's the least we can do."

NEWS CLIP AREA (Clippings may be printed horizontally or vertically. After pasting in clippings, please photocopy on higher quality paper and send to the VA Medical Center, Chillicothe, Ohio 43101. Do NOT REPLY TO CLIPPING REQUESTS. All other clippings and photos.)

Department of Veterans Affairs		PAGE 1 OF 1	
TO:		NEWS CLIPPING TRANSMITTAL SHEET	
RECIPIENT'S FAX NUMBER		NEWS CLIP IDENTIFICATION	
NEWSPAPER	The Columbus Dispatch	NAME	Rosemary White
CITY AND STATE	Columbus, OH	NAME OF FACILITY	Chillicothe VAMC
DATE OF PUBLICATION	November 12, 1995	PHONE NUMBER	700-975-7242
SPECIAL INTEREST FILE		REMARKS	
SENDER IDENTIFICATION		DATE	
		11/15/	

2

95

SENDER IDENTIFICATION	
NAME	DATE
Rosemary White	11/15/95
NAME OF FACILITY	
Chillicothe VAMC	
PHONE NUMBER	
700-975-7242	
REMARKS	

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Express Mail - All other clippings and packages.



A.J. Wolfe/For The Dispatch
le Veterans Day and to

NEWS CLIPPING TRANSMITTAL SHEET

 Department of Veterans Affairs

TO: OPA CHICAGO

NEWS CLIP IDENTIFICATION

NEWSPAPER

Chillicothe Gazette

CITY AND STATE

Chillicothe, OH

DATE OF PUBLICATION

November 13, 1995

RECIPIENT'S FAX NUMBER

SPECIAL INTEREST FILE

SENDER IDENTIFICATION

NAME
Rosemary WhiteDATE
11/15/95NAME OF FACILITY
Chillicothe VAMCPHONE NUMBER
700-975-7242

REMARKS

NEWS CLIP AREA (Clippings may be pasted horizontally or vertically. After pasting originals, please photocopy on lightest setting to remove dark areas around print. DO NOT REDUCE CLIPPINGS. Mount clipping overflows on additional Form 4585. Fax photocopy of mounted original newspaper clippings and forward originals to OPA in timely manner. Fax - Clippings of current VA events, research, controversial and important VA issues. Mail - All other clippings and photos.)

President Clinton rings Chillicothe

Veteran received call
from Clinton Saturday

Clinton chats with local vet

The Associated Press

CHILLICOTHE — President Clinton and an Ohio veteran chatted about freedom and the city's weather as the pair celebrated Veterans Day.

Clinton called 71-year-old William Frizzell, a patient in the Chillicothe Veterans Affairs Medical Center, to thank him for his service to the nation.

Saturday's call also marked the beginning of a new bedside telephone project that will allow patients at VA centers across the country to make phone calls from

“We know on this Veterans Day that we owe our freedom to you. We're doing everything we can to try to preserve the quality of health care in the veterans network.”

—President Clinton

their bedsides.

Frizzell said he was honored to speak to the president but had no pressing questions to ask.

“We're having a wet one,” the former Marine and World War II

veteran said of Saturday's rain.

Clinton shared his own Chillicothe weather story.

He visited the area once and went running around in the city park when it was 3 degrees, Clinton said.

ton said.

“They thought I needed a mental examination for doing it,” Clinton said.

Frizzell grinned, and Clinton moved on with his message of thanks. In addition to Frizzell, three other veterans at U.S. medical centers were included in the conference call.

He is grateful to the veterans and hopes the VA is taking care of them, Clinton said.

“We know on this Veterans Day that we owe our freedom to you,” the president told them. “We're

doing everything we can to try to preserve the quality of health care in the veterans network.”

Clinton also praised the phone project, saying it was being expanded as rapidly as it can.

The nationwide, all-volunteer effort is providing bedside phones for veterans hospitalized in the nation's 173 VA medical centers.

Phones were long considered nonessential and too costly, and most VA medical centers had only an antiquated portable pay phone to wheel into patients' rooms for calls to loved ones, officials said.

hwa
19-01-14 (80F) (80A) (80)

Mr. St. John (80F) (80A) (80)

Clinton to talk with area veteran

President William Clinton will extend a special Veterans Day greeting to a local World War II veteran today.

William Frizzell, a resident at the Chillicothe Veterans Affairs Medical Center Nursing Home Care Unit, is one of four veterans across the country who is scheduled to receive the call from the president as part of a ceremony to inaugurate a new bedside telephone system for VA patients.

Frizzell is a native of Columbus and served as a Marine from 1942 to 1945.

Installation of the bedside telephone system was made possible through the efforts of an organization called PT Phone Home and volunteers from the Communication Workers of America.



TO: OPA CHICAGO

RECIPIENT'S FAX NUMBER

NEWS CLIPPING TRANSMITTAL SHEET

PAGE
1 OF 1

NEWS CLIP IDENTIFICATION

NEWSPAPER

Chillicothe Gazette

CITY AND STATE

Chillicothe, OH

DATE OF PUBLICATION

November 11, 1995

SPECIAL INTEREST FILE

SENDER IDENTIFICATION

NAME

Rosemary White

DATE
11/16/95

NAME OF FACILITY

Chillicothe VAMC

PHONE NUMBER

700-975-7242

REMARKS

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DEPARTMENT OF VETERANS AFFAIRS

Office of Public Affairs

OFFICE TELEPHONE NO: (202) 273-5710/5711

FAX NO: (202) 273-5719

DATE:

11-21-9

TO:

Jennifer O'Connor 456-2883

FAX NO:

FROM:

Jim Holley

COMMENTS:

FYI

TRANSMITTING COVER PAGE PLUS
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Winter said volunteers are happy to oblige. "Contact with family and friends is a powerful healing tool during times of illness and stress," he said. "We feel it's the least we can do."

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TO:		NEWS CLIP IDENTIFICATION	
NEWS PAPER		NAME	
CITY AND STATE		DATE	
DATE OF PUBLICATION		NAME OF FACILITY	
SPECIAL INTEREST FILE		PHONE NUMBER	
RECIPIENT'S FAX NUMBER		REMARKS	

TO:	NEWS CLIP IDENTIFICATION		SENDER IDENTIFICATION	
	NEWSPAPER		NAME	DATE
		The Columbus Dispatch	Rosemary White	11/15/95
	CITY AND STATE	Columbus, OH	NAME OF FACILITY	Chillicothe VAMC
	DATE OF PUBLICATION	November 12, 1995	PHONE NUMBER	700-975-7242
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A.J. Wolff for The Dispatch

From his room in the Veterans Administration Medical Center, William Frizzell chats with President Clinton, who called to the center to commemorate Veterans Day and to kick off the bedside telephone project.

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Department of Veterans Affairs		NEWS CLIPPING TRANSMITTAL SHEET		PAGE 1 of 1
TO: OPA CHICAGO	NEWS CLIP IDENTIFICATION		SENDER IDENTIFICATION	
	NEWSPAPER Chillicothe Gazette	NAME Rosemary White	DATE 11/15/95	
	CITY AND STATE Chillicothe, OH	NAME OF FACILITY Chillicothe VAMC		
	DATE OF PUBLICATION November 13, 1995	PHONE NUMBER 700-975-7242		
RECIPIENT'S FAX NUMBER	SPECIAL INTEREST FILE		REMARKS	

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President Clinton rings Chillicothe

Veteran received call
from Clinton Saturday

Clinton chats with local vet

The Associated Press

CHILLICOTHE — President Clinton and an Ohio veteran chatted about freedom and the city's weather as the pair celebrated Veterans Day.

Clinton called 71-year-old William Frizzell, a patient in the Chillicothe Veterans Affairs Medical Center, to thank him for his service to the nation.

Saturday's call also marked the beginning of a new bedside telephone project that will allow patients at VA centers across the country to make phone calls from

“We know on this Veterans Day that we owe our freedom to you. We're doing everything we can to try to preserve the quality of health care in the veterans network.”

—President Clinton

their bedsides.

Frizzell said he was honored to speak to the president but had no pressing questions to ask.

“We're having a wet one,” the former Marine and World War II

veteran said of Saturday's rain.

Clinton shared his own Chillicothe weather story.

He visited the area once and went running around in the city park when it was 3 degrees, Clinton

said.

“They thought I needed a mental examination for doing it,” Clinton said.

Frizzell grinned, and Clinton moved on with his message of thanks. In addition to Frizzell, three other veterans at U.S. medical centers were included in the conference call.

He is grateful to the veterans and hopes the VA is taking care of them, Clinton said.

“We know on this Veterans Day that we owe our freedom to you,” the president told them. “We're

doing everything we can to try to preserve the quality of health care in the veterans network.”

Clinton also praised the phone project, saying it was being expanded as rapidly as it can.

The nationwide, all-volunteer effort is providing bedside phones for veterans hospitalized in the nation's 173 VA medical centers.

Phones were long considered nonessential and too costly, and most VA medical centers had only an antiquated portable pay phone to wheel into patients' rooms for calls to loved ones, officials said.

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Clinton to talk with area veteran

President William Clinton will extend a special Veterans Day greeting to a local World War II veteran today.

William Frizzell, a resident at the Chillicothe Veterans Affairs Medical Center Nursing Home Care Unit, is one of four veterans' across the country who is scheduled to receive the call from the president as part of a ceremony to inaugurate a new bedside telephone system for VA patients.

Frizzell is a native of Columbus and served as a Marine from 1942 to 1945.

Installation of the bedside telephone system was made possible through the efforts of an organization called PT Phone Home and volunteers from the Communication Workers of America.

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NEWSPAPER Chillicothe Gazette		NAME Rosemary White		DATE 11/16/95
CITY AND STATE Chillicothe, OH		NAME OF FACILITY Chillicothe VAMC		
DATE OF PUBLICATION November 11, 1995		PHONE NUMBER 700-975-7242		
SPECIAL INTEREST FILE		REMARKS		

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sent 11/17

THE WHITE HOUSE
WASHINGTON

17 November 1995

MEMORANDUM FOR HAROLD ICKES
JAMES CASTELLO
MELANIE VERVEER

FROM: JENNIFER O'CONNOR

RE: ATTACHED

Attached is a draft letter from Jesse Brown to Senator Daschle along with a review from the General Counsel at the Department of Veterans Affairs.



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THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

Facsimile Cover Sheet

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UAW
To: Daniel / Jennifer O'Connor's ofc
Company: CIA
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Fax: 456-2464

From: Sandy Peyton / Harold Gracey
Company: _____
Phone: 273-4808
Fax: _____

Date: 11/

Pages including this
cover page: 6

Comments:

Daschle ltr w/enclosure faxed
again as requested.



Putting Veterans First



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

The Honorable Thomas A. Daschle
United States Senate
Washington, D.C. 20510-4103

Dear Senator Daschle:

Thank you for your letter on VA's implementation of section 107 of Public Law 103-446, regarding the health status of the spouses and children of Persian Gulf War veterans. I sincerely regret the delay in responding to you. You and I share a deep concern for the well-being of these veterans' family members and a strong desire to learn as much as we can as soon as we can about their health problems.

We are moving ahead with efforts to add to the Persian Gulf Health Registry information about spouses and children. We are also proceeding to carry out the study mandated by section 107 of PL 103-446 to determine the nature and extent of the association, if any, between these family members' health problems and the illnesses of the veterans.

In your letter, you urge us to offer diagnostic tests and examinations to the spouses and children of Persian Gulf War veterans on a self-selected basis. However, we cannot legally do that. VA's General Counsel recently reviewed the legality of providing such testing and examinations. She concluded that the only interpretation of the law that is consistent with the wording of the provision and legislative intent, as reflected in the Veterans' Affairs Committees' explanation of their compromise agreement, is that the Department has authority to provide such tests and examinations only as part of the study required by section 107. The law does not generally authorize the VA to provide tests and examinations to spouses and children of Persian Gulf War veterans. Her opinion is enclosed.

For this reason, and in order to use the \$2 million allowed by section 107 in a way that will maximize the scientific knowledge we gain from the examinations, we will provide them in connection with an epidemiological study. VA has worked with nationally recognized scientists to develop this study, the National Persian Gulf Survey. It will be conducted of a representative sample of 15,000 Persian Gulf veterans and 15,000 Gulf-era veterans. The study will address symptom frequency, exposures while serving in the Gulf, birth defects in veterans' children, and reproductive problems after Persian Gulf service. The survey began on October 11, 1995, with mailing of a notification letter to the 30,000 veterans selected for participation. The survey questionnaires will be mailed to participants on November 8, 1995. Later phases will examine participants' medical records and provide examinations of a scientifically-selected group of veterans and their family members.



Putting Veterans First

In this way, providing the examinations as part of a research study, VA plans to obtain the most accurate answers about the health status of Persian Gulf veterans and their spouses and children. If, however, VA were to provide the examinations on a self-selected basis outside of a scientific study, the \$2 million allowed under section 107 would quickly be used up, and we would be unable to fund examinations as part of a study. This would be a major setback for our efforts to find the answers that these families deserve.

Section 107 also requires VA to include in the Persian Gulf Veterans Health Registry the results of an examination by a private physician of any individual (1) who is the spouse or child of a veteran listed in the Persian Gulf Veterans Registry and who is suffering from an illness or disorder which cannot be disassociated from the veteran's service in Southwest Asia, and (2) who, in the case of a spouse, has granted VA permission to include in the Registry relevant medical data. VA will comply fully with this provision.

The operations manual changes providing instructions for the uniform case assessment protocol for evaluation of Gulf veterans' family members were published in September 1995. The publication of a code sheet and instructions for private physicians' reporting of family members examination results is expected in December 1995. This will make it possible to add to the Registry information on the illnesses of spouses and children of Persian Gulf veterans who are included in the Registry. However, because of the self-selected nature of the participants, they will not necessarily be representative of the families of Persian Gulf veterans as a whole. Thus, the results will not be generalizable to all spouses and children of these veterans, nor can they be used to draw valid conclusions regarding any association between the illnesses of Persian Gulf veterans and their family members. It is because of these inherent drawbacks in health registry databases that it is so important that we use an epidemiologic methodology to explore the possible association of unexplained illnesses in Persian Gulf veterans and their families, including birth defects.

As always, I appreciate your concern for and advocacy on behalf of veterans and their families. We hope that this information is helpful to you.

Sincerely,

Jesse Brown

Enclosure

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

JUN 29 1995

Date:

From: General Counsel (023)

Subj: Public Law 103-446, Section 107

To: Under Secretary for Health (10/103)

1. You have asked whether section 107 of the Veterans' Benefits Improvement Act of 1994, Pub. L. No. 103-446, authorizes VA to pay for routine care of Persian Gulf veterans' spouses and children, as suggested by the White House. You believe that this legislation only authorizes VA to provide these family members with diagnostic testing and medical examinations as part of a study conducted by the Department to determine any association between an illness of a spouse and/or child and that of a veteran. We agree with your interpretation.

2. The terms of section 107 and the Act's pertinent legislative history indicate that VA was given limited authority to provide diagnostic tests and medical evaluations of spouses and children of Persian Gulf veterans in the conduct of an epidemiological study designed to evaluate any health effects suffered by them as a result of the veterans' service in the Gulf. Congress did not grant VA general authority to treat or provide medical care to these veterans' family members.

3. Specifically, section 107(a) states, in part, that subject to the funding limitation (\$2 million):

VA shall conduct a study to evaluate the health status of spouses and children of Persian Gulf War veterans. Under the study, the Secretary shall provide for the conduct of diagnostic testing and appropriate medical examinations of any individual--

2.

Under Secretary for Health (10/103)

who is the spouse or child of a veteran (who is listed in the Persian Gulf War Health Registry and suffering from an illness or disorder); and

who is apparently suffering, or may have suffered from, an illness or disorder (including a birth defect, miscarriage, or stillbirth) which cannot be disassociated from the veteran's service in the Southwest Asia theater of operations.

The Veterans' Benefits Improvement Act of 1994, Pub. L. No. 103-446, § 107(a)(1), (2).

4. The specific purpose of this study (§ 107(a)) is to "gather such medical data . . . to determine the nature and extent of the association, if any, between the spouse or child's illness or disorder and the illness of the veteran." *Id.* at § 107(a).

5. We interpret this section, based on its plain and unambiguous language, to mean that VA must conduct a study to evaluate the health effects, if any, on family members of Persian Gulf War veterans, who are suffering from an illness that may possibly be related to their exposure to a toxic substance or environmental hazard during their service in the Gulf. The statute, by its terms, limits VA's authority to provide diagnostic tests and medical examinations to only those spouses and children who meet the criteria for inclusion in the mandated epidemiological study. That is, only spouses and children who participate in the study are eligible for such tests and examinations. (For purposes of section 107, the terms "child" and "spouse" have the meanings given in 38 U.S.C. § 101(4) and (31), respectively. *Id.* at § 107(j).) Section 107 does not give VA general treatment authority to care for these veterans' family members.

6. The legislative history supports our interpretation. It indicates that the House and Senate Committees on Veterans' Affairs ultimately rejected the Senate's proposal (found in section 5 of S. 2330) to require VA "to conduct medical examinations and testing, consultation, and counseling for the dependent of any veteran listed in the registry if the

3.

Under Secretary for Health (10/103)

veteran believes that the illness of any family member is related to the veteran's service in the Gulf War." Joint Explanatory Statement for H.R. 4386,-- CONG. REC. H11352, H11354 (Oct. 7, 1994).

7. The Committees explained their intent with respect to section 107, as follows:

Section 107, which is derived from the Senate provision, would require VA to conduct a pilot study, whereby VA would develop an evaluation protocol and guidelines for medical examinations, tests, and consultations with dependents of Gulf War veterans. These procedures would be restricted to those dependents whose illness, birth defects, or other disorder cannot be disassociated from the veterans' services in the Gulf War. . . . The purpose of the pilot study is to ensure that the VA conducts research on the illness of (dependents), using an existing data base and objective medical information.

Id.

8. The compromise agreement does not state or imply that Congress intended to give VA blanket authorization to provide medical examinations and tests to spouses and children of Persian Gulf War veterans. Rather, it reflects that Congress only intended to authorize VA to provide testing and medical examinations to spouses and children who are included in the pilot study and does not authorize the provision of treatment for any person.

Mary Lou Keener