# Withdrawal/Redaction Sheet
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 001. report | re: Summary of Gulf War Illnesses Issues (14 pages) | 00/00/0000 | P1/b(1) |
| 002. report | re: Summary of Gulf War Illnesses Issues (12 pages) | 00/00/0000 | P1/b(1) |
| 003. memo | re: Visit to the Washington DC VA Medical Center [partial] (3 pages) | 02/16/1995 | b(6) |

**COLLECTION:**
Clinton Presidential Records
Speechwriting
Lissa Muscatine
OA/Box Number: 12077

**FOLDER TITLE:**
HRC - Report on Gulf War Vets' Illnesses 1/7/97

2017-1164-S
rc2874

**RESTRICTION CODES**

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

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

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

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

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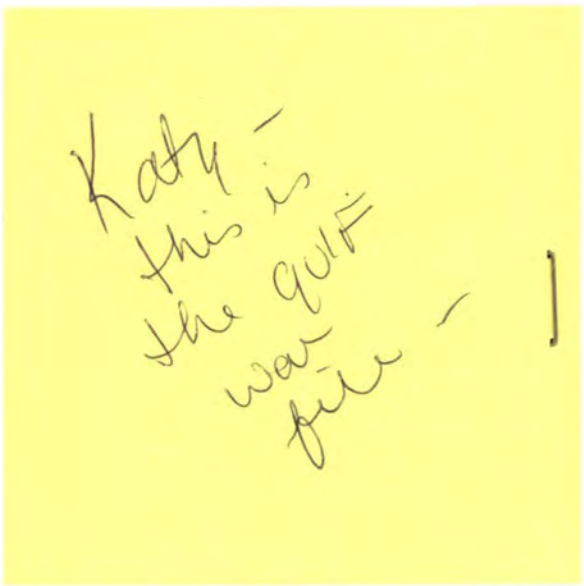
**b(7)** Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
**b(8)** Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
**b(9)** Release would disclose geological or geophysical information concerning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


Katy –
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1ST DOCUMENT of Level 1 printed in FULL format.

Public Papers of the Presidents

March 6, 1995

CITE: 31 Weekly Comp. Pres. Doc. 365

LENGTH: 4277 words

HEADLINE: Remarks to the Veterans of Foreign Wars Conference

BODY:

Thank you very much, Commander Kent, for that introduction. Ladies and gentlemen, I can tell you from firsthand experience that the VFW is very lucky to have a leader as forceful and as thoughtful as Gunner Kent. I also want to acknowledge the presence here of Secretary Brown and Deputy Secretary Gober; General Sullivan; your adjutant general, Larry Rivers; Charles Durning, who rode over here with me and regaled me with experiences. How lucky we are to have him going out and setting an example, visiting our hospitalized veterans all across the United States. And I appreciate the reception you gave him. I want to recognize the president of your ladies auxiliary, Helen Harsh. I also want to recognize these young people over here from the Voice of Democracy contest, the winners there. I'm glad to see them. I thank you for your support of the young people of this country and for this project. I very much enjoyed having my picture taken with the young people just before we came out, and I got to shake hands with all of them. And they took about 10 years off my life, so I feel pretty spry standing up here. [Laughter] I want to thank whoever organized this for putting the delegates from my home State of Arkansas up here close where I can keep an eye on them during my speech. [Laughter] And they were all pretty well-behaved when I walked out. I was glad to see that. Thank you very much, ladies and gentlemen.

I want to recognize two veterans of the VFW, Jimmy Gates of Alabama, who has given more than 50 years of service to this organization, and your past national commander, Bob Merrill of California. People like Bob Merrill, who piloted biplanes in World War I and devoted their lives to fighting for their fellow veterans, who have helped the VFW to make a difference in the lives of so many Americans, those are the kinds of people that I think that we ought to keep in mind when we make the decisions that are being made here in Washington about what is in the interest of the veterans of the United States.

It also gives me great pleasure to tell you that just as soon as it comes across my desk, I will sign the bill that will allow the VFW to reform its charter and expand your membership even further.

This year we mark the 50th anniversary of the end of World War II. Many of you fought in that great struggle. Meeting some of the men and women who sacrificed so much for our freedom, whether I met them on the windswept beaches of Normandy, between the crowded rows of the cemetery in England or Italy, or inside the tunnels of the rock of Corregidor in the Philippines, meeting those people has been one of the greatest privileges I've had as President. America owes to them and to all of you a debt that we cannot fully repay.

With their lives before them, the World War II veterans left everything, family, loved ones, home, to fight for a just cause. From the Aleutians to Okinawa, from the Mediterranean to the North Sea, they watched so many of

their friends fall. We lost more than 400,000, and 700,000 more were wounded. But still, our veterans never faltered. They gave everything so that future generations of Americans might be free. And we are all profoundly grateful.

But to honor their deeds and those of all the veterans who fought for freedom in World War I, Korea, Vietnam, the Persian Gulf, and all around the world in between, gratitude and ceremonies are not enough. We must protect the benefits you have earned, address fully the dangers imposed by modern warfare, and preserve what you fought for: the American dream at home and our leadership around the world.

I've said a lot in other places about preserving the American dream at home in this new global economy, and I won't talk a lot about it today, except just to say that it is going to be a constant struggle for us to make sure that in the next century every American has the chance to get a good education, to have a good job, to do better than their parents, to pass along the values of opportunity to their children. And I'll be saying more about that in other places. Today I want to talk a little about the tradition of America's leadership because that tradition is under siege.

If the new isolationists in our Nation have their way, America would abandon policies backed by Republicans and Democrats that have guided us for half a century, policies that won the cold war and that won us unparalleled prosperity here at home.

I know that at this time we have to spend more attention and more energy and more investment on the problems we have at home. And goodness knows, that's what I have been working to do for the last 2 years. But there are those who would back away from any of our commitments abroad. They would back away from institutions like the United Nations, which promotes stability around the world. They would have us give up our support for peacekeeping and for fragile democracies, support which enables others to share the burden with us, and which undermines the risks that we have to bear and makes us safer. They would cut deeply into our support for emerging market democracies. Even some would put our efforts to make peace in the Middle East on the chopping block.

Now, no one knows better than the veterans the grave dangers of simply withdrawing from the world. The last time isolationism held sway during the years after World War I, Europe and Asia slid into catastrophe, and we had to fight a Second World War because we walked away from the world at the end of the First World War. Now, those of you in this room, whenever you served, wherever you served, you know what could happen if we retreat from today's turbulent world.

Yes, it is true that the cold war is over, that the nuclear threat is receding. And I'm going to do everything I can to push it back even further this year, with a whole series of ambitious and aggressive efforts to push back the nuclear threat. Yes, nations on every continent -- [applause] -- yes, nations on every continent are embracing democracy and free markets. But open societies and free people still face many enemies. You know it as well as I do: the proliferation of other kinds of weapons of mass destruction; aggression by terrorists, by rogue states; threats that go across national lines, like overpopulation and environmental devastation, drug-trafficking and other organized crime activities; terrible ethnic conflicts; and as we've seen recently in Mexico, just the difficulties that poor nations are going to face

when they try to embrace democracy and free-market economics and relate well to the rest of the world.

Now, we cannot intervene everywhere; we can't be involved in solving all these problems. We shouldn't be. But we must be able to protect our own vital interests. And we must be able to work with other countries through multinational organizations to keep the world moving in the right direction. It is not an automatic. It is not given that 20 and 30 and 50 years from now we'll have more democracy, more prosperity, more peace, and less danger. It is not an accident; we have to keep working for it.

Just think about the recent history. Consider what might have happened in the last 2 years alone if we had abandoned our responsibilities. If we hadn't pushed for expanding trade, trade wars could have erupted without our leadership on the GATT World Trade Agreement, which will open great new markets to America, generate hundreds of thousands of jobs, but also give people all around the world a chance to work together in peace. Think what would have happened if we had not moved to try to help stem this crisis in Mexico, what could have happened on our borders in terms of an increase in illegal immigration and reduced ability to continue to fight the drug-trafficking that we fight every single week. Think what might have happened if we hadn't stood up in Haiti for democracy and against the military dictators. We could have had thousands and thousands more immigrants at our borders, people with no place to go because they couldn't stay home, living under oppression. Peace might not even have caught a foothold in the Middle East if we hadn't had the constant political and economic support there for the parties in the Middle East.

These events and others prove the timeless wisdom of the words Franklin Roosevelt set down in the last speech he wrote, when he said, "We have learned in the agony of war that great power involves great responsibility." President Roosevelt observed, "We as Americans do not choose to deny our responsibility, nor do we intend to abandon our determination that within the lives of our children and our children's children, there will not be a third world war."

Your devotion and the service of millions and millions of other veterans has helped to prevent that war and helped to bring an end to the cold war. You helped to stop the spread of Communist tyranny across the globe. You helped democracy and prosperity to grow for our allies in Europe and beyond. And when dictators raised their heads, you stood up and you stopped them. We must be clear about this: In the understandable desire of millions of Americans to look first to our problems at home which are real, your legacy is being threatened, a half a century of American leadership that you worked for and that you fought for. At all costs, we must preserve America's leadership so that our children can have the future they deserve. We simply cannot be strong at home unless we are also strong abroad. There is no dividing line in this global economy. There is no dividing line when terrorism and ethnic conflicts and economic problems and organized crime and drug-trafficking spread across national lines. There is no place to walk away from.

As Commander in Chief, I have done everything in my power to protect and build on the legacy that you have left your country, to make certain that our country moves into the next century still the strongest nation in the world, still the greatest force for freedom and democracy. And that's exactly what we have to keep doing.

We will meet that goal only if first we protect and strengthen the Armed Forces. More than anything else, our Armed Forces guarantee our security and our global influence. They're the backbone of our diplomacy. They ensure our credibility.

Just take, for example, the Persian Gulf. Last year, where our troops deployed swiftly and convinced Saddam Hussein not to make the same mistake twice, we would not have been able to do that had it not been for the lessons we learned from the Gulf war, the pre-positioning of our equipment, our continued efforts to be able to move our troops quickly and rapidly around the world wherever they needed to be.

Take Haiti, for example, when the news that our forces were poised to invade convinced the generals that they had to go. If it hadn't been for the military, for the year of planning for the most truly jointly planned military operation in American history, and for the planes in the air, it would not have happened. Or in the last few weeks, when our troops showed such great professionalism in transferring Cuban refugees from Panama to Guantanamo and covering the safe withdrawal of United Nations peacekeepers from Somalia.

Time and again, the American military has demonstrated its extraordinary skills. As I pledged from the beginning of our administration, the United States will have the best equipped, best trained, best prepared military in the world. We are keeping that promise every day.

Our forces are ready to fight. But to maintain that high state of readiness and to keep our military strong, I have asked the Congress to increase defense funding by $ 25 billion spread over the next 6 years. We have fewer troops today, and yet we ask them to perform more and more different missions than ever before. So our combat pilots must fly as often as they need to fly to be properly trained. Our sailors must get the hands on experience they deserve. Our ground forces must train so they can be at peak levels. And we also have to deal with the strains that all of these different missions put on the people who are in uniform today.

So some of this money will be used to raise military pay and to provide better housing and child care for those who serve and the families who stand by them. We simply must improve the quality of life in the military if we want to continue to draw educated and motivated Americans who can be trained into the high professionalism that we have sometimes come almost to take for granted from the American military. Our men and women in uniform, some of them your sons and daughters, are clearly the finest fighting force in the world. And we must all be determined to keep them that way.

We must also recognize another simple truth: the troops of tomorrow will only be as good as our commitment to veterans today. The people in uniform look to us to see how we relate to you. Long after you have shed your uniforms, not just for a few months or a few years, but for your entire lives, our Nation must meet its solemn obligations to you for the service you gave.

When I sought this office, I vowed to fight for the interests of our country's veterans, and our administration has kept that pledge. The White House doors have been open to veterans as never before. Ask Commander Kent, who came to visit me recently, to discuss the case for protecting your benefits. We have consistently looked to veterans to help shape our policy for veterans.

Much of your influence is due to the outstanding work of Secretary Jesse Brown. I thank him for that.

We've protected veterans' preference for Federal jobs when your national commander wrote us last year and said it was in danger. When interest rates fell, we reached out to veterans all around America to tell you about opportunities to refinance homes bought under the GI bill. We made sure that military retirees received their full cost-of-living adjustments when Congress approved them 6 months later than for civilian retirees. And of course, we have worked to improve health care for veterans. We expanded long-term care programs and established comprehensive care centers for women veterans. And we're working to process claims faster so that you can get the benefits you're owed.

Last year, we sent to Congress the only health plan that would have expanded your choices of health care, improved veterans health facilities, and given those facilities the flexibility to serve you better. We have confronted head-on the long-neglected problem of Agent Orange. We have reached out to 40,000 veterans who were exposed to Agent Orange and told them about expanded benefits now available to them. We made certain that when a U.S. delegation visited Hanoi, representatives of the VFW and other veterans groups were there to discuss the painful issues of MIA's. And we have continued to press for the fullest possible accounting for those lost while serving our Nation.

Our administration has brought the voices of veterans to the highest councils of government, protected your interests when they've been threatened, and worked hard every day to improve the services you receive. We have done this even as we have cut the Federal deficit by more than $ 600 billion, shrunk the Federal Government faster than at any time in modern history.

In the last 2 years, we have cut more than 150,000 positions from the Federal bureaucracy. We have cut spending in more than 300 Federal programs. And this year, while we cut the budget of almost every Federal agency, we still are able to say we are going to the mat for America's future and America's obligations to the past, for Head Start for our children, for the School Lunch Program, for nutrition for pregnant women and their children, for immunizing kids in their early years, for programs for young people who don't go to college but do need good training to get good jobs, for more affordable loans for middle class young people, for 100,000 new police on our streets, for military readiness, and, yes, for better health care for America's veterans.

Our administration is pushing for $ 1.3 billion more for the Department of Veterans Affairs over the next 5 years, $ 1 billion of that to the veterans health care system. That means care for 43,000 more veterans, 2 new hospitals, 3 new nursing homes, and other major improvements.

Sadly, some in Congress see that the need to improve your health care services is not very important. Indeed, legislation approved by the House Appropriations Committee just last week, if passed by the Congress, will cut very deeply. They seek to eliminate more than $ 200 million for veterans health, including money for veterans' outpatient clinics and millions of dollars for new medical equipment for veterans health services. And their cuts would also abolish a successful Department of Labor program that reintegrates homeless veterans by providing them with temporary housing and with help with job training and job placement.

Now, I believe these cuts are unwise and unnecessary. They would harm the veterans who need their nation's help the most. I pledge to you today that I will fight for those interests and for you every step of the way. But we need your help. You have to speak up. You have to speak out. Only your voices will make it clear. Caring for veterans is not a national option or a partisan program. It is a national tradition and a national duty.

Let me say again that fulfilling that duty means more than just meeting the promises of the past. It also means today making every effort we can to respond to the needs of today's soldiers.

Michael Sills of Villa Park, Illinois, is one of those soldiers. He's 34 years old, a veteran of America's victory in the Persian Gulf. He has a disabling illness. But neither he nor his doctors know how he got it. There are thousands of veterans like Michael Sills, thousands who served their country in the Gulf war and came home to find themselves ill. And neither they nor their doctors know how they got it.

Even though in so many of these cases we do not know the causes of their symptoms, we know their problems are real and cannot be ignored while we wait for science to provide all the answers. And that's why last year I supported and signed landmark legislation that for the first time in our history pays benefits to disabled veterans with undiagnosed illnesses that have not been scientifically linked to their military service, when we know good and well that's what happened.

Two weeks ago I met with Michael Sills, one of the first veterans to get benefits under this new law. I sat with him in the Oval Office for several minutes as I listened to his description of what happened to him and how he began to get sick and what the symptoms were and how it had affected his family. And then I listened to his plans about how he wanted to get on with his life. And I did my best to assure him that we will keep looking for the answers that he and his comrades deserve.

In the past few weeks, the First Lady has visited Gulf war veterans at Walter Reed and the Washington V.A. Medical Center. Some of them are here today. She met with Gunner Kent and Bob Currico of the VFW and other groups to discuss these illnesses and what must be done.

When she was working on health care over the last 2 years, she kept getting letters from people all across America, saying, "Mrs. Clinton, please look into this, there's something wrong here. I love my country. I wouldn't fake an illness. I don't want anything I'm not entitled to." We've read and reread so many of these letters from veterans, the accounts of the unexplained illnesses, of the breathing problems, of the joint and muscle pain, of the persistent headaches, of the memory loss. We received a letter from Dylan and Theresa Callaban, of Hampton, New Hampshire, who referred to Dylan's undiagnosed illness as the, quote, "never-ending nightmare," and added simply, "Our lives may be in your hands."

From the beginning of our administration, we have listened to these veterans' messages. Working together with Democrats and Republicans in Congress, we determined the treatment for these veterans couldn't be delayed as it was for Vietnam veterans who were exposed to Agent Orange. That's why we moved to provide medical care and to compensate fully and fairly these Gulf veterans

while making every effort to find the answers.

Today, as a result of these actions, Gulf war veterans are receiving comprehensive exams and treatment at VA and DOD medical facilities. Those on active duty receive specialized care in military hospitals. VA and DOD have opened specialized care centers that focus on veterans who are especially difficult to diagnose. Tens of thousands of Gulf veterans have received free physical exams, and those who are ill are getting free medical care. VA and DOD have registered more than 55,000 Gulf veterans with health concerns to help avoid the kinds of problems that delayed care and compensation for those exposed to Agent Orange.

We've enlisted some of our finest scientists and more than 30 research projects aimed at determining the causes of these veterans' illnesses. Research topics include the possible impact of oil fires and diseases common in the Gulf area. The Defense Department is declassifying all documents related to the possible causes of these illnesses. And both VA and DOD have set up toll-free hotlines to provide Persian Gulf veterans easy access to information about care.

Still, with all this, I believe we must do more. That is why I am announcing today the creation of a Presidential advisory committee to review and make recommendations to me regarding Government efforts aimed at finding the causes and improving the care available to Gulf war veterans. This committee will be made up of scientists, doctors, veterans, and other distinguished citizens. It will work closely with the Secretaries of Veterans Affairs, Defense, and Health and Human Services, and report through them to me. In the year ahead, we will also step up our treatment efforts and launch new research initiatives. The Departments of Veterans Affairs, Defense, and Health and Human Services will spend up to $ 13 million on new research. Projects will examine the possible causes of Gulf veterans' illnesses, including the potential effects of pesticides and other environmental toxins, antitank ammunition containing depleted uranium, and drugs used to protect against chemical and biological weapons.

VA will begin to survey 30,000 veterans and active duty personnel to learn more about the frequency and nature of Persian Gulf illnesses. The study will also examine whether illnesses have been transmitted to spouses and to children. Data including information regarding cancers and other serious illnesses among Gulf war veterans will continue to be made more accessible to the public. And the Defense Department will strengthen future training for troops on the risks of toxic exposure and will follow up and document information about troops when they return Prom their service.

We must listen to what the veterans are telling us and respond to their concerns. Just as we relied on these men and women to fight for our country, they must now be able to rely on us to try to determine what happened to them in the Gulf and to help restore them to full health. We will leave not a stone unturned. And we will not stop until we have done everything we possibly can for the men and women who, like so many veterans throughout our history, have sacrificed so much for the United States and our freedom.

Last month at the Iwo Jima commemoration, we heard two Latin words repeated again and again: semper fidelis, always faithful. The Marines' noble motto is one which serves well for a great branch of our military service but also for our whole Nation. Being faithful to one another and faithful to our

traditions, these are tied together. Being true to our tradition of leadership in the world means reaching out across the oceans to support democracy and freedom and all the benefits they bring back home to us. Being faithful to one another requires us to keep faith with our veterans as we keep faith with our future.

You know better than anyone what these bonds of reliance are. As Dan Pollock, an Iwo Jima veteran and a member of the VFW, recalled just last month, and I quote his words, "You never had to watch your back," he said, "because in the midst of terrible battle, you belong to," what he called, "a band of brothers." Whether it's five decades later for the World War II veterans or just 4 years later for the Gulf war veterans, you should know that your Nation will never forget your service and will always, always, need your support for America's strength and leadership.

As long as I am President, the sacred tradition of protecting our veterans will continue and a strong America will march forward. You put your faith in America. America will continue to keep faith with you.

Thank you, and God bless you.

NOTE: The President spoke at 11 a.m. at the Sheraton Washington. In his remarks, he referred to Allen F. "Gunner" Kent, commander in chief, VFW; Gen. Gordon R. Sullivan, Chief of Staff, U.S. Army; and actor Charles Durning, Chair, Department of Veterans Affairs 1995 Salute to Hospitalized Veterans.

LANGUAGE: ENGLISH

LOAD-DATE: May 1, 1995

**FIRST LADY HILLARY RODHAM CLINTON**
**REMARKS FOR PRESENTATION OF FINAL REPORT OF THE**
**PRESIDENTIAL ADVISORY COMMITTEE ON GULF WAR ILLNESSES**
**ROOSEVELT ROOM**
**JANUARY 7, 1997**

Welcome to the White House. I'm delighted to be here at the presentation of a report that takes us another step closer to bringing final answers and peace-of-mind to the thousands of men and women suffering from mysterious illnesses after serving bravely in the Persian Gulf War, to their families, to the health professionals who care for them, and to all of us who believe in doing right by our country's veterans.

I had the privilege of joining many of you at the first meeting of this committee a year and a half ago and have followed your progress closely. I know firsthand how important -- and difficult -- your task has been. During health care reform, the President and I received many moving and heart-wrenching letters from Gulf War veterans and their families. A few years ago, I visited both veterans at a local VA hospital and active-duty soldiers at Walter Reed Hospital who described their frustrating attempts to find out why they were ill and how their illnesses could be treated. They told me what it was like to fight in the desert where oil well fires turned the day to night, and where sandstorms made it difficult to breathe. And they shared their distress at becoming so disabled when they came home that they could not support their families. I also met with doctors and nurses who cared for these Gulf War veterans. They, too, expressed great frustration with diagnosing and helping veterans whose chronic symptoms would not respond to treatment.

I want to thank all of you for your persistent efforts in making sure that "no stone was left unturned" in your investigation and for considering thoroughly the diverse opinions, theories, explanations and evidence about these illnesses. And I want to thank especially and introduce the chairman of the President's Advisory Committee on Gulf War Veterans' Illnesses, Dr. Joyce xxx, who will tell us more about today's report.

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**FIRST LADY HILLARY RODHAM CLINTON**
**REMARKS FOR PRESENTATION OF FINAL REPORT OF THE**
**PRESIDENTIAL ADVISORY COMMITTEE ON GULF WAR ILLNESSES**
**ROOSEVELT ROOM**
**JANUARY 7, 1997**

Welcome to the White House. I'm delighted to be here at the presentation of this final report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses. The work of this committee reflects the Administration's commitment to finding answers for the thousands of brave men and women suffering from undiagnosed illnesses after serving in the Persian Gulf War. And it reflects the President's abiding commitment to being responsive to and responsible for our veterans and their families.

I know firsthand how important -- and difficult -- your task has been. Over the last four years, the President and I have received many heart-wrenching letters from Gulf War veterans and their families. Many veterans said they felt that their country had forgotten them. So in the fall of 1994, the President asked me to explore the issues surrounding the health needs of Gulf War veterans and to look into the federal government's efforts to address their concerns. I met with officials from the Department of Defense, the Veterans' Administration, and the Department of Health and Human Services to determine if we were doing the very best we could to respond to our veterans' needs and to facilitate research into their illnesses. I met with representatives of the American Legion and the Veterans of Foreign Wars who shared their own observations and told me of their efforts to bring more serious, national attention to these illnesses. And I visited with individual veterans, active-duty soldiers and their families.

At Walter Reed Hospital and the Veterans Hospital here in Washington, I listened to veterans as they tried to describe to me what it was like to live day after day, year after year, not knowing why they had become sick. I heard stories of hard-working men and women who could no longer keep steady jobs and support their families because of their illnesses. One veteran officer who had been diagnosed as 100 percent disabled told me about the healthy and active life he had led before his tour in the Persian Gulf and about his frustration in seeking effective treatments for his symptoms. In February 1995, I reported to the President and the Chief of Staff on these findings and recommended some steps the Administration could take in the future, including the creation of a Blue Ribbon panel to investigate the issue further.

I had the privilege of testifying at the first meeting of this Committee in August 1995 and I have been following your progress closely ever since.

I want to thank all of you for your persistent efforts and for considering thoroughly the diverse and strongly-held opinions, theories, explanations and evidence about these illnesses. I want to thank the Gulf War veterans and their families for taking the time to share their experiences with this Committee. And I especially want to thank the chairman of the Presidential Committee, Dr. Joyce Lashof, who will now tell us more about the Committee's findings.

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I had the privilege of testifying at the first meeting of this committee a year and a half ago and have followed your progress closely. I know firsthand how important -- and difficult -- your task has been. Over the last four years, the President and I have received many moving and heart-wrenching letters from Gulf War veterans and their families. I have visited with veterans, active-duty soldiers and their families in local hospitals, in my office here at the White House, and in homes across the country. They told me what it was like to fight in the desert where oil well fires turned the day to night, and where sandstorms made it difficult to breathe. They shared their distress at not being able to explain to their children why ~~Mommy or Daddy~~ parents couldn't work or was always going to the doctor. And I will never forget the fear in their eyes as they tried to describe their symptoms and recounted so many unsuccessful attempts to find a cure.
live w/ the anxiety & medical unknowns

I want to thank all of you for your persistent efforts and for considering thoroughly the diverse and strongly-held opinions, theories, explanations and evidence about these illnesses. I want especially to thank and introduce the chairman of the President's Advisory Committee on Gulf War Veterans' Illnesses, Dr. Joyce Lashof, who will tell us more about the committee's findings.

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reflects ~ demand- & commit- ment

Welcome to the White House. I'm delighted to be here at the presentation of a report that takes us another step closer to bringing answers and peace-of-mind to the thousands of brave men and women who are suffering from mysterious illnesses after serving in the Persian Gulf War, to their families and the health professionals who care for them, and to all of us who believe in doing right by our veterans.

over the last 4 yrs

testifying

I had the privilege of joining many of you at the first meeting of this committee a year and a half ago and have followed your progress closely. I know firsthand how important -- and difficult -- your task has been. ~~During health care reform,~~ the President and I have received many moving and heart-wrenching letters from Gulf War veterans and their families. A few years ago, I visited both veterans at a local VA hospital and active-duty soldiers at Walter Reed Hospital who described their frustrating attempts to find out why they were sick and how their illnesses could be treated. They told me what it was like to fight in the desert where oil well fires turned the day to night, and where sandstorms made it difficult to breathe. And they shared their distress at becoming so disabled when they came home that they could not support their families. I also met with the doctors and nurses who cared for these Gulf War veterans. They, too, expressed great frustration with diagnosing and helping veterans whose chronic symptoms would not respond to treatment.

I want to thank all of you for your persistent efforts ~~in making sure that "no stone is left unturned" in your investigation~~ and for considering thoroughly the diverse and strongly-held opinions, theories, explanations and evidence about these illnesses. I want to thank especially and introduce the chairman of the President's Advisory Committee on Gulf War Veterans' Illnesses, Dr. Joyce Lashof??, who will tell us more about ~~today's report~~.

the committee's findings.

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**NOT FOR RELEASE OR ATTRIBUTION**

01/06/97 12 PM

**PRESIDENT WILLIAM JEFFERSON CLINTON**
**RECEIVING PAC REPORT ON GULF WAR ILLNESSES**
**THE WHITE HOUSE**
**JANUARY 7, 1997**

Acknowledgments: VP, Secretary White, Secretary Brown, Secretary Shalala, Dr. Lashof and members of the Presidential Advisory Committee on Gulf War Veterans' Illnesses, Members of Congress, representatives of veterans' organizations, distinguished guests [TK]:

Secretaries White, Brown, and Shalala have just delivered to me the final report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses. Dr. Lashof and Committee members -- judging by the quality of your recommendations, your work has been intensive and thorough. I pledge to you, and to all America's veterans: We will match your efforts with action.

Six years ago, hundreds of thousands of American troops defended our vital interests in the Persian Gulf. They braved a dangerous enemy, harsh conditions, and lengthy isolation from family... and they blazed to victory with lightning speed. But when they came home, they found an unexpected and unintended outcome of their service: Thousands of soldiers became ill. These men and women served their country with courage, skill and strength. Now, they must know they can rely on us. We must not -- and we will not -- let them down.

Three years ago, I asked the Secretaries of Defense, Health and Human Services, and Veterans Affairs to form the Persian Gulf Veterans Coordinating Board, to strengthen our efforts to care for our veterans and find the causes of their illnesses. I signed landmark legislation that pays disability benefits to Gulf War veterans with undiagnosed illnesses. DOD and VA established toll free help lines and medical evaluation programs. And I'm especially grateful to the First Lady, who took this matter to heart -- reaching out to veterans and making sure their voices were heard.

To date, we have provided Gulf War veterans with more than 80,000 free medical exams [TK]. We have approved more than 26,000 disability claims. HHS, DOD and VA have sponsored more than 70 research projects to identify possible causes of illness.

But early on, it became very clear that answers weren't emerging fast enough. Hillary and I shared the frustration and concern of many veterans and their families. We realized the issues were so complex they demanded a more comprehensive effort. That is why, in May 1995, I asked some of our nation's best doctors and scientists, as well as Gulf War veterans themselves, to form a Presidential Advisory Committee that could provide an open, thorough, and independent review of government's response to veterans' health concerns... and the causes of their ailments.

Since that time, we've made some important progress. The Department of Defense, with the CIA, launched a review of more than 5 million pages of Gulf War documents... declassifying some 23,000 pages of materials and putting them on the Internet. Last spring, through this effort, DOD discovered information concerning the possible exposure of our troops to chemical agents in the wake of our destruction of an arms depot in Southern Iraq.

The Committee made clear -- and the Defense Department now agrees -- that this new information demanded a new approach -- focusing on what happened not only during but *after* the war, and what it could mean for our troops. With the Committee's insistence and guidance, DOD has restructured and intensified its efforts -- increasing tenfold its investigative team... tracking

down and talking to veterans who may have been exposed to chemical agents... and devoting millions of dollars to research on the effects of low-level chemical exposure.

I am determined that this investigation be credible and comprehensive. We haven't ended the suffering... we don't have all the answers -- and I won't be satisfied until we do.

That is why I welcome the Committee's report and its suggestions to make our programs even better. I also take extremely seriously the concern regarding DOD's investigation of possible chemical exposure. I am determined to act swiftly on these findings -- not only to help those veterans who are sick, but to apply the lessons of this experience in the future. I have asked the Secretaries of Defense, Health and Human Services, and Veterans Affairs to report to me in 60 days with concrete, specific action plans for implementing the recommendations. And I am directing Secretary-designate Cohen to make this a top priority.

I am also announcing two immediate initiatives. First, I have asked the Committee to stay in business nine more months -- to provide independent, expert oversight of DOD's efforts to investigate chemical exposure, and also to monitor the government-wide response to their broader recommendations. The Committee's persistent, public efforts have helped bring much new information to light. I have instructed them to fulfill their oversight role with the same intensity, resolve and vigor they have brought to their work so far.

Second, I am accepting Secretary Brown's proposal to reconsider the rule that Gulf War veterans with undiagnosed illnesses must prove their disabilities emerged within two years of their return in order to be eligible for benefits. Experience has shown that many disabled veterans have had their claims denied because they fall outside the 2-year time frame. I have asked Secretary Brown to report back to me in 60 days, with a view toward extending the limit.

And we will do whatever it takes to research Gulf War illnesses thoroughly. Every credible possibility must be fully explored -- including low-level chemical exposure and combat stress.

I know that Congress shares our deep concern, and I thank [Members X, Y] for being here. Caring for our veterans is not a partisan issue -- it's a national obligation. As we continue to investigate Gulf War illnesses, I urge Congress to ratify the Chemical Weapons Convention, which would make it harder for rogue states to acquire chemical weapons in the future.

This report is not the end of the road, any more than it is the beginning. We've done a lot of hard work and we're making some progress, but our task is far from over. The Committee's assessment gives me confidence we're on the right track. We have much yet to learn, and as we do, we will make our findings public. We will be open in how we view Gulf War illness and all of its possible causes... open to the veterans whose care is in our hands... and open to the public that is looking to us for answers. I promise our veterans -- and every American -- we will not stop until we have done all we can to care for our Gulf War veterans, to find out why they are sick, and to help make them healthy again.

2ND STORY of Level 1 printed in FULL format.



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# A Gulf Cover-Up?

BY JOHN BARRY AND RUSSELL WATSON With MARY HAGER, GREGORY L. VISTICA and TARA SONENSHINE in Washington

HIGHLIGHT:
With politics overwhelming science, whistle-blowers say the CIA ignored Iraqi nerve-gas attacks

BODY:

FOR YEARS, THEY SUFFERED FROM dizziness, memory loss, stomach trouble, aches and pains and a chronic, crushing fatigue. They thought no one at the Pentagon cared about their mysterious illness. Then Bill and Hillary Clinton took a personal interest in the so-called Gulf War syndrome. Some veterans of the conflict described their woes to the First Lady. Aides say her husband made it clear that he wanted to "energize" the federal bureaucracy and "leave no stone unturned" in a search for the cause of the disease. But the cause has still not been found, and last week a pair of young CIA whistle-blowers ratcheted up the pressure, charging that the agency had concealed evidence that Iraq used chemical weapons on U.S. troops, possibly sickening thousands of them.

The CIA denied there was any cover-up. "It's very important to explain publicly that we are not holding back information," CIA Director John Deutch told NEWSWEEK. Pentagon officials pointed out that a massive scientific inquiry has been looking into the veteran's ailments for years now. "Make no mistake, they are experiencing real symptoms and illnesses with real consequences," says Dr. Stephen Joseph, the Pentagon's top health official. But the science is being overwhelmed by politics in what Joseph calls a "tidal wave" of conspiracy theories and cover-up charges. Veterans groups and their sympathizers in Congress are clamoring for action on the syndrome. Last September one key figure, Democratic Sen. Jay Rockefeller of West Virginia, said Joseph should resign. "It's time to face the music," said Rockefeller. "Way past time."

Earlier this year Patrick Eddington, 33, and his wife, Robin, 32, quit their jobs as CIA photo analysts to crusade against what they see as a government "stonewall." Last week Patrick Eddington told NEWSWEEK that the CIA refused to accept his conclusions about Iraqi gas attacks because it had "bureaucratic pride of ownership" in a different version of the events. "Nobody in the agency wanted to hear," he said. "My evidence posed too many problems for everyone." Eddington is writing a book called "Gassed in the Gulf," and to support the argument, his publisher placed on the Internet more than 200 documents previously released, and then reclassified, by the CIA -- prompting the agency to declassify them again.

The CIA said there were serious flaws in the Eddingtons' theory. The evidence they cited had already been studied by experts inside and outside the

government, without convincing them that U.S. troops had been attacked with poison gas. And so far, the weight of the scientific evidence is that nerve gas does not cause the ailments reported by many veterans.

The CIA claims it did not impede the Eddingtons' investigation. The couple became involved in 1994, when Robin Eddington worked for the then Sen. Don Riegle, a Michigan Democrat who was one of the first to investigate the mysterious illnesses. She enlisted her husband in a probe of their own. Patrick Eddington acknowledges, reluctantly, that the CIA gave him permission to conduct his own investigation and present his findings to top officials. Combing the archives, he found 59 documents demonstrating, in his view, that Saddam Hussein had used chemical weapons during the war. But the agency's experts didn't see it that way. Then Eddington made his case to Clinton's independent Presidential Committee on Gulf War Veterans' Illnesses, and most of its experts were equally unimpressed by his 59 documents. "Our analysts have looked at literally thousands of such documents," says committee spokesman Gary Caruso. "Nothing in Eddington's documents startled them or seemed out of the ordinary."

The differences were largely a matter of interpretation. One document, for example, described the movements of chemical weapons from one Iraqi depot to another that was slightly closer to the front. CIA analysts assumed Saddam was dispersing his arsenal in anticipation of allied air strikes. "Eddington said this proved his intention to use [the arms] offensively," says Caruso.

Other analysts are still trying to figure out whether a Gulf War syndrome exists at all. So far, there is no statistical evidence that veterans of the gulf conflict are sicker than any others. Later this month the Naval Health Research Center in San Diego will publish a study of more than 1.2 million veterans, showing that those who served in the gulf have about the same hospitalization rate as those who did not serve there. Other studies -- on mortality rates, cancer rates, reproductive health and work days lost to illness -- show no significant differences between the two groups.

But when gulf veterans complain about health problems, some of them turn out to be ill for no clear reason. The government now offers them detailed clinical examinations. Of more than 22,000 who have been studied so far, about 18 percent, or some 4,000 troops, were diagnosed as having "signs, symptoms, ill-defined conditions" indicating an unexplained illness. It isn't known how many of the ailments were contracted in the gulf. Joseph says many of these symptoms "are not very unusual in the population at large. The doctors' offices of this country are filled with people who say, 'Doc, I just don't feel right'."

After years of denial, the Pentagon conceded last summer that thousands of U.S. troops may have been exposed to nerve gas when Iraqi arms depots were blown up after the war. And while the fighting was underway, ultrasensitive detection equipment sounded hundreds of alarms indicating the possible presence of poison gas. Most of the alarms were false, but about 35 are still being investigated. In any case, extensive studies by military and civilian scientists have failed to show that exposure to quick-killing nerve gas can cause the chronic, low-level symptoms of the Gulf War syndrome. Scientists are now looking at a variety of possible causes. They include sand flies, stress and chemical reactions between insecticides and a drug given to troops as protection against nerve gas.

As the search continues for a definitive solution, some government critics are not prepared to accept any answer that comes from the Pentagon or the CIA. "We want to see somebody else handle the investigation, either a special select committee or an independent commission with subpoena power," says Matt Puglisi, an official of the American Legion. Five years after the war, the flush of victory is gone, and only the nagging questions remain.

GRAPHIC: Pictures 1 and 2, Showing concern: The First Lady talks to an ailing vet, an Iraqi arms cache, ABBAS-MAGNUM, JEFFERY MARKOWITZ -- SYGMA

LANGUAGE: ENGLISH

LOAD-DATE: November 15, 1996

TO: Melanne Verveer
FR: Vinca Showalter 6-9376, page 4611, home 202-232-8896
DT: 1/4/97 2:30 pm

The attached draft reflects comments from Tony Blinken, Adm. Busick/Fred Rosa, and Kitty Higgins. I have also given it to Don Baer. I need to give it to Sandy Berger tomorrow; I would be very grateful if you could get any comments to me today. Many thanks.

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Revised

01/04/97 2:15 PM

**PRESIDENT WILLIAM JEFFERSON CLINTON**
**RECEIVING PAC REPORT ON GULF WAR ILLNESSES**
**THE WHITE HOUSE**
**JANUARY 7, 1997**

Acknowledgments: VP, Secretary Perry, Secretary Brown, Secretary Shalala, Dr. Lashof and members of the Presidential Advisory Committee on Gulf War Veterans' Illnesses, Members of Congress, representatives of veterans' organizations, distinguished guests [TK]:

A few moments ago, Secretaries Perry, Brown, and Shalala delivered to me the final report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses. Dr. Lashof and members of the Committee -- judging by the quality of your recommendations, your work has been intensive and thorough. I pledge to you, and to all America's veterans: So will be our response.

This report addresses our most solemn obligation to those who wear America's uniform. Six years ago, hundreds of thousands of American troops defended our vital interests in the Persian Gulf. They braved tremendous danger... a harsh desert environment... lengthy isolation from family... and when the time came, they blazed to victory with lightning speed. But when they returned, they found an unexpected and unintended outcome of their service. Thousands of young soldiers, once in peak condition, developed mysterious illnesses.

These men and women served their country with courage, skill and strength. Now, they must know they can rely on us. We must not -- and we will not -- let them down.

As soon as we understood the magnitude of the problem, our Administration took action. Three years ago, I asked the Secretaries of Defense, Health and Human Services, and Veterans Affairs to form the Persian Gulf Veterans Coordinating Board, to strengthen our efforts to care for

veterans and find the causes of their illnesses. I signed legislation that pays disability benefits, for the first time ever, to Gulf War veterans with unexplained illnesses. DOD and VA established toll free help lines. And I'm especially grateful to the First Lady, who took this matter to heart -- reaching out to veterans, listening to their concerns, making sure their voices were heard.

To date, we have provided Gulf War veterans with more than 80,000 free medical exams. We have approved more than 26,000 disability claims. HHS, DOD and VA have sponsored more than 70 research projects to identify possible causes of illness.

But early on, it became very clear that answers weren't emerging fast enough. Hillary and I shared the frustration and concern of so many veterans and their families. Like them, we wanted government to move even faster... and leave no stone unturned. That is why, in May 1995, I asked some of our nation's best doctors and scientists, as well as Gulf War veterans themselves, to form a Presidential Advisory Committee that could provide an open, thorough, and independent investigation of government's response to veterans' health concerns... and the causes of their ailments.

Since that time, we've made some important progress. The Department of Defense, with the CIA, launched a review of more than 5 million pages of Gulf War documents... declassifying some 23,000 pages of materials and putting them on the Internet. Through this effort, DOD discovered last spring information concerning the possible exposure of our troops to chemical agents in the wake of our destruction of an arms depot in Southern Iraq.

DOD has acknowledged that, up until that time, its conviction that Iraq had not used chemical weapons against our troops, and the lack of evidence of acute exposure, had led it to focus its investigation primarily on clinical symptoms. The Committee made clear that the new information demanded a new approach -- focusing on what happened during and after the war, and what it could mean for our troops. With the Committee's insistence and guidance, DOD has restructured and intensified its efforts -- increasing tenfold its investigative team... tracking down and talking to veterans who may have been exposed to chemical agents... and devoting millions of dollars to research on the effects of low-level chemical exposure.

I am determined that this investigation be credible and comprehensive. It must fulfill the requirements to get to the answers we need. We haven't ended the suffering... we don't have all the answers -- and Hillary and I won't rest until we do.

That is why I welcome the Committee's report and its many positive conclusions and suggestions to make our programs even better. I also take extremely seriously the concern regarding DOD's investigation of possible chemical exposure. I am determined to act swiftly on these findings -- not only to help those veterans who are sick, but to apply the lessons of this experience in the future... so we can better prevent and treat post-war illness among those who serve our country. I have asked the Secretaries of Defense, Health and Human Services, and Veterans Affairs to come back to me in 60 days with concrete, specific action plans for implementing the recommendations. And I have directed Secretary-designate Cohen to make this a top priority.

I am also announcing [two] immediate initiatives to move on this report. First, I have asked the Committee to stay in business nine more months -- to provide independent, expert oversight of DOD's efforts to investigate chemical exposure, and also to monitor the government-wide response to their broader recommendations. It is largely the Committee's persistent, public efforts that have brought so much of our new information to light. I know that none of its members expected their work to continue, but I also know how well they understand the crucial importance of this mission. I have instructed them to fulfill their oversight role with the same intensity, resolve and vigor they have brought to their work so far.

Second, I am accepting Secretary Brown's proposal to revisit the rule that Gulf War veterans with unexplained illnesses must prove their disabilities emerged within two years of their return in order to be eligible for benefits. Experience has shown that many disabled veterans have had their claims denied because they fall outside the 2-year time frame. I have asked Secretary Brown to report back to me in 60 days, with a view toward extending the limit.

I also want to say as a matter of principle that we will do whatever it takes to research Gulf War illnesses thoroughly. Every credible possibility must be fully explored [-- including low-level chemical exposure and combat stress. We know that stress can play a major role in people's physical ailments -- on the battlefield and off. This does not mean "It's all in your head." It's a very serious problem and we need to understand it better.]

I know that Congress shares our desire to meet our veterans' concerns, and I thank [Senator X, Representative Y] for being here. This is not a partisan issue -- it's an American issue. As we continue to investigate Gulf War illnesses, I urge Congress to ratify the Chemical Weapons Convention, which would make it more difficult for states like Iraq to acquire chemical weapons in the future.

This report is not the end of the road, any more than it is the beginning. We've done a lot of hard work, and we're making some progress, but our task is far from over. The Committee's assessment gives me confidence we're on the right track. We have much yet to learn, and when we do, we will make our findings public. As we leave here today, I ask all members of government to make openness a top priority -- openness in how we view Gulf War illness and all of its possible causes... openness to the veterans whose care is in our hands... openness to the public that is looking to us for answers. And I promise our veterans -- and every American -- we will not stop until we have done all we can to care for our Gulf War veterans, to find out why they are sick, and to help make them healthy again.

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**FIRST LADY HILLARY RODHAM CLINTON**
**REMARKS FOR PRESENTATION OF FINAL REPORT OF THE**
**PRESIDENTIAL ADVISORY COMMITTEE ON GULF WAR ILLNESSES**
**ROOSEVELT ROOM**
**JANUARY 7, 1997**

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I had the privilege of testifying at the first meeting of this committee a year and a half ago and have followed your progress closely. I know firsthand how important -- and difficult -- your task has been. Over the last four years, the President and I have received many moving and heart-wrenching letters from Gulf War veterans and their families. I have visited with veterans, active-duty soldiers and their families at Veterans' hospitals, ~~in my office~~ here at the White House, and ~~in homes~~ across the country. They told me what it was like to fight in the desert where oil well fires turned the day to night, and where sandstorms made it difficult to breathe. They shared their distress at becoming so sick when they came home that they could not support their families. And I will never forget the fear in their eyes as they tried to describe what is like to live day after day not knowing why they were sick, and not being able to explain to their children why Mom or Dad was always going to the doctor.

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**FIRST LADY HILLARY RODHAM CLINTON**
**COLUMN FOR RELEASE JANUARY 8, 1997**
**CREATORS SYNDICATE/TALKING IT OVER**

For most Americans, the Persian Gulf War, fought nearly six years ago, is a distant memory. But for thousands of brave men and women who served our country in Operation Desert Storm, the experience lingers in a variety of undiagnosed illnesses -- from rashes to respiratory problems to headaches to gastrointestinal disorders -- that befell them when they came home.

Over the last four years, Bill and I have received many heart-wrenching letters from Gulf War veterans and their families. Many veterans told us they felt that their country had forgotten them, that America was not doing enough to help them become healthy again. So in the fall of 1994, the President asked me to explore issues surrounding the health needs of our Gulf War veterans and to look into ways to improve the federal government's efforts to address their concerns.

I spoke with many veterans on the phone, in my office, and at military and veterans' hospitals. I listened as they tried to describe what it was like to live day after day, year after year, not knowing why they had become sick. I heard stories of hard-working men and women who could no longer keep steady jobs and support their families because of their illnesses. One veteran officer who had been diagnosed as 100 percent disabled told me about the healthy and active life he had led before his tour in the Persian Gulf and about his frustration in seeking effective treatments for his symptoms.

I also met with officials from the Department of Defense, the Veterans' Administration, and the Department of Health and Human Services to determine if we were doing the very best we could to respond to our veterans and to facilitate research into their illnesses. Representatives of the American Legion and the Veterans of Foreign Wars shared their own observations and told me of their efforts to bring attention to these illnesses. Almost two years ago, I reported to the ~~President~~ + his chief of staff on these findings.

BTN

~~The President~~ then asked some of our nation's best doctors and scientists, as well as Gulf War veterans themselves, to form a Presidential Advisory Committee that could provide an open, thorough and independent review of the government's response to veterans' health concerns. I had the privilege of testifying at the first meeting of this Committee in August 1995. And earlier this week, I watched as the committee presented its final report to the President.

The committee found that, overall, the government had acted responsibly and comprehensively. In 1994, the President signed legislation that pays disability benefits to Gulf War veterans with undiagnosed illnesses. The Department of Defense and the Veterans Administration established toll-free lines and medical evaluation programs. Gulf War veterans have received more than 80,000 free medical exams. The government has approved more than 26,000 disability claims ~~Government agencies have~~ and sponsored more than 70 research projects to identify the possible causes of the illnesses.

But the Committee also noted areas for improvement, especially in the realm of building trust and strengthening the lines of communication between veterans and the government agencies that serve them. It expressed concern that the Defense Department had not investigated

possible chemical weapons exposure thoroughly enough in the past.

As a result, the Defense Department has intensified its investigation into this issue, tracking down veterans who may have been exposed to chemical agents, and devoting millions of dollars to researching the possible effects of low-level chemical exposure. The Defense Department and the CIA have declassified 23,000 pages of documents and placed them on the Internet. And a review of more than five million pages of Gulf War documents has already yielded some evidence that our troops may have been exposed to chemical agents.

In the years since the Gulf War, there has been no shortage of opinions, theories, and explanations about the health problems of veterans who served our country. But at least we can agree that we need to do whatever it takes to bring good health and peace of mind to the men and women who fought on our behalf thousands of miles from home.

As the President said this week at the White House, "They served their country with courage and skill and strength, and they must now know that they can rely upon us. And we must not, and will not, let them down."

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release January 7, 1997

# REMARKS BY THE PRESIDENT AND THE FIRST LADY AND DR. JOYCE LASHOF ON RECEIVING THE PRESIDENTIAL ADVISORY COMMITTEE REPORT ON GULF WAR ILLNESSES

The Roosevelt Room

10:55 A.M. EST

MRS. CLINTON: Thank you, and please be seated and welcome to the White House. I am pleased to see all of you here today for the presentation of this report of the Presidential Advisory Committee on Gulf War Veterans Illnesses. The work of this committee reflects the administration's commitment to finding answers for the thousands of brave men and women suffering from undiagnosed illnesses after serving in the Persian Gulf War. And it reflects the President's abiding commitment to being responsive to and responsible for our veterans and their families.

I know that there are numbers who are here of the commission, and I'd like them, if they would, to stand so that we could see all -- they're all standing. (Laughter.) We appreciate very much the time and effort that went into this service. And I know firsthand how important and difficult your task has been.

Over the last four years the President and I have received many heart-wrenching letters from Gulf War veterans and family members. Many veterans and their family members said they felt that their country had forgotten them. So in the fall of 1994, the President asked me to explore the issues surrounding the health needs of Gulf War veterans and to look into the federal government's efforts to address their concerns.

I met with officials from the Department of Defense, the Veterans Administration, and the Department of Health and Human Services to determine if we were doing the very best we

could to respond to our veterans' needs and to facilitate research into their illnesses.

I met with representatives of the American Legion and the Veterans of Foreign Wars who shared their own observations and told me of their efforts to bring more serious national attention to these illnesses. And I visited with individual veterans, active-duty soldiers and their families. At Walter Reed Hospital and the Veterans Hospital here in Washington, I listened to veterans as they tried to describe to me what it was like to live day after day, year after year, not knowing why they had become sick. I heard stories of hard-working men and women who could no longer keep steady jobs and support their families because of their illnesses. One veteran officer who had been diagnosed as one hundred percent disabled told me about the healthy and active life he had led before his tour in the Persian Gulf and about his frustration in seeking effective treatments for his systems.

In February 1995, I reported to the President and the Chief of Staff on these findings and recommended some steps the administration could take in the future, including the creation of a blue ribbon panel to investigate these issues further. And I had the privilege of testifying at the first meeting of this committee in August 1995, and I've been following the work that has been done closely ever since.

So I'm particularly gratified to be here today, and I'm also gratified that our government is making progress and being responsive in taking affirmative steps to do all that can be done on behalf of our veterans and on behalf of future members of our forces who might be put in harm's way in the future.

I want to thank all who served for their persistent efforts on this committee, and for considering thoroughly the diverse and strongly held opinions, theories, explanations, and evidence about these illnesses. But I particularly want to thank Gulf War veterans and their families for taking the time to share their experiences with this committee. We could not have had a better chair-person of this presidential committee than the one who was persuaded to undertake this significant responsibility, and it's my pleasure now to introduce Dr. Joyce Lashof, who will tell us more about the committee's findings.

DR. LASHOF: Thank you very much, Mrs. Clinton, especially for your compassion and your interest in this important issue. And thank you, Mr. President, for your very

courageous leadership for wanting to get to the bottom of this issue and the effort you've made to bring this committee about.

Mr. President, Secretary Shalala, Secretary Brown, Deputy Secretary White, and Deputy Director Tenet: On behalf of the Advisory Committee it is a pleasure for me to transmit to you this, our final report.

Over the past 16 months we have conducted a broad analysis of issues related to health consequences of Gulf War service. Our efforts to address the complexities of Gulf War veterans' illnesses would not have been possible without the contributions of hundreds of Gulf War veterans and their families. They have served with distinction, and we thank them.

Our interim and final reports make several recommendations which we believe can improve the government's approach to addressing the health concerns of veterans who served in the Gulf. In all areas save one, these suggestions are to fine-tune the government's programs on Gulf health matters. Overall, the government has responded with a comprehensive series of measures to resolve questions about Gulf War veterans' illnesses.

Unfortunately, the positive nature of these efforts has been diminished by how the Department of Defense approached the possibility that U.S. troops had been exposed to chemical weapons. It is essential now to move swiftly to resolving Gulf War veterans' principal remaining concern -- how many U.S. troops were exposed to chemical warfare agents and to what degree.

The committee is pained by the atmosphere of government mistrust that now surrounds every aspect of Gulf War veterans illnesses because of these concerns. It is regrettable, but also understandable. Our investigation of DOD's efforts related to chemical and biological weapons led us to conclude the Department's early efforts were superficial and lacked credibility. DOD's failure to seriously investigate these issues also adversely affected decisions related to funding research on health effects of low-level exposure to chemical warfare agents. DOD was intransigent originally in refusing to fund such research until late this year.
This has done a disservice to the veterans and the public.

But the committee recognizes that in November 1996, DOD announced it was expanding its investigation and research related to low-level chemical warfare agent exposure. We hope

these initiatives can begin to restore confidence in DOD's investigation on chemical agent incidents.

But moving beyond the specific, albeit important, topic, it is important to reiterate that many veterans clearly are experiencing health difficulties connected to their service in the Gulf. First and foremost, it is vital that the government continue to provide the excellent clinical care for these veterans. Next, we must try to find why they are sick. Based on existing scientific data, none of the individual environmental Gulf War risk factors commonly suspected appears to be the cause. And while the government finds that stress is -- while the committee finds that stress is likely to be an important contributing factor to Gulf War veterans illnesses, the story is by no means complete.

Veterans, their physicians, and policymakers clearly stand to benefit greatly from the comprehensive range of ongoing research. We believe a continued commitment to long-term studies is important. Some health effects such as cancer would not be expected to appear until a decade or more after the end of the Gulf War.

Additionally, the committee recommends new research in three areas: the long-term health effects of low-level exposure to chemical warfare agents; the synergistic effect of pyridostigmine bromide with other Gulf War risk factors; and the most physical response to stress.

However, veterans and their families will realize maximum benefits from such research only through a thoughtful, inclusive dialogue between veterans and the Departments. In light of current public skepticism, the committee strongly believes that a sustained risk communication effort is the only way to repair public trust.

The volunteers who served in defense of our national interest deserve complete and accurate information about the risks they faced, and I am sure that we will be able to provide it to them.

The committee also felt there were lessons to be learned about health matters based on Gulf War experience. We believe the government can avoid many future post-conflict health concerns through better communication, better data, and better services, and we make recommendations in all these areas.

In closing, I would like to reemphasize that in many important and, in some places, unprecedented ways, the nation has begun to pay its debt to the 697,000 men and women who served in Operation Desert Shield-Desert Storm. We were impressed with the research the government had already initiated to understand the nature and causes of the illnesses so many veterans suffer from. The committee hopes the same degree of commitment will be applied to the issues still outstanding.

Finally, the committee gratefully acknowledges the significant time and effort that individuals within and outside government devoted to our effort. We also have been fortunate to have a talented and dedicated staff. On their behalf and on behalf of my fellow committee members, I thank you for your leadership in addressing Gulf War veterans' health concerns and for providing us with the unique opportunity to contribute to this vitally important issue. (Applause.)

THE PRESIDENT: Thank you very much to Dr. Lashof and the members of the Presidential Advisory Committee on Gulf War Illnesses. Secretary White, Secretary Brown, Secretary Shalala, Deputy Director Tenet. I'd like to say a special word of thanks to Dr. Jack Gibbons for the work that he did on this. I thank Senator Rockefeller, Senator Specter, Congressman Lane Evans for their interest and their pursuit of this issue, and all the representatives from the military and veterans organizations who are here.

I am pleased to accept this report. I thank Dr. Lashof and the committee for their extremely thorough and dedicated work for 18 months now. I pledge to you and to all the veterans of this country, we will now match your efforts with our action.

Six years ago hundreds of thousands of Americans defended our vital interest in the Persian Gulf. They faced a dangerous enemy, harsh conditions, lengthy isolation from their families. And they went to victory for our country with lightening speed. When they came home, for reasons that we still don't fully understand, thousands of them became ill. They served their country with courage and skill and strength, and they must now know that they can rely upon us. And we must not, and will not, let them down.

Three years ago I asked the Secretaries of Defense, Health and Human Services, and Veterans Affairs to form the Persian Gulf Veterans Coordinating Board to strengthen our efforts to care for our veterans and find the causes of their

illnesses. I signed landmark legislation that pays disability benefits to Gulf War veterans with undiagnosed illnesses. DOD and VA established toll-free lines and medical evaluation programs.

I am especially grateful to the First Lady who took this matter to heart and first brought it to my attention quite a long while ago now. I thank her for reaching out to the veterans and for making sure that their voices would be heard.

To date, we have provided Gulf War veterans with more than 80,000 free medical exams. We've approved more than 26,000 disability claims. HHS, DOD and the Veterans Department have sponsored more than 70 research projects to identify the possible causes of the illnesses.

But early on, it became clear that answers were not emerging fast enough. Hillary and I shared the frustration and concerns of many veterans and their families. We realized the issues were so complex they demanded a more comprehensive effort. That is why, in May of 1995, I asked some of our nation's best doctors and scientists, as well as Gulf War veterans themselves, to form a presidential advisory committee that could provide an open and thorough and independent review of the government's response to veterans' health concerns and the causes of their ailments.

Since that time, we have made some real progress. The Department of Defense with the CIA launched a review of more than five million pages of Gulf War documents, declassifying some 23,000 pages of materials and putting them on the Internet. Through this effort, we discovered important information concerning the possible exposure of our troops to chemical agents in the wake of our destruction of an arms depot in southern Iraq.

The committee made clear, and the Defense Department agrees, that this new information demands a new approach, focusing on what happened not only during but after the war and what it could mean for our troops. Based on the committee's guidance, the Department of Defense has restructured and intensified its efforts, increasing tenfold its investigating teams, tracking down and talking to veterans who may have been exposed to chemical agents, and devoting millions of dollars to research on the possible effects of low-level chemical exposure.

I'm determined that this investigation will be comprehensive and credible. We haven't ended the suffering; we

don't have all the answers; and I won't be satisfied until we have done everything humanly possible to find them.

That's why I welcome this committee's report and its suggestions on how to make our commitment even stronger. I also take seriously the concern regarding DOD's investigation of possible chemical exposure. I'm determined to act swiftly on these findings not only to help the veterans who are sick, but to apply the lessons of this experience to the future.

I've asked the Secretaries of Defense, Health and Human Service, and Veterans Affairs to report to me in 60 days with concrete, specific action plans for implementing these recommendations. And I am directing Secretary -designate Cohen, when confirmed by the Senate, to make this a top priority of the Defense Department.

I'm also announcing two other immediate initiatives. First, I've asked this committee to stay in business for nine more months to provide independent, expert oversight of DOD's efforts to investigate chemical exposure, and also to monitor the government-wide response to the broader recommendations. The committee's persistent public effort has helped to bring much new information to light and I have instructed them to fulfill their oversight role with the same intensity, resolve and vigor they have brought to their work so far. Dr. Lashof has agreed to continue and I trust the other committee members will as well.

Second, I'm accepting Secretary Brown's proposal to reconsider the regulation that Gulf War veterans with undiagnosed illnesses must prove their disabilities emerged within two years of their return in order to be eligible for benefits. Experience has shown that many disabled veterans have their claims denied because they fall outside the two-year time frame. I've asked Secretary Brown to report back to me in 60 days with a view toward extending that limit.

And we will do whatever we can and whatever it takes to research Gulf War illnesses as thoroughly as possible. Every credible possibility must be fully explored, including low-level chemical exposure and combat stress.

I know that Congress shares our deep concern, and let me again thank Senator Specter, Senator Rockefeller and Congressman Evans for being here. Caring for our veterans is not a partisan issue, it is a national obligation, and I thank them for the approach that they have taken.

As we continue to investigate Gulf War illnesses, let me again take this opportunity to urge the Congress to ratify the Chemical Weapons Convention which would make it harder for rogue states to acquire chemical weapons in the future, and protect the soldiers of the United States and our allies in the future.

This report is not the end of the road, anymore than it is the beginning. We have a lot of hard work that's been done and we have made some progress, but the task is far from over. The committee's assessment gives me confidence that we are on the right track, but we have much yet to learn and much to do.

As we do make progress, we will make our findings public. We will be open in how we view Gulf War illnesses and all their possible causes -- open to the veterans whose care is in our hands; open to the public looking to us for answers. I pledge to our veterans and to every American, we will not stop until we have done all we can to care for our Gulf War veterans, to find out why they are sick, and to help to make them healthy again.

Thank you very much. (Applause.)

Q Mr. President, this has been studied to death. Do you believe that there is a Gulf War illness?

THE PRESIDENT: I believe that there are a lot of veterans who got sick as a result of their service in the Gulf. And I believe it took experts to determine whether there is one or a deliberation of them

in exactly what the cause and connection is. That has been apparent for sometime. That's why the Congress agreed to support our efforts that for the first time paid disability payments for people with undiagnosed conditions.

And -- but let me say that this -- I think that this committee has done a good job. I think -- I want to compliment the work that has been done in the last few months by John White of the Defense Department in facing up to the things which were not done before. No one has ever suggested that anybody intentionally imposed -- exposed American soldiers to these dangers, and there is nothing -- there is no reason that anyone in this government should ever do anything but just try to get to the truth and get it out and do what is right for the veterans.

And there are also -- I think we need to be a little humble about this. There are a lot of things that we still don't

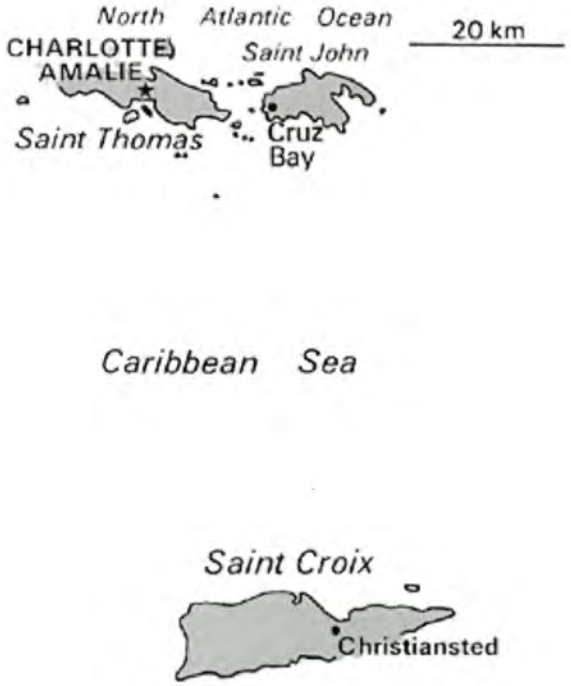
know. That's what Dr. Lashof said. And that's why these research projects are so very important.

And the final thing I'd like to say is we don't know all the answers here. You heard Dr. Lashof say that sometimes when people were exposed to substances that can cause cancer it may not be manifested for 10 years, which is why I want to thank Secretary Brown for urging that we stress the two-year rule. We have to -- we have to be vigilant about this. And my successor will be working on it. We will be monitoring this for a long time to come.

But we've got a process now the American people and the veterans and their families can have confidence in. We've got the appropriate commitment of personnel and money. And more important, we've got the appropriate commitment of the heart and mind. And I'm convinced now that we will do justice to this issue and to the people that have been affected by it.

Q Thank you, Mr. President.

END 11:05 A.M. EST




# Virgin Islands

*(territory of the US)*

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## Geography

**Location:** Caribbean, islands between the Caribbean Sea and the North Atlantic Ocean, east of Puerto Rico

**Map references:** Central America and the Caribbean

**Area:**
*total area:* 352 sq km
*land area:* 349 sq km
*comparative area:* slightly less than twice the size of Washington, DC

**Land boundaries:** 0 km

**Coastline:** 188 km

**Maritime claims:**
*exclusive economic zone:* 200 nm
*territorial sea:* 12 nm

**International disputes:** none

**Climate:** subtropical, tempered by easterly tradewinds, relatively low humidity, little seasonal temperature variation; rainy season May to November

**Terrain:** mostly hilly to rugged and mountainous with little level land

**Natural resources:** sun, sand, sea, surf

**Land use:**
*arable land:* 15%
*permanent crops:* 6%
*meadows and pastures:* 26%
*forest and woodland:* 6%
*other:* 47%

**Irrigated land:** NA sq km

**Environment:**
*current issues:* lack of natural freshwater resources
*natural hazards:* rarely affected by hurricanes; frequent and severe droughts, floods, and earthquakes
*international agreements:* NA

**Note:** important location along the Anegada Passage - a key shipping lane for the Panama Canal; Saint Thomas has one of the best natural, deepwater harbors in the Caribbean

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## People

**Population:** 97,229 (July 1995 est.)
*note:* West Indian (45% born in the Virgin Islands and 29% born elsewhere in the West Indies) 74%, US mainland 13%, Puerto Rican 5%, other 8%

**Age structure:**
*0-14 years:* NA
*15-64 years:* NA
*65 years and over:* NA

**Population growth rate:** -0.29% (1995 est.)

**Birth rate:** 18.49 births/1,000 population (1995 est.)

**Death rate:** 5.2 deaths/1,000 population (1995 est.)

**Net migration rate:** -16.17 migrant(s)/1,000 population (1995 est.)

**Infant mortality rate:** 12.54 deaths/1,000 live births (1995 est.)

**Life expectancy at birth:**
*total population:* 75.29 years
*male:* 73.6 years
*female:* 77.2 years (1995 est.)

**Total fertility rate:** 2.41 children born/woman (1995 est.)

**Nationality:**
*noun:* Virgin Islander(s)
*adjective:* Virgin Islander

**Ethnic divisions:** black 80%, white 15%, other 5%

**Religions:** Baptist 42%, Roman Catholic 34%, Episcopalian 17%, other 7%

**Languages:** English (official), Spanish, Creole

**Literacy:** NA%

**Labor force:** 45,500 (1988)
*by occupation:* tourism 70%

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## Government

**Names:**
*conventional long form:* Virgin Islands of the United States
*conventional short form:* Virgin Islands

**Digraph:** VQ

**Type:** organized, unincorporated territory of the US administered by the Office of Territorial and International Affairs, US Department of the Interior

**Capital:** Charlotte Amalie

**Administrative divisions:** none (territory of the US)

**National holiday:** Transfer Day, 31 March (1917) (from Denmark to US)

**Constitution:** Revised Organic Act of 22 July 1954

**Legal system:** based on US

**Suffrage:** 18 years of age; universal; note - indigenous inhabitants are US citizens but do not vote in US presidential elections

**Executive branch:**
*chief of state:* President William Jefferson CLINTON (since 20 January 1993); Vice President Albert GORE, Jr. (since 20 January 1993)
*head of government:* Governor Dr. Roy L. SCHNEIDER (since 5 January 1995); Lieutenant Governor Kenneth E. MAPP (since 5 January 1995); election last held 22 November 1994 (next to be held NA November 1998); results - Dr. Roy L. SCHNEIDER (Independent) 54.7%, former Lieutenant Governor Derek HODGE 42.6%

**Legislative branch:** unicameral
*Senate:* elections last held 8 November 1994 (next to be held 5 November 1996); results - percent of vote by party NA; seats - (15 total) Democrats 7, Independents 7, Republican 1
*US House of Representatives:* elections last held 8 November 1994 (next to be held 5 November 1996); results - Victor O. FRAZER (Independent) 54.5%, Eileen R. PETERSON (Democrat) 45.5%; seats - (1 total) Independent 1; note - the Virgin Islands elects one representative to the US House of Representatives

**Judicial branch:**
*US District Court:* handles civil matters over $50,000, felonies (persons 15 years of age and over), and federal cases
*Territorial Court:* handles civil matters up to $50,000, small claims, juvenile, domestic, misdemeanors, and traffic cases

**Political parties and leaders:** Democratic Party, Marilyn STAPLETON; Independent Citizens' Movement (ICM), Virdin C. BROWN; Republican Party, Charlotte-Poole DAVIS

**Member of:** ECLAC (associate), IOC

**Diplomatic representation in US:** none (territory of the US)

**US diplomatic representation:** none (territory of the US)

**Flag:** white with a modified US coat of arms in the center between the large blue initials V and I; the coat of arms shows an eagle holding an olive branch in one talon and three arrows in the other with a superimposed shield of vertical red and white stripes below a blue panel

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## Economy

**Overview:** Tourism is the primary economic activity, accounting for more than 70% of GDP and 70% of employment. The manufacturing sector consists of textile, electronics, pharmaceutical, and watch assembly plants. The agricultural sector is small, most food being imported. International business and financial services are a small but growing component of the economy. One of the world's largest petroleum refineries is at Saint Croix.

**National product:** GDP - purchasing power parity - $1.2 billion (1987 est.)

**National product real growth rate:** NA%

**National product per capita:** $11,000 (1987)

**Inflation rate (consumer prices):** NA%

**Unemployment rate:** 3.7% (1992)

**Budget:**
*revenues:* $364.4 million
*expenditures:* $364.4 million, including capital expenditures of $NA (1990 est.)

**Exports:** $2.8 billion (f.o.b., 1990)
*commodities:* refined petroleum products
*partners:* US, Puerto Rico

**Imports:** $3.3 billion (c.i.f., 1990)
*commodities:* crude oil, foodstuffs, consumer goods, building materials
*partners:* US, Puerto Rico

**External debt:** $NA

**Industrial production:** growth rate 12% (year NA); accounts for NA% of GDP

**Electricity:**
*capacity:* 320,000 kW
*production:* 970 million kWh
*consumption per capita:* 9,172 kWh (1993)

**Industries:** tourism, petroleum refining, watch assembly, rum distilling, construction, pharmaceuticals, textiles, electronics

**Agriculture:** truck gardens, food crops (small scale), fruit, sorghum, Senepol cattle

**Economic aid:**
*recipient:* Western (non-US) countries, ODA and OOF bilateral commitments (1970-89), $42 million

**Currency:** 1 United States dollar (US$) = 100 cents

**Exchange rates:** US currency is used

**Fiscal year:** 1 October - 30 September

## Transportation

**Railroads:** 0 km

**Highways:**
*total:* 856 km
*paved:* NA
*unpaved:* NA

**Ports:** Charlotte Amalie, Christiansted, Cruz Bay, Port Alucroix

**Merchant marine:** none

**Airports:**
*total:* 2
*with paved runways 1,524 to 2,437 m:* 2
*note:* international airports on Saint Thomas and Saint Croix

## Communications

**Telephone system:** 58,931 telephones; modern telephone system using fiber-optic cable, submarine cable, microwave radio, and satellite facilities
*local:* NA
*intercity:* NA
*international:* NA

**Radio:**
*broadcast stations:* AM 4, FM 8, shortwave 0 (1988)
*radios:* 98,000

**Television:**
*broadcast stations:* 4 (1988)
*televisions:* 63,000

## Defense Forces

**Note:** defense is the responsibility of the US

we have human rights differences as well, and we have certainly pressed our differences with China, not only person-to-person, face-to-face with the Chinese but also in the appropriate international forum, and we will continue to do that.

And we also have other differences with them. I agreed to let President Li from Taiwan come here. I thought that was the appropriate thing to do. We won't always agree with the Chinese, but I think it's important that when we disagree, we do it in the right way, aggressively and forthrightly, but in the proper forum.

*Q.* President Yeltsin has called Mr. Major and Mr. Kohl complaining about the—[*inaudible*]—has he tried to reach you, and what would you tell him?

***The President.*** Not yet, no. If he did, I would tell him just what I told you, that the United Nations asked for this; they certainly weren't put up to it, that the Bosnian Serbs went way beyond the bounds of acceptable conduct. There have been clear restrictions on bombing civilians and the shelling those areas for a long time now. I would ask him to call the Serbs and tell them to quit it and tell them to behave themselves and that this would not happen.

### *Surgeon General Nomination*

*Q.* Are the Democrats ready to overcome a filibuster on the Foster nomination if it happens?

***The President.*** The Democrats are not numerous enough to overcome a filibuster. But Senator Frist and Senator Jeffords put their country above their party today and did what they thought was right, and I think there will be others. There may even be some who may not think they should vote for him, Dr. Foster, who believe that it's wrong to filibuster a nomination of this kind.

In the past, when the Democrats were in the majority in the Senate, they often did that as well. They often gave Republican Presidents votes on their nominees, even if they didn't agree with them. This—it would be unusual and unwarranted if this fine man were denied his day in court in the Senate, and I don't believe the American people want that to happen, and I don't believe that a majority of the Senate wants that to happen.

*Q.* What are you doing for the rest of the day?

***The President.*** Working. [*Laughter*]

NOTE: The President spoke at 12:33 p.m. in the Oval Office at the White House. In his remarks, he referred to Prime Minister John Major of the United Kingdom; Chancellor Helmut Kohl of Germany; and President Boris Yeltsin of Russia. A tape was not available for verification of the content of these remarks.

## Executive Order 12961—Presidential Advisory Committee on Gulf War Veterans' Illnesses

*May 26, 1995*

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

***Section 1.*** *Establishment.* (a) There is hereby established the Presidential Advisory Committee on Gulf War Veterans' Illnesses (the "Committee"). The Committee shall be composed of not more than 12 members to be appointed by the President. The members of the Committee shall have expertise relevant to the functions of the Committee and shall not be full-time officials or employees of the executive branch of the Federal Government. The Committee shall be subject to the Federal Advisory Committee Act, as amended, 5 U.S.C. App. 2.

(b) The President shall designate a Chairperson from among the members of the Committee.

***Sec. 2.*** *Functions.* (a) The Committee shall report to the President through the Secretary of Defense, the Secretary of Veterans Affairs, and the Secretary of Health and Human Services.

(b) The Committee shall provide advice and recommendations based on its review of the following matters:

(1) *Research:* epidemiological, clinical, and other research concerning Gulf War veterans' illnesses.

(2) *Coordinating Efforts:* the activities of the Persian Gulf Veterans Coordinating Board, including the Research Coordinating

Council, the Clinical Working Group, and the Disability and Compensation Working Group.

(3) *Medical Treatment:* medical examinations and treatment in connection with Gulf War veterans' illnesses, including the Comprehensive Clinical Evaluation Program and the Persian Gulf Registry Medical Examination Program.

(4) *Outreach:* government-sponsored outreach efforts such as hotlines and newsletters related to Gulf War veterans' illnesses.

(5) *External Reviews:* the steps taken to implement recommendations in external reviews by the Institute of Medicine's Committee to Review the Health Consequences of Service During the Persian Gulf War, the Defense Science Board Task Force on Persian Gulf War Health Effects, the National Institutes of Health Technology Assessment Workshop on the Persian Gulf Experience and Health, the Persian Gulf Expert Scientific Committee, and other bodies.

(6) *Risk Factors:* the possible risks associated with service in the Persian Gulf Conflict in general and, specifically, with prophylactic drugs and vaccines, infectious diseases, environmental chemicals, radiation and toxic substances, smoke from oil well fires, depleted uranium, physical and psychological stress, and other factors applicable to the Persian Gulf Conflict.

(7) *Chemical and Biological Weapons:* information related to reports of the possible detection of chemical or biological weapons during the Persian Gulf Conflict.

(c) It shall not be a function of the Committee to conduct scientific research. The Committee shall review information and provide advice and recommendations on the activities undertaken related to the matters described in (b) above.

(d) It shall not be a function of the Committee to provide advice or recommendations on any legal liability of the Federal Government for any claims or potential claims against the Federal Government.

(e) As used herein, "Gulf War Veterans' Illnesses" means the symptoms and illnesses reported by United States uniformed services personnel who served in the Persian Gulf Conflict.

(f) The Committee shall submit an interim report within 6 months of the first meeting of the Committee and a final report by December 31, 1996, unless otherwise provided by the President.

***Sec. 3. Administration.*** (a) The heads of executive departments and agencies shall, to the extent permitted by law, provide the Committee with such information as it may require for purposes of carrying out its functions.

(b) Members of the Committee shall be compensated in accordance with Federal law. Committee members may be allowed travel expenses, including per diem in lieu of subsistence, to the extent permitted by law for persons serving intermittently in the Government service (5 U.S.C. 5701–5707).

(c) To the extent permitted by law, and subject to the availability of appropriations, the Department of Defense shall provide the Committee with such funds as may be necessary for the performance of its functions.

***Sec. 4. General Provisions.*** (a) Notwithstanding the provisions of any other Executive order, the functions of the President under the Federal Advisory Committee Act that are applicable to the Committee, except that of reporting annually to the Congress, shall be performed by the Secretary of Defense, in accordance with the guidelines and procedures established by the Administrator of General Services.

(b) The Committee shall terminate 30 days after submitting its final report.

(c) This order is intended only to improve the internal management of the executive branch and it is not intended to create any right, benefit or trust responsibility, substantive or procedural, enforceable at law or equity by a party against the United States, its agencies, its officers, or any person.

**William J. Clinton**

The White House,
May 26, 1995.

[Filed with the Office of the Federal Register, 10:36 a.m., May 30, 1995]

NOTE: This Executive order will be published in the *Federal Register* on May 31.

## Digest of Other White House Announcements

The following list includes the President's public schedule and other items of general interest announced by the Office of the Press Secretary and not included elsewhere in this issue.

***May 22***

The President announced the nomination of Dwight P. Robinson as Deputy Secretary of the Department of Housing and Urban Development.

The President announced his intention to reappoint Jean Kennedy Smith to the Board of Trustees of the John F. Kennedy Center for the Performing Arts.

The White House announced that the President will meet with President Jacques Chirac of the European Council, and President Jacques Santer of the European Commission, at a summit on June 14 in Washington, DC.

***May 24***

In the afternoon, the President and Hillary Clinton hosted a tea for King Juan Carlos and Queen Sophia of Spain in the Yellow Oval Room.

The President announced his intention to appoint Rose Dobrof to the Federal Council on the Aging.

The President nominated Linda L. Robertson of Washington, DC, to be Assistant Secretary of the Treasury for Legislative Affairs.

The President announced his intention to nominate Peggy A. Nagae to be a member of the Civil Liberties Public Education Fund Board of Directors.

***May 25***

The President announced the appointment of Richard Nuccio as Special Adviser to the President and Secretary of State for Cuba.

The President named Melvin E. Clark, Jr., and Charles A. Docter to the Pennsylvania Avenue Development Corporation Board of Directors.

***May 26***

The President declared a major disaster in South Dakota and ordered Federal funds to supplement State and local recovery efforts in communities struck by severe storms, flooding, and ground saturation due to high water tables, beginning March 1.

The President announced his intention to appoint Phyllis Middleton Jackson to the Board of Trustees of the John F. Kennedy Center for the Performing Arts.

The President announced the appointment of Joyce Lashof to be Chair and the following individuals to be members of the Presidential Advisory Committee on Gulf War Veterans' Illnesses: John Baldeschwieler; Arthur Caplan; Donald Custis; Frederick M. Franks, Jr.; David A. Hamburg; James A. Johnson; Marguerite Knox; Philip Landrigan; Elaine L. Larson; Rolando Rios; and Andrea Kidd Taylor.

The President announced he has selected the following individuals to serve as delegates to the White House Conference on Small Business to be held in Washington, DC, on June 11–15: Sarah Barela; John Burgess; Robert Calcaterra; Lorrie J. Carey; Mary Ann Carlson; Barbara L. Cash; Audrey L. Davis; Deborah D. Dolman; Charles J. Dorame; Sue Ling Gin; Omar M. Kader; Kathy Kemp; Nadine Mathis; Urban Miyares; Ann L. Mulholland; Kathy Neal; Harry Posey; Barbara Skelton; Edward I. Weisiger, Jr.; and Buck W. Wong.

## Nominations Submitted to the Senate

The following list does not include promotions of members of the Uniformed Services, nominations to the Service Academies, or nominations of Foreign Service officers.

***Submitted May 24***

Linda Lee Robertson,
of Oklahoma, to be a Deputy Under Secretary of the Treasury, vice Michael B. Levy, resigned.

10TH STORY of Level 1 printed in FULL format.


The New York Times

August 15, 1995, Tuesday, Late Edition - Final
Correction Appended

SECTION: Section A; Page 15; Column 1; National Desk

LENGTH: 539 words

HEADLINE: Hillary Clinton Urges Attention to Gulf War Ailments

BYLINE: By TODD S. PURDUM

DATELINE: WASHINGTON, Aug. 14

BODY:

Hillary Rodham Clinton urged a Presidential commission today to leave no stone unturned in investigating why thousands of veterans of the Persian Gulf war returned with various illnesses, even as a panel of independent medical experts suggested that the Pentagon might have been too hasty in concluding that there was no evidence of a "gulf war syndrome."

"No issue is off-limits and every reasonable inquiry should be pursued," Mrs. Clinton told the first meeting of the President's Advisory Committee on Gulf War Veterans' Illnesses. President Clinton formed the commission to evaluate the undiagnosed illnesses that have afflicted many who served in the Persian Gulf during military operations in late 1990 and early 1991.

Symptoms have included chronic fatigue, memory loss, rashes, respiratory problems, insomnia, gastrointestinal problems and recurrent infections. Some veterans have suggested that the ailments resulted from battlefield conditions, like exposure to chemical pollutants from burning oil fields.

Mrs. Clinton has taken an interest in the issue since she received complaints from veterans during her work on health care last year, and the commission invited her to speak.

Addressing the group today at the Capital Hilton here, she said, "Thousands of veterans who were healthy when they left for the gulf war are now ill." She added, "Based on the research to date, however, experts have concluded that there is not enough evidence to call this a syndrome."

Even before Mrs. Clinton spoke, the Institute of Medicine, a not-for-profit research group affiliated with the National Academy of Sciences, issued a report saying the Defense Department had not adequately explained its conclusion that the illnesses did not constitute a definable syndrome unique to Persian Gulf veterans.

The Institute of Medicine report said the Pentagon had "made conscientious efforts" to evaluate the health of 10,020 American veterans of the gulf who complained of unusual illnesses. But the report went on to say that the Pentagon had failed to support its preliminary conclusion that there was no single syndrome but rather a variety of illnesses.

Moreover, the report said, it appears likely that some patients "have developed illnesses that are directly related to their Persian Gulf service," including psychological stress and infectious diseases that are rare outside the Middle East.

The Institute of Medicine report said the Pentagon's study did not adequately discuss such possible links between the veterans' health problems and their service in the gulf.

In his remarks to the Presidential commission, the Deputy Defense Secretary, John P. White, said the Pentagon was continuing its scientific investigation of the illness and "doing all we can to get to the bottom of this."

The Secretary of Veterans Affairs, Jesse Brown, noted that it took the Government 20 years to conclude that Agent Orange, a defoliant used by American forces in Vietnam, caused a variety of illness among soldiers who served there. Mr. Brown said it must not take that long to find the causes and treatments for the ailments afflicting Persian Gulf veterans.

The commission is to send Mr. Clinton its report by Dec. 31.

CORRECTION-DATE: August 16, 1995, Wednesday

CORRECTION:
An article yesterday about Hillary Rodham Clinton's address to a Presidential commission formed to investigate the cause of undiagnosed ailments suffered by veterans of the Persian Gulf war misstated the date by which the commission is to report to President Clinton. It is Dec. 31, 1996, not this year.

GRAPHIC: Photo: Hillary Rodham Clinton, urging the President's Advisory Committee on Gulf War Veterans' Illnesses yesterday to search for explanations for why thousands of veterans have complained of health problems. (Agence France-Presse)

LANGUAGE: ENGLISH

LOAD-DATE: August 15, 1995

58TH STORY of Level 1 printed in FULL format.


The Washington Post

March 07, 1995, Tuesday, Final Edition
CORRECTION APPENDED

SECTION: A SECTION; Pg. A07

LENGTH: 473 words

HEADLINE: Clinton Woos Lukewarm Veterans;
VFW Applauds Vow to Fight VA Cuts, Study 'Gulf War Syndrome'

BYLINE: John F. Harris, Washington Post Staff Writer

BODY:

President Clinton promised a veterans group yesterday that he will fight efforts in Congress to cut veterans spending and said he is appointing a "presidential advisory committee" to look into the mysterious origins of the so-called Gulf War syndrome.

Clinton's speech to the Veterans of Foreign Wars was a determined appeal to a group that does not overflow with sympathy for him. The president received polite applause after his introduction, but at least a third of the crowd kept their hands at their sides, choosing not to clap for a president who in his youth maneuvered to avoid military service in Vietnam.

The crowd was more receptive later on, when Clinton boasted that "our administration is pushing for $ 1.3 billion more for the Department of Veterans Affairs over the next five years" and vowed to fight "every step of the way" proposed cuts of some $ 200 million to the VA's $ 39 billion budget.

The president also said he wants to step up efforts to find out what is causing many veterans of the Persian Gulf War to develop undiagnosed medical symptoms, such as fatigue and joint pain. A committee of physicians, scientists and veterans advocates, Clinton said, "will review and make recommendations to me regarding government efforts aimed at finding the causes and improving the care available to Gulf War veterans.

"We will leave no stone unturned," Clinton vowed.

White House press secretary Michael McCurry said later that the president wants the committee to report back with initial findings in six months. The committee will be funded with $ 13 million in money that has been already appropriated for the Defense, Health and Human Services and Veterans Affairs departments. Arriving halfway through the president's speech was Hillary Rodham Clinton, who administration officials said has become the point-person on the Gulf War syndrome issue.

Her appearance served as a reminder of the administration's changing approach on veterans issues. During the debate over health care proposals, a task force headed by the First Lady initially favored proposals that would have sharply scaled back the separate health care system for veterans because of concerns that it was inefficient.

Now, the administration's approach is to pump more money into the VA's health-care system in an effort to improve its deficiencies.

Clinton's speech to the veterans also hit strongly on a theme that he has voiced elsewhere in recent days -- the rising appeal of isolationism in Congress. He said the administration's policy of international engagement produced the ouster of the military dictatorship in Haiti and prevented new aggression by Iraqi leader Saddam Hussein in the Persian Gulf.

"No one knows better than the veterans," he said, "the grave dangers of simply withdrawing from the world."

CORRECTION-DATE: MARCH 08, 1995

CORRECTION:
President Clinton proposes increasing spending in the Department of Veterans Affairs by $ 1.3 billion in fiscal year 1996. In a speech quoted in yesterday's editions, Clinton incorrectly stated that the new money would be spent over five years.

GRAPHIC: Photo, ap, President Clinton speaks to VFW in a determined appeal to a group that does not overflow with sympathy for him.

LOAD-DATE: March 07, 1995

THE WHITE HOUSE

OFFICE OF THE PRESS SECRETARY

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For Immediate Release August 14, 1995

**Remarks by First Lady Hillary Rodham Clinton
to the President's Advisory Committee on
Gulf War Veteran's Illnesses
Washington, DC**

MRS. CLINTON: Thank you very much. I am delighted to be here at this first meeting, and on behalf of the President, I want to thank the Chair and members of the President's Advisory Committee on Gulf War Veterans' Illnesses for your willingness to perform this public service. I also want to welcome all the veterans, their friends and families, who are here to talk about their personal experiences and to hear from the Administration officials who have been working diligently on the issues raised in the President's Executive Order creating this Committee.

I want to start by emphasizing again how proud we all are of our victory in the Gulf War. Because of the enormous skill and bravery of American troops, an end was put to Saddam Hussein's brutal and illegal occupation of Kuwait. Because of the strength of U.S. leadership, the international community came together to stop and reverse unprovoked aggression against an innocent nation.

This Presidential Advisory Committee is an important example of the President's commitment to leave no stone unturned in the Administration's efforts to understand Gulf War veterans' illnesses and to make sure that the government is responsive to veterans' needs.

In his announcement, the President assured Gulf War veterans that we are grateful for their bravery, and we are as proud of them today as all of us were when they returned victorious in 1991. And most important, the President made it clear that just as we relied on our troops when they were sent to war, we must assure them that they can rely on us now.

The President and I have heard from many Gulf War veterans and their family members about their illnesses. We have received letters from all over the country, and have had the privilege of meeting with many veterans and family members in person. Some of these men and women, such as Steve Robertson and Nancy Kapplan, will be speaking to you this afternoon.

Veterans have told me about their frustrating efforts to find out why they are ill and how their illnesses can be treated. They have shared moving stories of the devastating effects on families

when fathers and mothers become disabled and unable to work. They have described what it was like to serve their country in a desert land where oil well fires turned the day to night, and where sandstorms made it difficult to breathe. Some described scud missile attacks, or told of frequent use of insecticides to protect them from insect-born diseases.

Many Gulf War veterans have been outspoken in seeking and providing information about their illnesses. This Advisory Committee will determine whether the experiences these veterans describe in the Persian Gulf, and in receiving medical care, have been adequately addressed or whether there are additional actions that need to be taken.

When Secretary Jesse Brown and I met with veterans at the local VA Hospital here in Washington, and when then Deputy Secretary of Defense John Deutch and I met with active duty soldiers at Walter Reed Hospital, the stories we heard touched us deeply, and provided important information as well. I know you will be working closely with veterans, who will be an invaluable resource in your deliberations, and I am pleased you will begin by hearing directly from Gulf War veterans today.

I have also met with the physicians, nurses, and other health care professionals from the VA and DOD who have worked with Gulf War veterans who are ill. They too express great frustration about the difficulties they have faced in helping some of the veterans and their family members whose illnesses remain undiagnosed. I know you will also work closely with these dedicated men and women, and learn from their experiences.

When the men and women of the U.S. military, Reserves, and National Guard were called to war in 1990, our Nation knew that we could rely on them, and they served our nation honorably.

When we look back to the euphoric parades for returning U.S. troops in 1991, we can still remember a great feeling of relief. We had won the war, and most Americans had returned home safely.

But throughout 1991 and 1992, there was increasing concern about some of our Gulf War veterans. There were veterans who described symptoms that did not respond to treatment, and did not go away as expected. When my husband became President and learned that the numbers of veterans with chronic symptoms seemed to be increasing, he took an active interest in helping our veterans.

Because of the leadership and dedication of the Departments of Veterans Affairs, Defense, and Health and Human Services, this Administration has already made unprecedented efforts to help Gulf War veterans. For example, never before has an Administration moved so quickly to conduct research aimed at helping returning soldiers who are ill. This year alone, the three Departments will

spend approximately $15 million to study possible environmental hazards, to determine whether illnesses have been transmitted to spouses and children, and to develop improved treatment programs.

With the leadership of the VA, this Administration strongly supported laws to ensure that compensation is available to those who are disabled, even if the direct causes of the illnesses stemming from their military service are unknown. The VA is also providing priority medical care to Gulf War veterans, and both VA and the Defense Department have established special treatment centers to help veterans whose illnesses are particularly difficult to diagnose.

The Defense Department has also recently initiated a new program that will declassify documents and other information about the Gulf War, and make them available on Internet.

All these efforts will serve our veterans well, and most were accomplished with bipartisan support from the 103rd Congress, under the leadership of then Chairmen of the Veterans Affairs Committees, Sen. Jay Rockefeller and Rep. Sonny Montgomery, and their Committee members.

As President Clinton stated when he first announced this Advisory Committee, he is determined to do whatever it takes to respond to the concerns of Gulf War veterans.

This Administration has already convened several other panels of outside experts to examine various issues pertaining to Gulf War veterans' illnesses, but it came to realize that the issues are so complex they require a more comprehensive, sustained effort.

And so the President established this Advisory Committee, to be independent and appropriately staffed, with the relevant experience and expertise that the members represent. This Advisory Committee is unique because, as the President outlined in his Executive Order, you will review all aspects of the Federal governments' programs and policies that affect Gulf War illnesses, telling us what we are doing right and what we should be doing better.

The Executive Order specifies that you will provide "advice and recommendations" based on your review of the following: research; medical treatment; risk factors from service in the Gulf War, including possible environmental factors, and drugs and vaccines; reports of the possible detection of chemical and biological weapons; coordinating efforts that have been established by Federal agencies; external reviews by other expert panels; and outreach to veterans.

As you can see from that list, your mandate is broad. In your efforts to review all these programs and policies, the Secretaries

are pledged to assist you, and you will find their doors open to you. And the President has made it absolutely clear, in his Executive Order and in his announcement of this Advisory Committee, that when you consider your task, no issue is off limits and every reasonable inquiry should be pursued.

There are many opinions about how many Gulf War veterans are ill, what has caused those illnesses, and how they can best be treated. In talking to veterans and to those who are trying to serve them, it is clear that those opinions are as strongly held as they are diverse.

And so, your task is a difficult one. There are many unanswered questions, and we are counting on you to make sure that this Administration is doing all it can to catalog relevant questions and, in so far as possible, answer them.

For that reason, you were selected on the basis of your wide range of expertise in medical issues, scientific research, policy, and military matters. The veterans on the panel will contribute their invaluable perspectives from their military experiences, and it is particularly important that two of you served in the Gulf War. You all were selected because you do not have pre-conceived notions about the scope of the problem of Gulf War illnesses, or the causes and treatment.

None of us knows what the research now being conducted or called for in the future will tell us. So far, the research that the government has conducted indicates that thousands of veterans who were healthy when they left for the Gulf War are now ill. Many veterans believe that these symptoms cluster together into a "Gulf War Syndrome" that is unique. Based on the research to date, however, experts have concluded that there is not enough evidence to call this a syndrome. This is an issue that will continue to be studied as more research is completed.

There are disagreements about the likely causes and the best treatments for these symptoms. These issues also will continue to be studied as more research is completed.

The President has appointed this Advisory Committee because we do not yet have the answers to these important questions. These are complicated scientific questions that deserve careful scientific scrutiny.

In his Executive Order, the President has entrusted you to make sure that the Federal government is supporting appropriate research, and that, whenever possible, the results are being used to inform treatment, compensation, and priorities for future research. You are also entrusted to examine the wide array of Federal programs and policies to make sure that they not only make

sense, but also that they are being administered effectively and humanely.

I want to leave you with the image of an open door. Perhaps your most important tool as you serve on this Committee is your ability to be open-minded, to take advantage of our open-door policy to seek out the information you need to evaluate all existing programs and policies, and to make recommendations to ensure that this Administration will continue to be responsive and responsible to our veterans. We owe them that much, and more, and all of us are greatful for your willingness to take on this important public service. Thank you very much Madame Chairman.

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## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 002. report | re: Summary of Gulf War Illnesses Issues (12 pages) | 00/00/0000 | P1/b(1) |

**COLLECTION:**
Clinton Presidential Records
Speechwriting
Lissa Muscatine
OA/Box Number: 12077

**FOLDER TITLE:**
HRC - Report on Gulf War Vets' Illnesses 1/7/97

2017-1164-S
rc2874

**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]
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**TALKING POINTS**

I feel privileged to be here today to meet with Gulf War veterans and the health care professionals who are trying to help them.

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

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

The VA is doing all it can to diagnose and treat these veterans. The VA is making a great deal of progress, and many veterans are now diagnosed with illnesses that are being successfully treated.

In the days and weeks to come, the VA will be working even harder to better understand these illnesses, to provide treatment and compensation, and to figure out whether spouses and children are also being harmed.

Many of you know that the President signed a bill in November that enables the VA to provide compensation to Gulf War veterans who have disabling illnesses are undiagnosed. I'm really pleased that just about an hour ago, the President and Secretary Brown were able to distribute the first compensation checks resulting from that new law.

This is just one of the ways that we will be helping Gulf War veterans who are ill. These veterans risked their lives to serve their country. Now they need our help, and we will help them.

I look forward to hearing first hand from 5 veterans today. These are the kinds of personal stories that help us figure out what we're doing right, and what new strategies we need to do more.

Note: My goal is to make this sound non-technical and small, not like health care reform.

BACKGROUND FOR MEDIA INQUIRIES

Q: When and why did the First Lady and President get interested in Persian Gulf War illnesses?

A: Last summer they started getting more mail from veterans who were very ill and very dissatisfied with the medical care they were getting. Many of these stories were heartbreaking, especially the stories of young men who are now too sick to work and those whose children have birth defects or whose family life has been destroyed by their illness. In the last few months, more and more people were bringing up the subject as they met the First Lady and President at various events. And of course, they were aware of Congressional hearings that had been held and stories in the media.

Q: What are they going to do?

A: The President signed several bills into law in October and November, which will help Gulf War veterans receive medical care and compensation, and which will provide money for research on the causes and possible treatment. The First Lady and President want to make sure those provisions are implemented as soon as possible, so he asked her to meet with DoD and VA officials, who assured her that they are progressing quickly. She will continue to work with them.

The First Lady has also started to meet with veterans' organizations, and she will be meeting with individual veterans and veterans support groups to find out directly from them what their problems are and figure out what the Administration can do to help them.

At the President's request, the First Lady is preparing a brief report to the President, to summarize what she learns and make recommendations of how the Administration can do more to help Gulf War veterans and their families. This will be done in a few weeks.

**February 16, 1995**

**VISIT TO THE WASHINGTON DC VA MEDICAL CENTER**

**DATE:** **Thursday, February 16**
**TIME:** **10 a.m.**
**LOCATION:** **Washington, DC**
**FROM:** **Diana Zuckerman**

## I. PURPOSE

To talk to Gulf War veterans about their illnesses and their medical treatment, to discuss similar issues with VA health care professionals, and to let the public know that the Administration is very concerned about these issues.

## II. BACKGROUND

The VA Medical Center in Washington, DC is one of the main regional centers for the treatment of Gulf War veterans.

### Discussion with Gulf War Veterans

All the veterans who will be meeting with you are outpatients who use the DC VA Medical Center. However, they have been invited to the VA especially to meet with you; they do not have medical appointments.

The veterans are older than average; three of the six are over 40 years old. The youngest are 28, 30, and 38. All but one are well enough to be employed. Ann Daniels is a 50 year old nurse who served in the Gulf and currently works at the VA Hospital. Col. Herb Smith is the veterinarian who was interviewed by 60 Minutes who you have heard so much about.

**Col. Herb Smith** was diagnosed as 100% disabled by the VA, but only after assistance from Congress and others. He now receives approximately $23,000/year, which is a fraction of what he earned as a veterinarian.

Herb is eligible for free medical care at VA, but has not been satisfied with their treatment. He went to Mayo Clinic, where his tests were paid by Ross Perot. He now goes to a Hilton Head clinic every month for one week of medical treatment. The treatment is called plasma pharesis: the plasma is extracted and replaced with serum albumin. This is a recognized treatment for immune disorders, although its use for Gulf War veterans is not established practice. The Coors Miller Medical Research Foundation is paying for his treatment, which costs $15,000/month. The VA considers this treatment unconventional, and the academic scientists that I have spoken with agree. Herb describes the treatment as painful, but believes that it is helping him.

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| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 003. memo | re: Visit to the Washington DC VA Medical Center [partial] (3 pages) | 02/16/1995 | b(6) |

**COLLECTION:**
Clinton Presidential Records
Speechwriting
Lissa Muscatine
OA/Box Number: 12077

**FOLDER TITLE:**
HRC - Report on Gulf War Vets' Illnesses 1/7/97

2017-1164-S
rc2874

**RESTRICTION CODES**

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[redacted] (b)(6)

[0003]

**Larry Hawkins** is a 45 year old veteran who got diarrhea about a month after he went to the Gulf. It lasted for 3 years, until about a year ago, when he started getting muscle/joint pains. He had been working as a policeman, but lost his job because his illness caused him to miss work. He now works as a Deputy Marshal at the Justice Dept.

His diarrhea is now mostly under control, but he has to avoid dairy products and spicy foods. The muscle/joint pain makes it hard to get out of bed in the morning. He describes it as being like a charlie horse that starts in his hips and penetrates his whole leg, sometimes going from one leg to the other. He often wakes up at 2:30 a.m. from the pain and can't get back to sleep (however, he does not take any pain killers because he doesn't like to).

[redacted] (b)(6)

[redacted] (b)(6)

(b)(6)

(b)(6)

**Questions for the Panel**

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

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

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

3. Have you been diagnosed yet?

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

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

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

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

**Possible Questions from the Press**

1. Why are you getting involved in this issue?

A: This is one of several issues that I am involved in. The President and I have received a great deal of mail on this, and I want to make sure that these veterans are being treated fairly and get all the help that they are entitled to.

2. Do you believe that veterans were exposed to biological or chemical weapons in the Gulf?

A: I'm not in a position to answer that question. I know that many veterans believe that, and their statements need to be taken seriously and I am sure that the DoD is looking into each and every report.

3. Do you think that veterans should be compensated for the disabilities of their spouses or children, if they are related to service in the Persian Gulf?

A: The first step is to do the research to find out if spouses and children are ill as a result of the veteran's military service. It doesn't make sense to speculate until we can answer that question. Research is underway that will enable us to answer that question.

4. Do you think that there is a Gulf War Syndrome?

A: It is obvious that many veterans are ill, and these are real illnesses. The experts don't think that there is one syndrome or one illness, but there may be several undiagnosed illnesses with several different causes.

## III. PARTICIPANTS

Greeters

-Secretary Jesse Brown
-Dr. Ken Kizer

Gulf War Veterans

-Herb Smith, DVM
-Ann Daniels, RN
-Kurt Kruedelbach
-Larry Hawkins
-Fred Spencer
-Debra Stanislawski

VA Health Professionals

| | |
|---|---|
| -Joseph Dagher (Dagger), M.D. | Chief of Staff |
| -Jane Barlow, M.D. | Occupational Medicine |
| -Theresa Kind, PA | Persian Gulf Referral Center |
| -Nancy Lydon, R.N. | Chief Nurse, Ward 3BE |
| -R. Rohatgi, M.D. | Pulmonary Service |
| -David Nashel, M.D. | Rheumatology Service |
| -Timothy Lipman, M.D. | GI Service |
| -Cynthia High | Social Work Service |
| -James Finkelstein, M.D. | Medical Service |

**IV. SEQUENCE OF EVENTS**

1. Visit inpatients at the "day room" of the VA nursing home ward. (15 minutes; open to the press). **Only one of these patients is a Gulf War veteran; she is a 55 year old African American woman named** (b)(6) Most of these patients are elderly and have been hospitalized for a long time. Some are younger and have AIDS or other diseases. You probably met some of them when you visited the VA for Memorial Day in 1993. This part of the visit is in honor of National Hospitalized Veterans Week, and also was included so that veterans don't feel that Gulf War veterans are getting all the attention.

2. Brief opening remarks before your informal discussion with 6 Gulf War veterans (1 hour; open to the press). {If it seems necessary, we can hold part of this event in a private room without press.}. Jesse Brown and Dr. Ken Kizer will also be there, as will one doctor from the DC VA Medical Center. Information about this is provided later in this memo.

3. You may offer to answer 2-3 press questions after the informal public discussion. If necessary, we can then ask press to leave so that you can continue talking to the veterans privately.

4. Discussion with DC VA Medical Center health care professionals (15-20 minutes; closed to press). This will give you the opportunity to ask them any questions that you have based on the previous discussion, and give them a chance to tell you what they think you should know.

# Presidential Advisory Committee on Gulf War Veterans' Illnesses

express frustration doctors minimizing symptoms of patients

**Statement by**
**Joyce C. Lashof, MD**
***Committee Chair***
**Presidential Advisory Committee on Gulf War Veterans' Illnesses**

**January 7, 1997**

Over the past 16 months, the Presidential Advisory Committee on Gulf War Veterans' Illnesses Committee has conducted a broad analysis of issues related to the health consequences of Gulf War service. Our efforts to address the complexities of Gulf War veterans' illnesses would not have been possible without the contributions of hundreds of Gulf War veterans and their families. As during the war, they have served with distinction.

Together with our February 1996 *Interim Report*, the Committee makes several recommendations we believe can improve the government's approach to addressing the health concerns of veterans who served in the Gulf. In all areas save one, these suggestions are to fine-tune the government's programs on Gulf War health matters. Overall, the government has responded with a comprehensive series of measures to resolve questions about Gulf War veterans' illnesses.

Unfortunately, the positive nature of these efforts has been diminished by how the Department of Defense approached the possibility that U.S. troops had been exposed to chemical weapons. It is essential, now, to move swiftly toward resolving Gulf War veterans' principal remaining concerns: How many U.S. troops were exposed to chemical warfare agents, and to what degree?

The Committee is pained by the atmosphere of government mistrust that now surrounds every aspect of Gulf War veterans' illnesses because of these concerns. It is regrettable — but also understandable. Our investigation of DOD's efforts related to chemical and biological weapons led us to conclude the department's early efforts were superficial and lacked credibility. Moreover, DOD's failure to seriously investigate these issues also adversely affected decisions related to funding research into possible health effects of low-level exposures to chemical warfare agents. DOD's intransigence in refusing to fund such research until late this year has done veterans and the public a disservice.

The Committee recognizes that in November 1996, DOD announced it was expanding its investigation and research related to low-level chemical warfare agent exposure. We hope these initiatives can begin to restore public confidence in the government's investigations of possible incidents of chemical agent exposure.

Moving beyond this specific — albeit important — topic, it is important to reiterate that many veterans clearly are experiencing medical difficulties connected to their service in the Gulf War. First and foremost, it is vital that the government continue to provide clinical care to evaluate and treat these veterans' illnesses. Next, we must try to find out why they are sick. Based on existing scientific data, none of the individual environmental Gulf War risk factors commonly suspected appear to be the cause. And while the Committee finds that stress is likely to be an important contributing factor to Gulf War veterans' illnesses, the story is by no means complete. Veterans, their physicians, and policymakers clearly stand to benefit from the comprehensive array of ongoing research.

We believe a continued commitment to long-term mortality studies is important. Some health effects, such as cancer, would not be expected to appear until a decade or more after the end of the Gulf War. Additionally, the Committee recommends new research in three specific areas:

- the long-term health effects of low-level exposures to chemical warfare agents,
- the synergistic effects of pyridostigmine bromide with other Gulf War risk factors; and
- the body's physical response to stress.

As I mentioned, veterans and their families stand to gain much from ongoing and new research. However, maximum benefit will only be realized through a thoughtful, inclusive dialogue between veterans and the departments. In light of current public skepticism, the Committee strongly believes that a sustained risk communication effort is the only way to repair public trust. This effort cannot begin soon enough. The volunteers who served in defense of our national interest deserve complete and accurate information about the risks they faced.

During the Committee's deliberations on what the government had done to address Gulf War veterans' health issues, we also felt it important to be forward looking. The Committee believes the government can avoid many future post-conflict health concerns through better communication, better data, and better services. We make recommendations in each of these areas based on lessons drawn from the Gulf War experience.

In closing, I would like to re-emphasize that in many important — and in some instances unprecedented — ways, the Nation has begun to pay its debt to the 697,000 men and women who served in Operations Desert Shield and Desert Storm. We were impressed with the research the government had already initiated to understand the nature and causes of the illnesses so many veterans suffer from. The Committee hopes the same degree of commitment will be applied to the issues still out standing.

Finally, the Committee gratefully acknowledges the significant time and effort that individuals within and outside government devoted to our effort. We also have been fortunate to have a talented and dedicated staff. On their behalf and on behalf of my fellow Committee members, I thank you for your leadership in addressing Gulf War veterans' health concerns and for providing us with a unique opportunity to contribute to this vitally important issue.

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**FIRST LADY HILLARY RODHAM CLINTON**
**REMARKS FOR PRESENTATION OF FINAL REPORT OF THE**
**PRESIDENTIAL ADVISORY COMMITTEE ON GULF WAR ILLNESSES**
**ROOSEVELT ROOM**
**JANUARY 7, 1997**

Welcome to the White House. I'm delighted to be here at the presentation of this final report of the President's Advisory Committee on Gulf War Illnesses. The work of this committee reflects the Administration's commitment to finding answers for the thousands of men and women suffering from undiagnosed illnesses after serving so bravely in the Persian Gulf War. And it reflects our abiding commitment to being responsive to and responsible for our veterans and the families who care for them.

I know firsthand how important -- and difficult -- your task has been. Over the last four years, the President and I have received many heart-wrenching letters from Gulf War veterans and their families. Many veterans said they felt that their country had forgotten them. So in the fall of 1994, the President asked me to explore the issues surrounding the health needs of Gulf War veterans and to look into the federal government's efforts to address their concerns. I met with officials from the Department of Defense, the Veterans' Administration, and the Department of Health and Human Services to discuss better ways to coordinate their responses to our veterans' needs and to facilitate research into these illnesses. I met with representatives of the American Legion and the Veterans of Foreign Wars who shared their own observations and told me of their efforts to bring more serious, national attention to these illnesses. And I also visited with individual veterans, active-duty soldiers and their families here in the White House and across the country.

At Walter Reed Hospital and the Veterans Hospital in Washington, I listened to veterans as they tried to describe to me what it was like to live day after day, year after year, not knowing why they had become sick. I heard story after story of hard-working men and women who could no longer keep steady jobs and support their families because of their chronic illnesses. One veteran officer who had been diagnosed as 100 percent disabled told me about the healthy and active life he had led before his tour in the Persian Gulf and about his frustration in seeking effective treatments for his symptoms. I reported to the President and the Chief of Staff on these findings and recommended some steps the Administration could take in the future, including the creation of a Blue Ribbon panel to investigate the issue further.

I had the privilege of testifying at the first meeting of the President's Advisory Committee on Gulf War Illnesses in August 1995 and I have been following your progress closely ever since.

I want to thank all of you for your persistent efforts and for considering thoroughly the diverse and strongly-held opinions, theories, explanations and evidence about these illnesses. I want to thank the Gulf War veterans and their families for taking the time to share their experiences with this committee. And I especially want to thank the chairman of the President's Committee, Dr. Joyce Lashof, who will now tell us more about the committee's findings.

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Welcome to the White House. I'm delighted to be here at the presentation of a report that reflects this Administration's abiding commitment to finding answers for the thousands of brave men and women suffering from undiagnosed illnesses after serving in the Persian Gulf War, to the families who care for them, and to all Americans who believe in doing right by our veterans.

I know firsthand how important -- and difficult -- your task has been. Over the last four years, the President and I have received many moving and heart-wrenching letters from Gulf War veterans and their families. In the fall of 1994, the President asked me to explore the various issues surrounding the health needs of Gulf War veterans and to look into the federal government's efforts to address these concerns and problems. I visited with veterans, active-duty soldiers and their families ~~in veterans hospitals,~~ here in the White House, and across the country. At Walter Reed Hospital, I sat across a table from veterans and listened as they tried to describe to me what is like to live day after day not knowing why they were sick and not being able to explain to their children why Mom or Dad was always going to the doctor. I met with officials from the American Legion and the Veterans of Foreign Wars. And I also met with officials from DoD, VA, and HHS to discuss better ways to coordinate their agencies' responses to our veterans' needs and to facilitate research into these illnesses. ~~Finally, I presented the President with a report containing several recommendations, including the creation of the this committee.~~

I had the privilege of testifying at this committee's first meeting in August 1995 and I have been following your progress very closely ever since.

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At Walter Reed Hospital and the Veterans Hospital here in Washington, I listened to veterans as they tried to describe to me what it was like to live day after day, year after year, not knowing why they had become sick. I heard stories of hard-working men and women who could no longer keep steady jobs and support their families because of their illnesses. One veteran officer who had been diagnosed as 100 percent disabled told me about the healthy and active life he had led before his tour in the Persian Gulf and about his frustration in seeking effective treatments for his symptoms. In February 1995, I reported to the President and the Chief of Staff on these findings and recommended some steps the Administration could take in the future, including the creation of a Blue Ribbon panel to investigate the issue further.

I had the privilege of testifying at the first meeting of this committee in August 1995 and I have been following your progress closely ever since.

So I am particularly gratified to be here today. I want to thank all of you for your persistent efforts and for considering thoroughly the diverse and strongly-held opinions, theories, explanations and evidence about these illnesses. I want to thank the Gulf War veterans and their families for taking the time to share their experiences with this Committee. And I especially want to thank the chairman of the Presidential Committee, Dr. Joyce Lashof, who will now tell us more about the Committee's findings.

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DRAFT

February 10, 1995

MEMORANDUM FOR THE PRESIDENT

FROM: THE FIRST LADY

You asked me to look into the issue of Gulf War illnesses as a result of the letters the White House has been receiving, as well as the concerns directly raised with you by citizens. Many Gulf War veterans, it seems, have been left with the terrible impression that their country has forgotten them. I wanted to let you know what I have learned in the last several weeks, as I have been consulting with key government officials, Gulf War veterans and their families, and outside advocates. What I have found is that this remains a complex and elusive problem, frustrating both to those who suffer from debilitating illnesses and to the government officials working to address their problems.

**Background Information:**

There were 697,000 U.S. troops that served in the Persian Gulf War in 1990-91. Many had flu-like symptoms when they were there and after they came home, but it wasn't until more than a year later that concerns were raised about chronic illnesses by hundreds, and then thousands of PGW veterans, some of whom are still on active duty. Of particular concern are a variety of unexplained symptoms that do not fit any neat diagnosis.

Symptoms of the undiagnosed or "mystery illnesses" are varied, including chronic fatigue, memory loss, rashes, difficulty with sleeping, gastrointestinal disorders, allergies, respiratory problems, recurrent infections, headaches, joint pain, nasal discharge, tumors, and unusual bleeding.

Nobody knows what has caused these symptoms and it is likely that there are several causes, some of which may interact with each other. For example, if exposure to a chemical agent lowered a soldier's immune response, he or she would be more susceptible to infectious agents. The list of possible causes includes exposures to: toxic by-products from oil fires or tent heaters; depleted uranium; unapproved vaccinations and anti-nerve gas compound (pyridostigmine); infectious agents (leishmaniasis, malaria, brucellosis, giardiasis); chemical and biological warfare; pesticides; microwaves; and special paints and solvents.

An alternative explanation is post-traumatic stress disorder or stress.

What is particularly unusual is the growing number of reports of spouses and children who also appear to be ill with similar symptoms, as well as reported miscarriages and birth defects. Thus far, no well designed studies have been conducted to determine whether Gulf War veterans are more likely to have family members with these problems than other veterans. However, the VA and CDC have examined this issue with the limited data that are currently available, and they believe that there is no evidence to support these complaints.

**VA and DOD Registries**

PL 102-585 directed VA to establish a Persian Gulf War Veterans' Health Registry that could easily be cross-referenced with a Department of Defense (DoD) registry that had been previously established under the National Defense Authorization Act for FY 1992-1993. The purpose of the Registries was to gather information about individuals that would be useful in determining whether certain exposures or experiences (especially oil fires) resulted in certain illnesses.

Unfortunately, according to a report issued on September 30, 1993 by the Office of Technology Assessment (OTA), the VA and DoD registries are not well coordinated. Additionally, OTA indicated that the registries cannot be used to determine cause-and-effect relationships between illnesses and exposures. Because the registries were constructed with emphasis on oil fire exposure, the registries are much less useful for examining other potential exposures. Similarly, the medical testing performed through the VA Registry were not relevant to the diagnosis of disorders that have now been associated with the mystery illnesses (i.e., immune dysfunction, neurologic disease, chemical sensitivities).

Of the 697,000 U.S. troops serving in the Persian Gulf war, more than 337,500 are now veterans. Approximately 40,000 veterans are currently enrolled in the VA Registry, and 85% of them are sick. Of those studied thus far, 17% complain of fatigue, 17% have rashes, 14% have unusual headaches, 14% have muscle or joint pain, and 11% have loss of memory, and 8% have shortness of breath. It is unknown how many of these have undiagnosed illnesses.

**NIH Workshop on Persian Gulf War Illnesses**

In April 1994, several Federal agencies co-sponsored a workshop at NIH, where a panel of experts listened to testimony from Government experts, veterans, and scientists.

They issued a report that concluded that Gulf War veterans were suffering from undiagnosed illnesses of unknown origins, but that there was no single entity that could be reasonably called "Gulf War Syndrome." They recommended that more research be done.

**Recent Reports**

In June 1994, the Task Force on Persian Gulf War Health Effects of the Defense Science Board, chaired by Dr. Joshua Lederberg, issued its report on the possible exposure of US troops to chemical or biological weapons or other hazardous agents. The report concluded that there was no evidence that US troops were exposed to chemical or biological weapons, and that "the overall health experience of US troops in Operation Desert Storm was favorable beyond previous military precedent." The report also recommended "substantial improvements" in medical assessments of US troops before and after deployment, to enable DOD and VA to better assess the health effects of military service.

Although some of its findings received wide support, the report was criticized by veterans and Congress because some of its information was based on DoD reports that were not considered credible. For example the report stated that less than one tenth of one percent of the Gulf War troops have reported undiagnosed illnesses. Although the exact number is unknown, this number is considered by many to be unrealistically low and contributed to the perception of the report as a "DOD cover-up." Dr. Lederberg is a very well respected Nobel Laureate, but his selection was criticized because he has financial ties to DOD.

PL 102-585 also required VA and DoD to contract with the Institute of Medicine's Medical Follow-up Agency (MFUA) to review existing scientific, medical, and other information on the health consequences of military service in the Persian Gulf theater of operations.

The Institute of Medicine issued an interim report in January 1995. They concluded that research was needed to determine the prevalence and likely causes of Gulf War illnesses. They criticized the VA and DOD research that was underway as not adequately peer reviewed and concluded that the quality of the data was questionable.

The Senate Veterans Affairs Committee, chaired by Sen. Jay Rockefeller, issued a staff report in December 1994 that concluded that investigational drugs and vaccines were inappropriately distributed to US troops during the Persian Gulf War. Prior to the war, DOD obtained permission from FDA to use pills (pyridostigmine) in a way that was not proven safe or effective and a botulism vaccine that was not proven safe or

effective. The report concluded that U.S. troops were not adequately informed of the possible risks of the drugs or vaccines (as required by law), and that the vaccines and drugs were used in such a way that they probably would not have provided adequate protection against biological or chemical weapons.

The Senate report expressed strong concern that the pyridostigmine, which was intended to protect against chemical weapons, may have caused adverse reactions in some individuals, or may have enhanced the toxic effects of insecticides or other chemicals that were widely used in the Gulf.

Sen. Donald Riegle, Jr. issued two reports claiming that allied troops were exposed to chemical warfare, resulting from scud missile attacks or U.S. military bombing of Iraq's chemical warfare plants at a time when down-winds were unfavorable.

**My meetings with DOD, VA and HHS**

In January, I met with key officials from the DoD, VA, and HHS to discuss how best the Administration can respond to the concerns that have been raised. The agencies have been very engaged in addressing this issue. They are trying to improve medical evaluations and services for Gulf War veterans, conduct research that will enable them to better understand the causes of the illnesses, and provide compensation to veterans who are disabled. I received assurances that the departments are moving quickly to implement legislative provisions that you signed into law in October and November.

However, in the course of these meetings, I also learned that some of the research that the law requires to be conducted by independent researchers (such as university scientists) under grants from DoD was mistakenly being conducted by DoD. Deputy Secretary John Deutch assured me that this could be corrected, and suggested that he might ask NIH to assist DoD with a peer review system for these grants. I raised this issue with Dr. Phil Lee, the Assistant Secretary of Health at HHS, who agreed that PHS has much more expertise with peer review of grants than DOD.

Agency officials report that they are doing their best under difficult circumstances and feel besieged by Congress and the media. They claim that anecdotes, while compelling, do not constitute scientific evidence, and that Congress and the media are taking these anecdotes too seriously. In contrast, well respected scientists have testified before Congress that these "anecdotes" should be considered case studies, and point out that they may well be the first sign of significant health problems that will become obvious when research is finally conducted.

**Meeting with Veterans' Service Organization Representatives**

I also have had meetings with officials from the American Legion and the Veterans of Foreign Wars. Both of these meetings have been extremely helpful in helping me understand how the veterans view our Administration's role in helping Gulf War veterans. For example, I met with Steve Robertson, who is Legislative Director of the American Legion, and is himself a Gulf War veteran with multiple undiagnosed illnesses. One of his concerns was the DoD and VA view that stress was the main cause of these symptoms. He made it clear that he had experienced extreme stress in previous deployments (he gave the example of the possibility that he would have to "push the button" to launch nuclear weapons at the Soviet Union) and made it clear that his Persian Gulf experience was not at all stressful in comparison. He recited a long list of potential toxic exposures that were common in the Gulf; for example, pesticides that were sprayed everywhere, including on cooking utensils. He is very concerned that the combination of these exposures could have been much more toxic than any would have been individually. The Executive Director of the Legion, John Sommer, was clearly supportive of Steve's views.

In talking to the Commander of the Veterans of Foreign Wars (Gunner Kent) and their staff, I was assured that the VFW appreciates the legislative efforts that you and the VA have made to provide medical care and compensation to Gulf War veterans. He praised this Administration's quick response, especially compared to the "15 years it took to get anything for Agent Orange." However, the VFW has conducted a survey of more than 2,000 Gulf War veterans, which found that most have undiagnosed illnesses that are not being successfully treated. (This is not a random sample, but it is worrisome nevertheless.) The VFW does not blame the VA, but they do believe that the DOD is not providing VA with the information it needs to help determine the causes of these illnesses.

**Veterans and Their Family Members**

I have received many letters from Gulf War veterans and their spouses, and have had the opportunity to speak to some of these individuals on the telephone as well. They express great frustration with VA and DOD, and they clearly feel that the government has not done enough to address this health problem and that the government has not taken their concerns seriously enough. The specter of the government cover-up of the dangers of Agent Orange for Vietnam veterans is frequently mentioned.

One recurring theme is that doctors at the individual VA facilities minimize the seriousness of the patients' symptoms, are not particularly well informed about Gulf War illnesses, and sometimes even ignore the law that requires VA to provide free

medical care to these veterans. For example, the President of the Gulf War Veterans of Massachusetts wrote on February 9, 1995: "Veterans are bitter, and many of the ones I speak to have concluded that they are never going to get any help from the VA system. Why? First, despite the laws which have been passed, and despite Secretary Brown's convictions, Gulf veterans are still frequently refused service in VA hospitals. The VA claims system is a disaster...(my own claim was lost for over a year, and 30 months have passed since I initially filed it.) One of the biggest problems which I have been trying to work with on a local basis is simple ignorance of the situation by many of the VA physicians who are treating us. During my Persian Gulf Registry exam in January 1994, the doctor who examined me had never heard of depleted uranium and did not believe me when I told him of the exposure."

I have also heard from veterans who have cancer or who report that an usually high number of young Gulf War veterans have died of cancers or heart conditions. There is great fear that these fatal diseases were caused by service in the Gulf. Many veterans believe that the VA and DOD have not provided full and accurate information about deaths and diagnoses, and some staff from the agencies concur (off the record) with that assessment. I don't think that anyone knows whether there is statistical evidence of an abnormally high number of cancers or heart disease among Gulf War veterans, but it seems to me the thing to do is make sure that kind of information is available to the public, and properly analyzed by CDC. According to reports I have heard, several FOIA requests for such information have gone unanswered, or have been answered with information that is perceived to be inaccurate.

**Lack of Effective Treatment**

One of the major problems is that many of the undiagnosed illnesses do not respond to treatment. For example, some veterans complain of having diarrhea for 3 years, rashes that come and go but do not respond to treatment, or sensitivities to chemicals that make it impossible to go to gas stations or sit in hospital waiting rooms. Women who are married to Gulf War veterans report constant vaginal infections and pain related to sexual intercourse; neither the cause nor an effective treatment has been determined. VA does not provide medical care to spouses, so many of these women do not have access to medical tests or treatment. This is especially true if the veteran is too ill to work. This lack of health care makes it especially difficult to determine whether these illnesses are unusual or whether the major problem is lack of appropriate medical care.

In cases where VA and DOD medical facilities have been unable to effectively treat Gulf War veterans, many veterans have sought care in the private sector. Some Gulf War veterans have

complained that the VA and DOD facilities are too conservative in their treatments. The countervailing point of view is that private sector doctors are taking advantage of the desperation of Gulf War veterans, by selling useless or even dangerous diagnostic tests or treatment.

My staff has called scientists from across the country to learn more about the controversial treatments that Gulf War veterans are receiving in the private sector. Thus far, the experts suggest that there are no good diagnostic tools for determining chemical exposures to the brain, and that such diagnostic tools as SPECT scan and brain mapping have limited usefulness. One of the veterans who is very ill is currently going to a private facility for plasma pharesis at a cost of $15,000/month. Several experts have claimed that such a painful, dangerous, and expensive treatment would be difficult to justify except on an experimental basis. So, thus far the academic experts have made statements that are consistent with VA decisions not to use those tests and treatment. However, the usefulness of treatments that have been devised for multiple chemical sensitivity and other controversial diagnoses are more debatable.

**Compensation**

Veterans who have disabilities that are associated with military service are entitled to monthly benefits from the VA. The maximum benefit is approximately $23,000/year for a veteran who is considered 100% disabled.

As of ____ 1994 there were approximately ____ claims filed by PGW veterans or their survivors for general VA benefits. Approximately 10% were from veterans claiming disabilities from exposure to environmental hazards, but very few of those claims were granted. This is partly a function of the lack of diagnosis for these symptoms, and partly because it is more difficult to prove that an illness is service-connected if it is not reported until after a person leaves the military (battle wounds are obviously much easier to prove when filing a claim).

Thanks to the law that you signed in November (PL 103- ), veterans whose illnesses are not diagnosed will, for the first time, be eligible to receive compensation if they can prove that they are disabled as a result of military service. The first compensation checks resulting from this law should be distributed in March. However, proving disability may still be difficult, and it will be essential to monitor this program to make sure that veterans receive the compensation that they deserve.

**Working as a Team With VA, DOD and HHS**

Among the VA, DOD, and HHS officials and the Gulf War veterans there is wide agreement that more targeted and coordinated research is needed. The Defense Reauthorization and the Veterans' Persian Gulf War Benefits Act that you signed in October and November include some important new research efforts, including research on the possibility that the veterans's health problems are transmissible to spouses and offspring. It is important that these efforts go forward expeditiously.

The agency officials expressed their desire to work together to ensure that the needs of Gulf War veterans are met. We agreed that we must convey to the American people that the Administration recognizes that there are serious questions that need to be resolved, and we are committed to working to address them. For example, Dr. Kizer, the VA Under Secretary for Health, admitted that some VA facilities are doing a better job than others, and indicated his strong commitment to improving that situation, so that all veterans receive the care they deserve. He also is planning a major new effort to examine whether birth defects and reproductive problems are unusually prevalent among Gulf War veterans.

As you said when you asked me to follow up on this issue, we must do our very best to guarantee that the concerns of our veterans who served our nation so nobly in the Gulf are addressed properly and honestly, with the compassion their cases merit. This must be our collective guiding principle.

I suggested to Secretary Perry and Secretary Brown that together we visit appropriate sites, such as hospitals or research centers, to demonstrate the concern of this Administration and our commitment to working together to get answers and provide assistance to those who are suffering health problems from their service during the Gulf War. My first such visit, at the VA Medical Center in Washington, DC, is scheduled for February 14.

I believe that the agencies involved are making great efforts to improve the research and services for Gulf War veterans, but that the statements made by Department officials are often perceived as defensive and less than candid. This may be partly because many of the career employees who are providing information to Department officials are themselves responsible for previous decisions. It is human nature to be reluctant to admit that mistakes might have been made; however, these mistakes were made during the previous Administrations, and we should be willing to admit that they occurred and that we must and will do better in the future. Given the enormous publicity and the increased concerns that the veterans are expressing about the

adequacy of the Administration response, I believe it is essential to be more open and let veterans and the American people know that we are not satisfied with the status quo.

I believe we can move ahead to immediately reassure the veterans and the public by moving quickly on some new initiatives, and making those initiatives public. We need to let the American people know that we are just as concerned as they are about the veterans whose illnesses are not responding to treatment. And of course, we need to move as quickly as possible to make progress on these issues.

I suggest that we consider two very public announcements in the coming weeks:

**A. DoD Press Conference:**

**1. The message needs to be that DoD is concerned that the safety of the long-term use of pyridostigmine, alone and in combination with stress, pesticides, and other toxic chemicals, was not adequately studied under the Reagan/Bush Administration prior to the Persian Gulf War.** That is why new research is now underway. DoD can announce that research is underway, and that most of it will be peer reviewed, independent research. This will have implications for future soldiers, in addition to Gulf War veterans who are ill. Of course, any future use of these agents will be reviewed in light of the results. Dr. Steven Joseph could be in charge of this effort.

**2. Announce that DoD has developed new policies to make sure that all service members are adequately warned about any potential side effects from any vaccines, drugs, pesticides, decontamination agents, and other toxic chemicals that they will come in contact with. Dr. Susan Bailey is the person in charge of this effort.**

**3. I believe that DOD should announce that they have withdrawn a request for a permanent waiver of informed consent for the use of experimental drugs. [They may still request such waivers on a case by case basis]. This could be done by Executive Order, or Secretary Perry could make the decision.**

**B. President (and Secretary Brown) Announces:**

**1. You and/or Secretary Brown could request that the VA Inspector General investigate allegations that some VA facilities are not providing appropriate free medical care to Gulf War veterans as required by law.** VA does not have enough investigative staff to do this, and anyway, the IG is preferable because it is independent of VA.

**2. The VA PGW Hot Line will compile information about any reported problems regarding access to medical care or compensation, and Secretary Brown will ensure that information will be used by VA to improve those efforts.**

**3. The lack of mortality statistics has angered some veterans groups. The VA could announce that, in response to requests from veterans groups, the VA will analyze data from PGW veterans who have died, and CDC will work with them to evaluate whether the number of deaths or diagnoses are unusual.**

**4. The VA will include information about ill spouses and children, including miscarriages and stillbirths, on the PGW Health Registry starting [insert date]. VA is already including information about birth defects. This will help provide information about whether an unusually large number of these problems are occurring.** Dr. Ken Kizer has also proposed an even more ambitious surveillance system for reproductive problems among veterans, which he should announce.

**5. Announce that the first compensation checks for undiagnosed illnesses will be sent in March.**

<u>Blue Ribbon Panel</u>

I also believe that we should consider a new "blue ribbon" panel to examine these issues. This panel should have a broader mandate than the Lederberg panel, and should not include members who have contracts or consulting relationships with DOD or VA, or the chemical industry. In order to have credibility with veterans and the public, we need to make sure that the panel includes scientific experts who have reputations as being consumer-oriented or absolutely objective. The panel should have an adequate staff that enables them to monitor the many activities of these three agencies for at least one year.

We may want to consider "reinventing" the concept of a blue ribbon panel to make it less reliant on the expertise of a large number of extremely busy scientists. Unfortunately, such experts are often perceived as relying too heavily on the information provided by the agencies. Perhaps the focus should be on a small top-notch, independent investigative staff that is advised by a small number of well-respected experts, such as Admiral Zumwaldt, a medical ethicist, and a small number of scientists.

cc: Leon Panetta
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THE WHITE HOUSE

OFFICE OF THE PRESS SECRETARY

For Immediate Release August 14, 1995

**Remarks by First Lady Hillary Rodham Clinton
to the President's Advisory Committee on
Gulf War Veteran's Illnesses
Washington, DC**

MRS. CLINTON: Thank you very much. I am delighted to be here at this first meeting, and on behalf of the President, I want to thank the Chair and members of the President's Advisory Committee on Gulf War Veterans' Illnesses for your willingness to perform this public service. I also want to welcome all the veterans, their friends and families, who are here to talk about their personal experiences and to hear from the Administration officials who have been working diligently on the issues raised in the President's Executive Order creating this Committee.

I want to start by emphasizing again how proud we all are of our victory in the Gulf War. Because of the enormous skill and bravery of American troops, an end was put to Saddam Hussein's brutal and illegal occupation of Kuwait. Because of the strength of U.S. leadership, the international community came together to stop and reverse unprovoked aggression against an innocent nation.

This Presidential Advisory Committee is an important example of the President's commitment to leave no stone unturned in the Administration's efforts to understand Gulf War veterans' illnesses and to make sure that the government is responsive to veterans' needs.

In his announcement, the President assured Gulf War veterans that we are grateful for their bravery, and we are as proud of them today as all of us were when they returned victorious in 1991. And most important, the President made it clear that just as we relied on our troops when they were sent to war, we must assure them that they can rely on us now.

The President and I have heard from many Gulf War veterans and their family members about their illnesses. We have received letters from all over the country, and have had the privilege of meeting with many veterans and family members in person. Some of these men and women, such as Steve Robertson and Nancy Kapplan, will be speaking to you this afternoon.

Veterans have told me about their frustrating efforts to find out why they are ill and how their illnesses can be treated. They have shared moving stories of the devastating effects on families

when fathers and mothers become disabled and unable to work. They have described what it was like to serve their country in a desert land where oil well fires turned the day to night, and where sandstorms made it difficult to breathe. Some described scud missile attacks, or told of frequent use of insecticides to protect them from insect-born diseases.

Many Gulf War veterans have been outspoken in seeking and providing information about their illnesses. This Advisory Committee will determine whether the experiences these veterans describe in the Persian Gulf, and in receiving medical care, have been adequately addressed or whether there are additional actions that need to be taken.

When Secretary Jesse Brown and I met with veterans at the local VA Hospital here in Washington, and when then Deputy Secretary of Defense John Deutch and I met with active duty soldiers at Walter Reed Hospital, the stories we heard touched us deeply, and provided important information as well. I know you will be working closely with veterans, who will be an invaluable resource in your deliberations, and I am pleased you will begin by hearing directly from Gulf War veterans today.

I have also met with the physicians, nurses, and other health care professionals from the VA and DOD who have worked with Gulf War veterans who are ill. They too express great frustration about the difficulties they have faced in helping some of the veterans and their family members whose illnesses remain undiagnosed. I know you will also work closely with these dedicated men and women, and learn from their experiences.

When the men and women of the U.S. military, Reserves, and National Guard were called to war in 1990, our Nation knew that we could rely on them, and they served our nation honorably.

When we look back to the euphoric parades for returning U.S. troops in 1991, we can still remember a great feeling of relief. We had won the war, and most Americans had returned home safely.

But throughout 1991 and 1992, there was increasing concern about some of our Gulf War veterans. There were veterans who described symptoms that did not respond to treatment, and did not go away as expected. When my husband became President and learned that the numbers of veterans with chronic symptoms seemed to be increasing, he took an active interest in helping our veterans.

Because of the leadership and dedication of the Departments of Veterans Affairs, Defense, and Health and Human Services, this Administration has already made unprecedented efforts to help Gulf War veterans. For example, never before has an Administration moved so quickly to conduct research aimed at helping returning soldiers who are ill. This year alone, the three Departments will

spend approximately $15 million to study possible environmental hazards, to determine whether illnesses have been transmitted to spouses and children, and to develop improved treatment programs.

With the leadership of the VA, this Administration strongly supported laws to ensure that compensation is available to those who are disabled, even if the direct causes of the illnesses stemming from their military service are unknown. The VA is also providing priority medical care to Gulf War veterans, and both VA and the Defense Department have established special treatment centers to help veterans whose illnesses are particularly difficult to diagnose.

The Defense Department has also recently initiated a new program that will declassify documents and other information about the Gulf War, and make them available on Internet.

All these efforts will serve our veterans well, and most were accomplished with bipartisan support from the 103rd Congress, under the leadership of then Chairmen of the Veterans Affairs Committees, Sen. Jay Rockefeller and Rep. Sonny Montgomery, and their Committee members.

As President Clinton stated when he first announced this Advisory Committee, he is determined to do whatever it takes to respond to the concerns of Gulf War veterans.

This Administration has already convened several other panels of outside experts to examine various issues pertaining to Gulf War veterans' illnesses, but it came to realize that the issues are so complex they require a more comprehensive, sustained effort.

And so the President established this Advisory Committee, to be independent and appropriately staffed, with the relevant experience and expertise that the members represent. This Advisory Committee is unique because, as the President outlined in his Executive Order, you will review all aspects of the Federal governments' programs and policies that affect Gulf War illnesses, telling us what we are doing right and what we should be doing better.

The Executive Order specifies that you will provide "advice and recommendations" based on your review of the following: research; medical treatment; risk factors from service in the Gulf War, including possible environmental factors, and drugs and vaccines; reports of the possible detection of chemical and biological weapons; coordinating efforts that have been established by Federal agencies; external reviews by other expert panels; and outreach to veterans.

As you can see from that list, your mandate is broad. In your efforts to review all these programs and policies, the Secretaries

are pledged to assist you, and you will find their doors open to you. And the President has made it absolutely clear, in his Executive Order and in his announcement of this Advisory Committee, that when you consider your task, no issue is off limits and every reasonable inquiry should be pursued.

There are many opinions about how many Gulf War veterans are ill, what has caused those illnesses, and how they can best be treated. In talking to veterans and to those who are trying to serve them, it is clear that those opinions are as strongly held as they are diverse.

And so, your task is a difficult one. There are many unanswered questions, and we are counting on you to make sure that this Administration is doing all it can to catalog relevant questions and, in so far as possible, answer them.

For that reason, you were selected on the basis of your wide range of expertise in medical issues, scientific research, policy, and military matters. The veterans on the panel will contribute their invaluable perspectives from their military experiences, and it is particularly important that two of you served in the Gulf War. You all were selected because you do not have pre-conceived notions about the scope of the problem of Gulf War illnesses, or the causes and treatment.

None of us knows what the research now being conducted or called for in the future will tell us. So far, the research that the government has conducted indicates that thousands of veterans who were healthy when they left for the Gulf War are now ill. Many veterans believe that these symptoms cluster together into a "Gulf War Syndrome" that is unique. Based on the research to date, however, experts have concluded that there is not enough evidence to call this a syndrome. This is an issue that will continue to be studied as more research is completed.

There are disagreements about the likely causes and the best treatments for these symptoms. These issues also will continue to be studied as more research is completed.

The President has appointed this Advisory Committee because we do not yet have the answers to these important questions. These are complicated scientific questions that deserve careful scientific scrutiny.

In his Executive Order, the President has entrusted you to make sure that the Federal government is supporting appropriate research, and that, whenever possible, the results are being used to inform treatment, compensation, and priorities for future research. You are also entrusted to examine the wide array of Federal programs and policies to make sure that they not only make

sense, but also that they are being administered effectively and humanely.

I want to leave you with the image of an open door. Perhaps your most important tool as you serve on this Committee is your ability to be open-minded, to take advantage of our open-door policy to seek out the information you need to evaluate all existing programs and policies, and to make recommendations to ensure that this Administration will continue to be responsive and responsible to our veterans. We owe them that much, and more, and all of us are greatful for your willingness to take on this important public service. Thank you very much Madame Chairman.

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**FIRST LADY HILLARY RODHAM CLINTON**
**REMARKS FOR PRESENTATION OF FINAL REPORT OF THE**
**PRESIDENTIAL ADVISORY COMMITTEE ON GULF WAR ILLNESSES**
**ROOSEVELT ROOM**
**JANUARY 7, 1997**

Welcome to the White House. I'm delighted to be here at the presentation of a report that reflects this Administration's abiding commitment to finding answers for the thousands of brave men and women suffering from undiagnosed illnesses after serving in the Persian Gulf War, to the families who care for them, and to all Americans who believe in doing right by our veterans.

I know firsthand how important -- and difficult -- your task has been. Over the last four years, the President and I have received many moving and heart-wrenching letters from Gulf War veterans and their families. In the fall of 1994, the President asked me to explore the issues surrounding the health needs of Gulf War veterans and to look into the federal government's efforts to address these concerns and problems. I met with officials from the Department of Defense, the Veterans' Administration, and the Department of Health and Human Services to discuss better ways to coordinate their responses to our veterans' needs and to facilitate research into these illnesses. I met with representatives of the American Legion and the Veterans of Foreign Wars who shared their own observations and told me of their efforts to bring more serious, national attention to these illnesses. And I also visited with individual veterans, active-duty soldiers and their families here in the White House and across the country.

At Walter Reed Hospital and the Veterans Hospital here in Washington, I listened to veterans as they tried to describe to me what is like to live day after day, year after year not knowing why they were sick, and not being able to keep steady jobs and support their families because of their chronic illnesses. One veteran officer who had been diagnosed as 100 percent disabled told me about the healthy and active life he had led before his tour in the Persian Gulf and about his frustration in seeking effective treatments for his symptoms. I reported to the President and the Chief of Staff on these findings and recommended some steps the Administration could take in the future, including the creation of a Blue Ribbon panel to investigate the issue further.

I had the privilege of testifying at this committee's first meeting in August 1995 and I have been following your progress closely ever since.

I want to thank all of you for your persistent efforts and for considering thoroughly the diverse and strongly-held opinions, theories, explanations and evidence about these illnesses. I want to thank the Gulf War veterans and their families for taking the time to share their experiences and thoughts with this committee. And I want to thank especially and introduce the chairman of the President's Advisory Committee on Gulf War Veterans' Illnesses, Dr. Joyce Lashof, who will tell us more about the committee's findings.

TALKING POINTS FOR CALLS TO SECRETARY PERRY AND SECRETARY BROWN

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

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

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

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

we have human rights differences as well, and we have certainly pressed our differences with China, not only person-to-person, face-to-face with the Chinese but also in the appropriate international forum, and we will continue to do that.

And we also have other differences with them. I agreed to let President Li from Taiwan come here. I thought that was the appropriate thing to do. We won't always agree with the Chinese, but I think it's important that when we disagree, we do it in the right way, aggressively and forthrightly, but in the proper forum.

*Q.* President Yeltsin has called Mr. Major and Mr. Kohl complaining about the—[*inaudible*]—has he tried to reach you, and what would you tell him?

***The President.*** Not yet, no. If he did, I would tell him just what I told you, that the United Nations asked for this; they certainly weren't put up to it, that the Bosnian Serbs went way beyond the bounds of acceptable conduct. There have been clear restrictions on bombing civilians and the shelling those areas for a long time now. I would ask him to call the Serbs and tell them to quit it and tell them to behave themselves and that this would not happen.

### *Surgeon General Nomination*

*Q.* Are the Democrats ready to overcome a filibuster on the Foster nomination if it happens?

***The President.*** The Democrats are not numerous enough to overcome a filibuster. But Senator Frist and Senator Jeffords put their country above their party today and did what they thought was right, and I think there will be others. There may even be some who may not think they should vote for him, Dr. Foster, who believe that it's wrong to filibuster a nomination of this kind.

In the past, when the Democrats were in the majority in the Senate, they often did that as well. They often gave Republican Presidents votes on their nominees, even if they didn't agree with them. This—it would be unusual and unwarranted if this fine man were denied his day in court in the Senate, and I don't believe the American people want that to happen, and I don't believe that a majority of the Senate wants that to happen.

*Q.* What are you doing for the rest of the day?

***The President.*** Working. [*Laughter*]

NOTE: The President spoke at 12:33 p.m. in the Oval Office at the White House. In his remarks, he referred to Prime Minister John Major of the United Kingdom; Chancellor Helmut Kohl of Germany; and President Boris Yeltsin of Russia. A tape was not available for verification of the content of these remarks.

## Executive Order 12961—Presidential Advisory Committee on Gulf War Veterans' Illnesses

*May 26, 1995*

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

***Section 1.*** *Establishment.* (a) There is hereby established the Presidential Advisory Committee on Gulf War Veterans' Illnesses (the "Committee"). The Committee shall be composed of not more than 12 members to be appointed by the President. The members of the Committee shall have expertise relevant to the functions of the Committee and shall not be full-time officials or employees of the executive branch of the Federal Government. The Committee shall be subject to the Federal Advisory Committee Act, as amended, 5 U.S.C. App. 2.

(b) The President shall designate a Chairperson from among the members of the Committee.

***Sec. 2.*** *Functions.* (a) The Committee shall report to the President through the Secretary of Defense, the Secretary of Veterans Affairs, and the Secretary of Health and Human Services.

(b) The Committee shall provide advice and recommendations based on its review of the following matters:

(1) *Research:* epidemiological, clinical, and other research concerning Gulf War veterans' illnesses.

(2) *Coordinating Efforts:* the activities of the Persian Gulf Veterans Coordinating Board, including the Research Coordinating

Council, the Clinical Working Group, and the Disability and Compensation Working Group.

(3) *Medical Treatment:* medical examinations and treatment in connection with Gulf War veterans' illnesses, including the Comprehensive Clinical Evaluation Program and the Persian Gulf Registry Medical Examination Program.

(4) *Outreach:* government-sponsored outreach efforts such as hotlines and newsletters related to Gulf War veterans' illnesses.

(5) *External Reviews:* the steps taken to implement recommendations in external reviews by the Institute of Medicine's Committee to Review the Health Consequences of Service During the Persian Gulf War, the Defense Science Board Task Force on Persian Gulf War Health Effects, the National Institutes of Health Technology Assessment Workshop on the Persian Gulf Experience and Health, the Persian Gulf Expert Scientific Committee, and other bodies.

(6) *Risk Factors:* the possible risks associated with service in the Persian Gulf Conflict in general and, specifically, with prophylactic drugs and vaccines, infectious diseases, environmental chemicals, radiation and toxic substances, smoke from oil well fires, depleted uranium, physical and psychological stress, and other factors applicable to the Persian Gulf Conflict.

(7) *Chemical and Biological Weapons:* information related to reports of the possible detection of chemical or biological weapons during the Persian Gulf Conflict.

(c) It shall not be a function of the Committee to conduct scientific research. The Committee shall review information and provide advice and recommendations on the activities undertaken related to the matters described in (b) above.

(d) It shall not be a function of the Committee to provide advice or recommendations on any legal liability of the Federal Government for any claims or potential claims against the Federal Government.

(e) As used herein, "Gulf War Veterans' Illnesses" means the symptoms and illnesses reported by United States uniformed services personnel who served in the Persian Gulf Conflict.

(f) The Committee shall submit an interim report within 6 months of the first meeting of the Committee and a final report by December 31, 1996, unless otherwise provided by the President.

***Sec. 3.*** *Administration.* (a) The heads of executive departments and agencies shall, to the extent permitted by law, provide the Committee with such information as it may require for purposes of carrying out its functions.

(b) Members of the Committee shall be compensated in accordance with Federal law. Committee members may be allowed travel expenses, including per diem in lieu of subsistence, to the extent permitted by law for persons serving intermittently in the Government service (5 U.S.C. 5701–5707).

(c) To the extent permitted by law, and subject to the availability of appropriations, the Department of Defense shall provide the Committee with such funds as may be necessary for the performance of its functions.

***Sec. 4.*** *General Provisions.* (a) Notwithstanding the provisions of any other Executive order, the functions of the President under the Federal Advisory Committee Act that are applicable to the Committee, except that of reporting annually to the Congress, shall be performed by the Secretary of Defense, in accordance with the guidelines and procedures established by the Administrator of General Services.

(b) The Committee shall terminate 30 days after submitting its final report.

(c) This order is intended only to improve the internal management of the executive branch and it is not intended to create any right, benefit or trust responsibility, substantive or procedural, enforceable at law or equity by a party against the United States, its agencies, its officers, or any person.

**William J. Clinton**

The White House,
May 26, 1995.

[Filed with the Office of the Federal Register, 10:36 a.m., May 30, 1995]

NOTE: This Executive order will be published in the *Federal Register* on May 31.

THE WHITE HOUSE

WASHINGTON

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