CHIEF OF STAFF
THE WHITE HOUSE
WASHINGTON, D.C. 20500

I thought you might be interested in the attached.

Personally,

Mack McLarty

THE PRESIDENT HAS SEEN 1/19

UNITED STATES SENATE
WASHINGTON, D. C.

PATTY MURRAY
WASHINGTON

January 7, 1993

Dear Mack

I want to thank you for all your help on the EPA Region X appointment. I know this was not easy personally for the President. I also know that in the overall scheme of things that you have to worry about, this was not at the top of the list. It was to me, however, and I really appreciated your getting it settled.

Thank you again for all of your help.

Patty Murray

PHOTOCOPY
WJC HANDWRITING

DRAFT

Agency Coordination

AGENDA
RADIATION EXPERIMENTS MEETING
January 3, 1993

I. Introductions and Overview — Phil Lader, Christine Varney, John Podesta

II. History of Experiments Gave — Experiments & Disclosures — DOE

III. Agency Updates — DOE, VA, DOD, HHS, NASA

III. Next steps:

- Review and retrieval of records
- Access
- Notification of subjects
- Ethical review
- Compensation
- Medical follow-up

Possible Comparison

Other Issues

IV. Organization of Response

Committees

V. Legislative Strategy — Pat Griffin

VI. Communications Strategy — Mark Gearan

VII. Next Meeting — Monday, January 10, 1993 4:00 PM

Roosevelt Room

Rm 1-3-93 Markup meeting notes on back

31 studies

691 individuals

Fernald
V.A. } new additions

→ names redacted

→ post-colburn clean up period

→ conducted properly
Not in report

→ three inside problems
r.

NO informed consent
or weak consent / elderly
prisoners
retarded } Expendables

→ Bob Northrows +

→ Nuclear medicine over
last 10 years what standards we have a
with Nimmt

→ agencies need to come clean

HUMAN RADIATION EXPERIMENTS
HISTORICAL BACKGROUND

For three decades following World War II, several federal agencies conducted or sponsored experiments on human subjects involving radioactive materials.

Many such experiments resulted in valuable medical advances and were conducted ethically. However, there are questions about whether subjects of some experiments were treated properly.

Experiments on humans during this period were supposed to be conducted according to the "Nuremberg Code." This ethical code was developed in response to disclosures at the Nuremberg War Crimes Trials about Nazi medical experiments conducted on concentration camp prisoners.

There are serious doubts now about whether some of the experiments conducted by the U.S. government on its own citizens did, in fact, meet the criteria of the Nuremberg Code.

There are indications that in some cases:

(1) subjects were not notified that they were participating in an experiment;

(2) subjects did not give proper written informed consent;

(3) subjects gave consent, but were not fully informed of potential health consequences of the experiment;

(4) experiments were conducted with disturbing frequency on subjects who could not reasonably be expected to fully understand what was being done to them - elderly people, retarded persons, infants, prison inmates and hospital patients suffering from terminal conditions.

(5) some experiments served no therapeutic medical purpose.

In 1986 a comprehensive report, "American Nuclear Guinea Pigs: Three Decades of Radiation Experiments on U.S. Citizens," was compiled under the direction of Rep. Edward J. Markey, chairman of the Subcommittee on Energy Conservation and Power of the House Committee on Energy and Commerce. The report identified 31 experiments conducted by Department of Energy predecessor agencies on at least 700 persons.

Rep. Markey's report called on the Reagan-era Department of Energy to track down the subjects of the experiments or their survivors to provide medical follow-up where appropriate, and compensate for wrongful treatment. The Department responded with an explanation of the purpose of each experiment and disagreed with Markey's conclusions that the experiments were conducted improperly or were of no medical value.

HISTORICAL BACKGROUND ON FEDERALLY-SPONSORED HUMAN EXPERIMENTS INVOLVING IONIZING RADIATION

Human experiments involving ionizing radiation relative to the federal military and civilian nuclear programs have been numerous and span nearly a half century. While several recently publicized experiments raise serious ethical questions, the federal government has and continues to sponsor human studies where there are widely recognized medical benefits. Nonetheless, it is important to examine those studies where ethical questions are raised and where the distinctions between saving lives and damaging them may have been blurred.

TYPES OF EXPERIMENTS

There are several categories of experiments of concern including:

* Clinical experiments where there was direct federal sponsorship,little or no informed consent, with no medical benefits in mind. These include: (a) injections of plutonium into 18 men women and children in 1945-46 by the Manhattan Engineering District; (b) deliberate internal exposures of radionuclides to workers at Atomic Energy Commission facilities in the 1950's and 1960's; (c) Injecting uranium in terminally ill brain tumor patients to ascertain kidney damage; (d) feeding radium to elderly people in nursing homes; and (e) the irradiation of the testicles of 131 inmates at the Washington and Oregon state prisons between 1960-71.

* Clinical experiments where there was direct federal sponsorship ,where there may have been a medical and non medical benefit, but where misadministration, and little or no informed consent occurred; These include: (a) The irradiation of 194 cancer patients between 1959-75 in specially built facilities at DOE's Oak Ridge facility; and (b) the irradiation of 87 cancer patients at the University of Cincinnati to doses of radiation expected to be found on a nuclear battlefield.

* Clinical experiments where the federal government provided radioisotopes but did not directly fund the studies themselves; These include: (a) Giving some 800 pregnant women iron-59 in the 1940's to ascertain nutritional information; (b) Feeding retarded children radioactive iron and calcium in the 1950's.

* Studies where military personnel were deliberately exposed to ascertain radiation risks and other information. These include: (a) having manned aircraft fly through radioactive clouds in the Marshall Islands in 1955; and (b) Giving army personnel and Alaskan Natives radioiodine in the 1950's to study how the thyroid effects the human body in cold conditions.

* Studies where radiation was deliberately released to the environment These include: (a) the release of some 8,000 curies of radioiodine in December of 1949 at the Hanford facility as part of a military experiment; (2) releases of radiolanthanum radioprotactinium and radiotantalum at DOE and DOD sites to develop radiological weapons; and (3) the point source detonation of plutonium warhead components a the Nevada test Site and the Marshall Islands.

CATEGORIES OF GOVERNMENT INVOLVEMENT

Over the years, various federal agencies have sponsored and/or provided funds and materials for human experiments involving ionizing radiation. Types of government involvement include, but are not limited to:

* Studies supported by the Department of Energy and its predecessor agencies;

* Studies supported by the Defense Department (Defense Nuclear Agency, Defense Atomic Support Agency, The Armed Forces Special Weapons Project and the Naval Radiological Defense Research Laboratory);

* Studies supported by the National Aeronautical and Space Administration at Atomic Energy Commission facilities (Interagency Agreement 40-35-64).

*Studies supported by the Defense Department at Atomic Energy Commission facilities.

* Studies supported by the Department of Veteran's Affairs.

— HOT LINE CALLS —

MEDICAL EXPERIMENTS: SUMMARY OF MAJOR CATEGORIES

1. THE PLUTONIUM EXPERIMENTS. CONDUCTED DURING THE CLOSING DAYS OF THE MANHATTAN PROJECT, MASSIVE DOSES OF PLUTONIUM WERE INJECTED INTO 18 MEN, WOMEN AND CHILDREN. THE SECRET EXPERIMENTS WERE CONDUCTED ACROSS THE COUNTRY, INCLUDING NEW YORK CITY AND SAN FRANCISCO. IT IS UNCLEAR WHETHER THESE SUBJECTS WERE INFORMED AS TO THE NATURE OF THE EXPERIMENTS. INFORMATION ON THIS AND SOME OF THE OTHER ITEMS LISTED BELOW WAS PUBLICLY RELEASED IN THE MID-1980'S AS PART OF CONGRESSIONAL INVESTIGATIONS CONDUCTED BY MR. MARKEY AND THEN-REPRESENTATIVE AL GORE.

2. PRISONER EXPERIMENTS. STUDIES IN THE 1960'S, SPONSORED BY NASA AND THE DEFENSE DEPARTMENT, INVOLVED IRRADIATION OF THE TESTICLES OF APPROXIMATELY 130 PRISONERS IN THE STATES OF WASHINGTON AND OREGON. ALTHOUGH THE PRISONERS WERE APPARENTLY GIVEN SOME INFORMATION ON THE NATURE OF THE EXPERIMENTS AND WERE PAID SMALL SUMS FOR THEIR PARTICIPATION, THE ADEQUACY OF THIS "INFORMED CONSENT" WILL BE AT ISSUE. THIS WORK WAS ALSO RELEASED IN THE 1980'S.

3. EARLY NUCLEAR MEDICINE EXPERIMENTS. IN THE 1950'S AND 1960'S, FACILITIES FOR THE IRRADIATION OF PATIENTS WITH CANCER AND LEUKEMIA WERE CONSTRUCTED AT OAK RIDGE. THEY WERE PART OF THE HUMAN EXPERIMENTATION PROGRAM FROM 1960 - 1975 IN WHICH APPROXIMATELY 200 PATIENTS LIVED IN THESE FACILITIES AND RECEIVED VARYING - BUT SOMETIMES VERY LARGE - DOSES IN AN ATTEMPT TO PROVIDE IMPROVED RADIATION THERAPY FOR MALIGNANT DISEASES. THIS INFORMATION WAS ALSO RELEASED IN THE 1980'S.

4. DEFENSE EXPERIMENTS INVOLVING EFFECTS OF NUCLEAR WARFARE ON TROOPS. BETWEEN 1960 - 1971, THE DEFENSE DEPARTMENT SPONSORED A PROGRAM AT THE UNIVERSITY OF CINCINATTI. SOME 87 TERMINALLY ILL PATIENTS WERE EXPOSED TO LARGE DOSES OF RADIATION COMPARABLE TO THOSE EXPECTED TO BE FOUND ON THE BATTLEFIELD.

5. THE FERNALD SCHOOL EXPERIMENTS. IN THE PAST FEW DAYS THE PRESS HAS REVEALED EXPERIMENTS CONDUCTED ON "SCORES" RETARDED YOUTHS AT THIS BOYS' SCHOOL NEAR BOSTON. APPARENTLY UNDER THE SPONSORSHIP OF THE ATOMIC ENERGY COMMISSION, THE EXPERIMENTS INVOLVED THE INGESTION OF RADIOACTIVELY-CONTAMINATED MILK AS A FORM OF A TRACER TO EXAMINE DIGESTIVE PROCESSES. WE ANTICIPATE LEARNING MORE ABOUT THIS IN OUR REVIEW.

6. VANDERBILT UNIVERSITY EXPERIMENTS. IN THE LAST FEW DAYS, THE PRESS HAS REVEALED EXPERIMENTS CONDUCTED AT THE VANDERBILT UNIVERSITY HOSPITAL FREE PRE-NATAL CLINIC AND FUNDED BY THE ATOMIC ENERGY COMMISSION. THE EXPERIMENTS INVOLVED INGESTION OF RADIOACTIVE MATERIALS IN PILL FORM BY HUNDREDS OF PREGNANT FEMALES ENTERING THE CLINIC FOR FREE PRE-NATAL CARE. THEY APPARENTLY WERE GIVEN NO NOTICE OF THE EXPERIMENTS, AND APPARENTLY NO CONSENT WAS RECEIVED. AT LEAST THREE CHILDREN OF THESE PREGNANCIES ARE REPORTED TO HAVE DIED AT A PREMATURELY-YOUNG AGE AND WE ARE RECEIVING HOT LINE CALLS FROM PERSONS WHO MAY HAVE BEEN INVOLVED WITH THIS WORK.

7. **RADIOACTIVE IODINE INFANT EXPERIMENTS.** RECENT NEWS REPORTS INDICATE THAT HUNDREDS OF INFANTS WERE INJECTED WITH LOW LEVELS OF RADIOACTIVE IODINE AROUND THE COUNTRY. THE EXPERIMENTS WERE DESIGNED TO DISCOVER METHODS OF DETECTING THYROID DISEASE IN INFANTS AND YOUNG CHILDREN. WE HAVE INCOMPLETE INFORMATION AS TO ANY CONSENT RECEIVED.

11/15-12/93

THE ALBUQUERQUE TRIBUNE

The Plutonium Experiment

Americans recoiled when the Nazis conducted brutal experiments on humans. But as the world was learning of those horrors, U.S. scientists injected plutonium into 18 people without their informed consent to see how the element that fuels atomic bombs reacts in the body. The identities of these human guinea pigs were hidden for almost 50 years.

Until now.

BY EILEEN WELSOME

CONTINUED

THE ALBUQUERQUE TRIBUNE

**A SPECIAL REPRINT
OF A THREE-DAY REPORT PUBLISHED
NOV. 15-17, 1993**

The Plutonium Experiment

The experiment began in the hot, fretful dawn of the Atomic Age in quiet hospitals far removed from the New Mexico desert where scientists were putting the finishing touches on a "gadget" that would alter the course of history.

In the wards of the sick and dying, syringes were loaded with an ingredient so secret it was known only as "the product." Then, in quick succession, the needles were plunged into the veins of an auto accident victim in Tennessee, a cancer patient in Chicago, a house painter in San Francisco.

The product was plutonium, the highly radioactive substance that would power the brilliant mushroom cloud over Alamogordo three months later.But what did plutonium — the ingredient in a weapon that President Truman would boast harnessed the power of the universe — do in the human body? How long did it circulate in the blood? Where did it lodge in the bone? How quickly was it excreted?

The experiment was approved by the U.S. Army's Manhattan Project, the wartime machine that developed the atomic bomb. Some contemporary scientists compare the project to the human experiments conducted in Nazi Germany. Others defend it.

In all, scientists injected 18 people with plutonium between 1945 and 1947. Even as the plutonium was being administered, the Army colonel listed in documents as primarily responsible for the experiment was describing plutonium as the "most poisonous chemical known."

The patients were ordinary people with one thing in common: life-threatening illnesses that made survival beyond 10 years "highly improbable." They included a boy of slight build who was just two months shy of his fifth birthday, a malnourished alcoholic, an 85-pound woman suffering from widespread cancer.

With the possible exception of one patient, The Tribune found no written evidence that any of the patients were informed of the nature of the experiment or gave consent. Most of them probably went to their graves not knowing they had been injected with one of the most potent cancer-producing chemicals on Earth.

One patient received "many times the so-called lethal textbook dose" of plutonium. That patient and five others received radiation doses to the bone that a scientist 30 years later calculated as being high enough to cause tumors.

One-third of the patients outlived their doctors' grim predictions, and in the early 1970s, four still were living when a follow-up study began. Scientists took urine, blood and stool samples from three to measure the plutonium remaining in their bodies. Scientists also sought exhumations of deceased patients.

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Neither the survivors nor the relatives of the deceased plutonium patients initially were told the real reason for the government's interest. In some cases, the relatives were lied to when permission for exhumation was sought.

"This is one of the great, dark stories of the nuclear era," said Arjun Makhijani, president of the Institute for Energy and Environmental Research in Washington, D.C., a non-profit group that studies nuclear issues. "The public is not aware of the depths to which many universities, doctors and scientists descended."

Los Alamos National Laboratory played a major role in the experiment's first phase. The lab analyzed the excretion samples of the patients injected in a Rochester, N.Y., hospital and later published a classified report that has become the definitive source document on the experiment.

The data, some scientists say, helped protect thousands of workers at nuclear facilities from being overexposed to plutonium and did not harm the patients or contribute to their deaths. Others say the experiment was unethical and bad science because, among other reasons, the sample size was too small.

The experiment itself has received limited attention in the media. But to this day, the patients' identities have been known by numbers only.

Six years ago, The Tribune began a search to find them. We thought they deserved to be remembered as something more than numbers, something more than laboratory animals who contributed to science a wealth of data on how plutonium is deposited in the human body — its heart, skeleton, even its ashes.

Working with scant data from scientific reports and a few clues from government documents, we determined the identities of five of the 18 patients.

In the next few days, The Tribune will tell you how these ordinary Americans unwittingly were swept up by the hot winds of the Atomic Age. We also will tell you about how their families weren't told the truth for almost 50 years.

The first patient we found was a railroad porter named Elmer Allen, identified in records as "Cal-3." Elmer was injected with plutonium in the left calf, and three days later, his leg was amputated for what was thought to be a pre-existing bone cancer.

The second patient was a California house painter named Albert Stevens, known as "Cal-1." Albert received a massive dose of plutonium four days before undergoing surgery for stomach cancer. But he didn't have stomach cancer. Specimens of his spleen, rib and body tissues later show up in a report titled "A Comparison of the Metabolism of Plutonium in Man and the Rat."

The third patient was "HP-6," a man named John Mousso who suffered from Addison's disease and struggled to make ends meet in a small town outside Rochester, N.Y.

The fourth was Eda Schultz Charlton, identified as "HP-3" in official records. Eda's condition was monitored for almost 35 years by the University of Rochester's Strong Memorial Hospital. She underwent dozens of diagnostic tests ranging from X-rays to biopsies and barium enemas, and she developed an obsessive fear of cancer.

And finally, there was "HP-9," a man named Fred C. Sours, a political official in a Rochester suburb whose body was exhumed 31 years after his death and sent to a national laboratory near Chicago. His remains were kept there for more than three years.

Who are the others? The malnourished alcoholic? The auto accident victim in Tennessee?

We don't know. And the government won't say.

We've filed two legal requests under the Freedom of Information Act with the Department of Energy, the sprawling agency that eventually took over many functions of the wartime Manhattan Project.

CONTINUED

The first was filed in 1989. The second, filed more than a year ago, was a seven-page request based on the DOE's own documents — including a 1974 report detailing an internal inquiry into the experiment conducted by its predecessor agency, the Atomic Energy Commission.

We've received some documents from the DOE, but it is still withholding many of the most important records, such as medical files and other correspondence that would identify the other patients. The DOE said it doesn't even have a copy of the findings of its own investigation — an investigation that involved teams of officials who reviewed numerous records, conducted interviews with scientists in 14 cities and returned to Washington with 250 documents.

The plutonium experiment began in the hubris of a new age. Among its advocates and architects were some of the brilliant young scientists from Los Alamos who, from behind protective lenses, watched on the morning of July 16, 1945, when a man-made explosion outshone the New Mexico sun.

A half century has elapsed. The Cold War is over, and the bombs are being dismantled. Still, the DOE refuses to relinquish the identities of the victims of one of its darkest secrets.

"This is one of the great, dark stories of the nuclear era. The public is not aware of the depths to which many universities, doctors and scientists descended."

Arjun Makhijani
Institute for Energy and Environmental Research
Washington, D.C.

CONTINUED

The New York Times
Circulation 1,068,217
DEC 17 1993

Secret Nuclear Research on People Comes to Light

By KEITH SCHNEIDER A1

For three decades after World War II, top medical scientists in the nation's nuclear weapons industry undertook an extensive program of experiments in which civilians were exposed to radiation in concentrations far above what is considered safe today.

The experiments, at Government laboratories and prominent medical research institutions, involved injecting patients with dangerous radioactive substances like plutonium or exposing them to powerful beams of radiation.

Now the Energy Department is doing an about-face, acknowledging that for the last six years it has ignored evidence of abuses and a Congressional request to uncover the full extent of the experimentation and compensate subjects.

Energy Secretary Hazel R. O'Leary has promised a full investigation, much of it focusing on whether civilians were fully informed of the risks and consented to take part in the experiments. Mrs. O'Leary said it was clear in several cases she had personally reviewed that subjects had not been fully informed. But she and several of her aides also said it was just as clear that other experiments had been conducted in accord with medical and ethical standards of the time.

During the years when much of the research was undertaken, considerably less was known about the hazards of radiation. It was common in the 1950's, for instance, for shoe stores to use X-ray machines to fit customers.

The Government's nuclear scientists, conducting their work as though atomic war were imminent, placed a top priority on research to determine the affect of radiation on soldiers and civilians. And such research clearly advanced nuclear medicine to fight disease and save lives.

Although there have been glimpses of these experiments in the past, most recently in a 1986 Congressional investigation, the Government has long fought efforts by journalists, private investigators and the families of patients to make the full story known.

Now Mrs. O'Leary has vowed to shine a bright light into what her aides say is a dark corner of America's cold war legacy. Prompted by a series of articles last month in The Albuquerque Tribune about one such experiment, Mrs. O'Leary has ordered the most thorough investigation ever of her Department's biomedical experiments.

The investigation will be part of a larger effort by the Energy Department to declassify millions of pages of secret documents on past activities of the nuclear weapons industry. As part of that effort, the Department has hired six archivists to comb classified records at the National Archives. Mrs. O'Leary has also increased the number of employees in her own department who review and declassify documents from three to six, and she has announced plans to train more people to do such work.

In an interview, Mrs. O'Leary said the investigation was motivated by a "an obligation to put the public's mind at rest and expose things that need exposing."

Her initiative, if successful, would help improve the department's image as officials work to resolve huge conflicts over dismantling the nation's nuclear arsenal and cleaning up its weapons plants.

Prisoners Subjected to X-rays

Two of the experiments under review by the department ended in the early 1970's and involved exposing the testicles of more than 100 healthy state prison inmates in Oregon and Washington to very high levels of radiation from X-ray machines. Documents show that the prisoners were paid small sums to participate and were required to sign consent forms in order to take part.

But Robert Alvarez, a special assistant in the Office of Policy Planning and Program Evaluation — and one of the many influential critics of the Energy Department who now work for Mrs. O'Leary — said the consent forms had not fully explained the risks of the experiment, especially the risk of developing testicular cancer. He added that no follow-up studies were conducted on the men who participated.

"These prisoner studies were clearly unethical," Mr. Alvarez said.

But the study was defended by Dr. C. Alvin Paulsen, a retired professor of medicine at the University of Washington School of Medicine who helped conduct the experiments in that state. He said he had kept audio recordings of interviews with inmates that showed they had been well informed about the intent of the research and the possible risks, including cancer.

Needed a Restricted Population

"The question we asked was: What was the minimal effect of radiation that would interfere with the development of sperm?" said Dr. Paulsen, who is now 69 and lives in Seattle. "And given that there might be some decrease in sperm production, would there be full recovery?

"At that time, the start of the nuclear era, we felt it wouldn't be ethical to expose someone to radiation if we couldn't follow them up. Prisoners provided an opportunity for us to follow these gentlemen for four and five years. We demonstrated that there was recovery of sperm, and we couldn't have done that in the open, mobile population."

He said that even today "there is no evidence that irradiation induces testicular cancer."

But at least one research manager found some of the human experiments so alarming that he warned his colleagues. In a memorandum on Dec. 12, 1963, C. E. Newton Jr., a research manager at the Hanford nuclear weapons plant, warned, "The experiments do not appear to have been in compliance with the criminal codes of the state of Washington, and there is some question as to whether or not the experiments were conducted in compliance with Federal laws."

When asked about this memorandum, a contractor who retains the relevant records said he did not have records of the experiments to which the memo referred.

Other experiments, at the Oak Ridge National Laboratory in Tennessee, exposed patients with leukemia and other cancers to exceptionally high levels of radiation from cesium and cobalt isotopes. Nearly 200 patients, including a 6-year-old boy, were made subjects of the experiments before the Atomic Energy Commission called a halt to them in 1974, saying they had done little to benefit the patients.

Openness Is Applauded

There is no central repository for records on these or other medical research programs, said Dr. Tara O'Toole, the Assistant Secretary of Energy for Environment, Health and Safety, who will be heading the investigation. The records are stored at atomic laboratories, private medical schools and research centers across the country. Among the universities that will be searching for documents are the University of Chicago, the Massachusetts Institute of Technology, the University of Rochester, the University of California system, the University of Washington and Vanderbilt University.

Mrs. O'Leary's interest in such a potentially explosive subject has drawn applause from some of the Department's foremost critics. Tom Carpenter, a Seattle lawyer with the Government Accountability Project, a legal group that represents Energy Department whistle-blowers, said: "She sees this as part of the process of disclosure that is necessary to rebuild public trust in the agency.

CONTINUED

The New York Times
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DEC 17 1993

CONTINUED

"She's surrounded herself with advisers who were members of the public interest community, and they have told her this kind of stuff needs to get out."

Even so, the Energy Department said it faced legal barriers to disclosing information in its files, especially in complying with laws protecting the privacy of patients or their families.

Just how slow and cumbersome disclosure can become was graphically illustrated over the last six months as the Energy Department sought files from the Argonne National Laboratory outside Chicago on human experiments involving plutonium.

One experiment, conducted from 1945 to 1947, involved injecting 18 patients with plutonium, a dangerous radioactive material developed for use in atomic bombs. The Albuquerque Tribune tracked the stories of five patients, including Eda Schultz Charlton, who was injected without her knowledge in a Rochester hospital in 1945. Apparently not seriously ill at the time, she lived until 1983, when she died at age 85.

Eileen Welsome, a reporter at The Tribune, filed a request under the Freedom of Information Act that the Energy Department make public all its documents relating to the experiment, including the names of people who were injected. In May, Energy Department officials asked Argonne to send the files to headquarters in Washington so they could be made public.

Privacy Issue Looms

But in the last six months, Argonne has sent only a few documents to the Department. Harry Conner, an Argonne spokesman, said lawyers for the University of Chicago, which manages the laboratory, were concerned that disclosing the identities of the people who were injected, all of whom have died, could violate the privacy of family members.

Last week, the University of Chicago agreed to release hundreds of pages of documents but only after officials there were persuaded that the department was sensitive to the privacy issues, Mr. Conner said.

Marc Johnston, an Energy Department lawyer in Washington, said he was expecting the files to arrive over the next few weeks. Before they are made public, the department will review them and remove all names and any other information that could identify the participants, a process that could take weeks more, Mr. Johnston said.

Mrs. O'Leary and Dr. O'Toole said such steps were necessary. The investigation into human experimentation is likely to uncover information that surviving participants, members of their families, and the public will find quite disturbing. "Does the public's right to know include releasing names," Dr. O'Toole asked. "It's not clear to me that is part of the ethical obligation of the Government."

Administrators at some of the research hospitals and universities involved have said they are worried that unless the Energy Department is careful in how it releases the information, the reputations of their institutions could be harmed. Mrs. O'Leary has appointed a medical ethicist from Johns Hopkins University to help guide the department.

Robert Loeb, the director of public information at Strong Memorial Hospital at the University of Rochester, where some of the studies were conducted, said: "In the 1940's, what was typical in research involving human subjects was for physicians to tell the patients that they would be involved in a study and not always give full details. That is not the standard today. Many of these studies would be impossible to conduct today."

CONTINUED

The New York Times

Circulation 1,068,217

DEC 29 1993

Energy Official Seeks to Assist Victims of Tests

By KEITH SCHNEIDER A1

Energy Secretary Hazel R. O'Leary yesterday called on the Government to compensate Americans who were exposed to radiation from human medical experimentation that the United States conducted for decades after World War II.

Mrs. O'Leary said her appeal on behalf of people who were used as subjects in the medical testing was prompted by the Government's long resistance to providing compensation to thousands of people in the Southwest known as "downwinders" — those who asserted that they or members of their families were harmed by radioactive fallout from open-air testing of atomic bombs in the 1950's and early 1960's.

"I looked at the history of the Energy Department with the downwinders where the department for some years really did battle with these people to hold off their ability to make claims," Mrs. O'Leary said in an interview. "It doesn't occur to me that is the posture I want to be in."

'Make These People Whole'

Referring to the thousand or more subjects of radiation experiments, the Secretary added: "It seems to me that my position ought to be, what does it take to make these people whole? If they can prove there was no consent for the experimentation and harm resulted from the experiments, they or members of their families are going to want something more than a formal apology."

Mrs. O'Leary's first statement on compensation came in an interview on CNN yesterday morning after she was asked if she would consider compensation. She replied: "Many have suggested, and I tend to agree personally, that those people who were wronged need to be compensated. And we ought to go forward and explain to the Congress what has happened, and let the Congress of the United States and the American public determine what would be appropriate compensation."

The Secretary said she was acting largely on her own in calling for compensation for anyone who was harmed during the decades of human medical experimentation conducted by the Atomic Energy Commission. The nuclear weapons industry later came under the ownership and management of the Department of Energy. She said she notified the White House on Monday that she would propose a measure to provide compensation.

If approved by the Clinton Administration and Congress, it would be the fifth time since the early 1950's that the Government has compensated people put in jeopardy by radiation from the American nuclear weapons industry. The first four, however, were initiated by foreign governments or the American victims.

Two Departments in Conflict

Secretary O'Leary's comments were the first in which a head of the nuclear weapons industry initiated the Government's effort to apologize and compensate people who may have been harmed by its nuclear materials.

Her appeal for compensation, though, puts the Department of Energy in direct conflict with the Department of Justice. In every other instance in which Congress considered legislation to compensate people exposed to harmful levels of radiation, including the case of the downwinders in the Southwest, the tort branch of the Justice Department's civil division has opposed the effort.

The department has also defended the Government in lawsuits, dating to the early 1950's, in which ranchers, soldiers, uranium miners and the industry's own workers asserted that they had been harmed by radiation from the nuclear weapons industry.

Department lawyers are now defending the Government in a case in Nevada in which the families of more than 200 weapons industry workers, most of whom have died, contend that their relatives were injured or killed by radiation from atomic bomb testing at the Nevada Test Site northwest of Las Vegas.

In that case, which began in Las Vegas on Dec. 13, several of the Government's chief medical witnesses are doctors who conducted the human medical experiments that have come under Mrs. O'Leary's scrutiny.

Three Witnesses Named

One witness is Dr. Constantine Maletskos, a former researcher at the Massachusetts Institute of Technology who performed radiation experiments on retarded teen-age boys at the Fernald State School in Waltham, Mass.

Another is Dr. Clarence Lushbaugh, who directed several human medical experiments, including several in which children were exposed to radiation, at a research institution financed by the Atomic Energy Commission in Oak Ridge, Tenn. Some of Dr. Lushbaugh's studies were halted in the early 1970's after officials of the commission said they had done little to provide medical benefits for the patients involved.

A third witness is Dr. Eugene Saenger, a retired radiologist at the University of Cincinnati College of Medicine, who in the 1960's and 70's exposed indigent cancer patients to levels of radiation that were known to make people acutely ill. According to records of the studies, which were performed for the Defense Department, 9 of the first 40 people exposed to the radiation died within 38 days.

All three doctors have maintained in interviews with Congressional researchers and journalists over the years that their work had been ethical and proper.

Potential for Conflict

Mrs. O'Leary said she had not talked with Janet Reno, the Attorney General, but was aware of the potential for conflict with the Justice Department. "I cannot imagine there would be any other posture that I could take on this," she said. "I am also clear on the fact that the Justice Department may come from another position and point of view."

The Justice Department today said it would not comment on Mrs. O'Leary's proposal.

Mrs. O'Leary's appeal for compensation came three weeks after she directed the Department of Energy to investigate the experiments, determine their ethical and medical propriety, and locate test subjects or members of their families.

Stewart L. Udall, who was Secretary of the Interior in the Kennedy and Johnson Administrations, said yesterday that Mrs. O'Leary's appeal for compensation was breathtaking.

"It's a very bold step," said Mr. Udall, who as a lawyer helped prepare the Nevada Test Site case and two others on behalf of thousands of Americans who believed they had been victimized by the nuclear weapons industry. "Hazel O'Leary is talking to the country. She is saying there were grievous things done to people and, in effect, she is apologizing to the country. But it's not clear anybody else in the Government is listening. The next thing the Clinton Administration ought to do is pull everybody together so they can talk to each other."

MEMORANDUM TO U. S. DEPARTMENT OF ENERGY STAFF

FROM: MICHAEL GAULDIN, DIRECTOR MG
OFFICE OF PUBLIC AND CONSUMER AFFAIRS

SUBJECT: REFERRAL NUMBERS FOR PUBLIC CALLS ON RADIATION EXPERIMENTS AND RELATED SUBJECTS

Many individuals have been calling the U.S. Department of Energy about the radiation experiments conducted by the Atomic Energy Commission and related subjects. The following information should help you direct the callers to the appropriate hotline or office:

If you believe you were the subject of radiation experiments conducted by the Atomic Energy Commission, please call the **Human Experimentation Hotline:**

1-800-493-2998 (8:30 a.m. - 4:30 p.m. EST M-F)

If you believe that you were a participant in atmospheric nuclear testing or the bombing of Nagasaki or Hiroshima, please call the **National Test Personnel Review Hotline:**

1-800-462-3683 (8:00 a.m. - 5:00 p.m. EST M-F)

If you have a comment or complaint about the U.S. Department of Energy, please call the **Inspector General's Waste and Fraud Abuse Hotline:**

1-202-586-4073 (8:30 a.m. - 4:30 p.m. EST M-F)

If you have general questions about the U.S. Department of Energy, please call the **Office of Public Information:**

1-202-586-5575 (9:30 a.m. - 5:00 p.m. EST M-F)

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To Michael Coulden	From [illegible]
Co.	Co.
Dept.	Phone #
Fax # 586-9987	Fax #

Office of Public Affairs
News Service

Washington, D.C. 20420
(202) 535-8300

Veterans Affairs

News Release

FOR IMMEDIATE RELEASE

BROWN PLEDGES QUICK ACTION ON REVIEW OF NUCLEAR MEDICINE RESEARCH RECORDS

Washington, Dec. 31 -- Secretary of Veterans Affairs Jesse Brown announced that VA will immediately look into nuclear medicine research conducted at VA facilities in the '40s and '50s.

Said Brown, "We are collecting the records of clinical research conducted at VA hospitals which utilized nuclear medicine. In order to be certain that the research was properly conducted, I have ordered an immediate review of the circumstances surrounding this research at VA facilities."

Brown stated that VA will cooperate fully with all interested agencies and members of Congress. "We plan to leave no stone unturned in our review of this research," said Brown. "If we find that veterans were subjected to improper research, that would be morally and ethically unacceptable to me. We are going to look at all the facts and, if we determine that VA was engaged in any inappropriate research, we will disclose that finding to the American people, notify veterans involved and take appropriate action," he added.

VA is working closely with the Department of Energy and the Department of Defense. This cooperative effort will allow us to expedite our review of records that may contain information on nuclear medicine research.

In addition, VA is asking the veterans service organizations to help the department raise awareness in the veteran community. "Veterans who are concerned should call VA's national toll-free number -- 1-800-827-1000 -- and their cases will be promptly investigated by VA personnel," Brown added.

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ROOM H2-316
HOUSE OFFICE BUILDING ANNEX NO. 2
PHONE (202) 226-2424

U.S. HOUSE OF REPRESENTATIVES
SUBCOMMITTEE ON ENERGY CONSERVATION
AND POWER
OF THE
COMMITTEE ON ENERGY AND COMMERCE
WASHINGTON, DC 20515

October 24, 1986

The Honorable John S. Herrington
Secretary
Department of Energy
1000 Independence Avenue, S.W.
Washington, D.C. 20585

Dear Secretary Herrington:

As you know, the Subcommittee on Energy Conservation and Power has been conducting an investigation into radiation experimentation for human subjects. I am forwarding to you the results of that investigation, a Subcommittee staff report titled, "American Nuclear Guinea Pigs: Three Decades of Radiation Experiments on U.S. Citizens."

This report reviewed Department of Energy documents, which revealed the frequent and systematic use of human subjects as guinea pigs for radiation experiments sponsored by the Department's predecessor agencies. Some of these experiments were conducted in the 1940s and 1950s, and others were performed during the supposedly more enlightened 1960s and 1970s. The report describes in detail 31 experiments during which about 695 persons were exposed.

In many of these experiments, individuals were exposed to radiation which provided little or no medical benefit to the subjects. The purpose of several of these experiments was actually to cause injury to the participants. Many others sought simply to measure the effects of radiation on humans. American citizens thus became nuclear calibration devices for experimenters run amok.

In a number of experiments, subjects received doses that exceeded presently recognized limits for occupational radiation exposure. Doses were as much as 98 times the body burden recognized at the time the experiments were conducted.

Too many of these experiments used human subjects that were captive audiences or populations that some experimenters frighteningly perhaps might have considered "expendable:" the elderly, prisoners, hospital patients suffering from terminal diseases or who might not have retained their full faculties for informed consent.

Some of the more repugnant or bizarre of these experiments include the following:

--From 1945 to 1947, as part of the Manhattan Project, 18 patients believed to have limited life spans were injected with plutonium.

--From 1961 to 1965, at the Massachusetts Institute of Technology, 20 elderly subjects were injected or fed radium or thorium.

--During 1946 and 1947, at the University of Rochester, six patients with good kidney function were injected with uranium salts to determine the concentration which would produce renal injury.

--From 1953 to 1957, at Massachusetts General Hospital, Boston, approximately 12 terminal brain tumor patients were injected with uranium to determine the dose at which kidney damage began to occur.

--From 1963 to 1971, 67 inmates at Oregon State Prison and 64 inmates at Washington State prison received x-rays to their testes to examine the effects of radiation on human fertility and testicular function.

--From 1963 to 1965, at the Atomic Energy Commission's National Reactor Testing Station in Idaho, radioactive iodine was purposely released on seven separate occasions. In one experiment, seven human subjects drank milk from cows which had grazed on iodine-contaminated land.

--From 1961 to 1963, at the University of Chicago and Argonne National Laboratory, 102 human subjects were fed real fallout from the Nevada Test Site; simulated fallout particles containing radioactive material; or solutions of radioactive cesium and strontium.

--During the late 1950s, at Columbia University and Montefiore Hospital, the Bronx, 12 terminal cancer patients were injected with radioactive calcium and strontium.

These experiments, and others described in the Subcommittee staff report, shock the conscience and represent a black mark on the history of nuclear medical research. They raise one major horrifying question: did the intense desire to know the consequences of radioactive exposure after the dawn of the atomic age lead American scientists to mimic the kind of demented human experiments conducted by the Nazis? Did the Department or its

predecessor agencies fund or sponsor programs which crossed the line that no scientific research can ever be permitted to traverse?

While it is clear that present public and scientific officials are generally not responsible for these experiments, these circumstances nonetheless represent a historical, institutional failure. To compound the evil, in too many experiments, no long term follow up was conducted of subjects. While these experiments cannot be undone, though they must never be repeated, there are potential remedial steps that can be taken to help the victims who served as human nuclear guinea pigs.

I therefore urge the Department of Energy to make every practicable effort to identify the persons who served as experimental subjects, to examine the long term histories of subjects for an increased incidence of radiation-associated diseases, and to compensate these unfortunate victims for suspected damages. A Defense Department program provides a model for such follow up. The Nuclear Test Personnel Review, administered by the Defense Nuclear Agency, is a registry for military personnel exposed to fallout from atmospheric nuclear tests. The primary objectives of the Review are to identify the approximately 200,000 Defense Department personnel involved in such tests, to determine their exposures, to identify incidences of death or illness, and to assist veterans in claims for compensation.

If such an effort can be carried out for military personnel acting in the line of duty, surely a similar effort should be possible for the far smaller number of peaceful atomic soldiers used as unwitting human subjects in radiation experiments. If you feel that new legislation would be necessary, the Subcommittee will be pleased to work with the Department to develop it.

If you have any questions on the material in this letter or the Subcommittee staff report, please contact John Abbotts or Larry Sidman at 202-226-2424. I look forward to receiving by November 15, 1986 a description of the Department's plans for long term follow up of these experimentally irradiated subjects, and your recommendation for what new legislation, if any, might be needed for compensation.

Sincerely,

Ed Markey

Edward J. Markey
Chairman

THE SECRETARY OF ENERGY
WASHINGTON D.C.

February 10, 1987

Honorable Edward J. Markey
Committee on Energy and Commerce
House of Representatives
Washington, D.C. 20515

Dear Mr. Markey:

This is a further response to your October 24, 1986, letter regarding experiments in which human subjects were subjected to ionizing radiation during the period 1945-1971. An interim response was sent to you by Dr. Charles DeLisi.

My staff has prepared answers to the questions raised in your letter and in your Subcommittee's staff report. Their findings are presented in the enclosed addendum. The conclusion, based on the radiation dosimetry information and for other reasons which follow, is that there is no scientific reason to expect that any of the subjects who are not already being monitored will incur any harmful effects. Therefore, there is neither any reason for attempting any further follow-up studies on these subjects nor to propose new legislation to compensate them.

The objections that are emphasized in your letter and in the Subcommittee's staff report appear to have been based on misunderstandings of the basis for occupational standards and of the principles of human experimentation. As is discussed in the National Council on Radiation Protection and Measurements Report No. 39, Basic Radiation Protection Criteria, the basic criteria for the use of radiation in research on human subjects are that radiation is the preferred agent for performing the study, that methods providing maximum information with minimum dose should be utilized, and that the information should be obtained with the smallest practicable levels of radiation. The significant features for all human experimentation are that the propriety and usefulness of the work is assured, that adequate safeguards are provided, and that enlightened consent of the subject is assured.

The requirements for informed consent have undergone considerable development in recent years. At the time of the experiments in question the modern requirements for institutional review boards and signed informed consent had not been established. We have no evidence that the experiments were not conducted in compliance with the ethics as well as the rules for human experimentation that obtained at the time. The current

policies of the Department of Energy are in substantial conformance with the provisions of the Model Federal Policy for the Protection of Human Subjects, which is in the process of being adopted.

Additional comments on the specific experiments are made in the enclosed addendum to this letter.

Yours truly,

John S. Herrington

Enclosure

ADDENDUM

Comments on October 24, 1986, letter from Congressman Markey and staff report of Subcommittee on Energy Conservation and Power, "American Nuclear Guinea Pigs: Three Decades of Radiation Experiments on U. S. Citizens."

In compliance with the request by Congressman Markey that the Department of Energy attempt to identify the persons who served as experimental subjects for certain radiation experiments that were conducted during the period 1945-1971, the cognizant field offices and some individual investigators were asked to evaluate the feasibility and necessity of such an effort. The results of this investigation follow.

General comments. The Subcommittee's staff report is substantially an excellent summary of the radiation experiments that involved human subjects. It is flawed, however, by a pervasive misunderstanding of the applicability of occupational exposure standards to experimental studies that involve only one or a few radiation exposures.

The objections emphasized in the letter and in the Subcommittee's staff report are directed to those experiments in which the radiation dose or the body burden exceeded occupational standards, those that offered little or no direct benefit to the subject, and those for which there is no record of informed consent having been obtained. To a large extent, these objections are based upon misunderstandings of the basis for occupational standards and of the principles of human experimentation.

It should be realized that the standards that have been developed for occupational radiation exposures assume that a large number of people will be exposed, and that the radiation exposures are sustained throughout a working lifetime of several decades. Therefore, because some radiation effects are cumulative, the annual exposure limits are set low enough to insure that the total radiation dose accumulated over many years is safe. Similarly, the standards for body burdens of internally distributed radioactive materials assume chronic exposures that will maintain these body burdens throughout the working lifetime of the individual. These standards are not intended to be applied to research subjects who receive one or a few exposures, or in which the internally distributed radioactivity is present for a relatively short time. The use of radiation in research on human subjects is discussed in the National Council on Radiation Protection and Measurements (NCRP) Report No. 39, Basic Radiation Protection Criteria, page 104. As is discussed there, the basic criteria are that radiation is the preferred agent for performing the study, that methods providing maximum information with minimum dose should be utilized, and that the information should be obtained with the smallest practicable levels of radiation.

Although desirable, there is no requirement that human experiments provide a direct benefit to the subject. This principle is generally recognized for all types of medical research. The use of placebos in therapeutic trials is a common example. In particular, for radiation studies, again citing NCRP report No. 39, "In many instances, research

involving radiation can be conducted on individuals where the information gained may be directly beneficial to the individual exposed. In other studies, radiation may be employed for the study of populations in which, for example, etiological and developmental factors are being evaluated. The benefits to the individual are primarily indirect, often remote, and, in some instances, nonexistent." The significant features for all human experimentation are that the propriety and usefulness of the work is assured, that adequate safeguards are provided, and that enlightened consent of the subject is assured.

The requirements for informed consent have undergone considerable development in recent years. At the time of the experiments in question, the modern requirements for institutional review boards and signed informed consent had not been established. The first studies of concern were conducted during the Manhattan Project. It was necessary to establish rather quickly and under secret conditions the precautions that would be required to insure the health and safety of people working with new and unfamiliar substances such as plutonium compounds. The physicians and other scientists who were called upon to achieve these goals were highly qualified and well motivated individuals. We have no evidence that the experiments were not conducted in compliance with the ethics as well as the rules for human experimentation that obtained at the time. The Atomic Energy Commission and the Department of Energy have been among the leading agencies in developing better standards for human experimentation. In particular, as a member of the Interagency Human Subjects Coordinating Committee, the DOE Office of Health and Environmental Research has been working since 1982 on the development of a Model Federal Policy for the Protection of Human Subjects. A notice of the Model Policy was published in the Federal Register (Tuesday, June 3, 1986, Part V, Office of Science and Technology Policy, Volume 51, No. 106, page 20204). When adopted by the various agencies, the Model Policy will apply not only to "in-house" research, but also to research that is supported by grants or contracts with non-federal research institutions. In the meantime, the Department of Energy's policies are already in substantial conformance with the provisions of the model policy.

In the comments that follow on specific studies, the category and factsheet numbers correspond to those of the experiments listed on pages 21-22 of the Subcommittee's staff report. The numbers in parentheses after the title are the number of subjects in each of the studies.

Category 1.001, No. 1. Plutonium Excretion Studies. (18)

One subject, who was 36 years old in 1947 and who had a bone sarcoma, is still living and has been contacted recently (November 1986). He has arthritis and high blood pressure, but no ailments that can be ascribed to effects from plutonium. There is no evidence to suggest that the death of any of the other subjects of these studies was related to plutonium exposure or that plutonium influenced the course of their disease.

1.002, No. 118. Relative Uptake of Radium and Thorium. (20)

The files on these subjects are located in Scottsdale, Arizona, in care of the principal investigator. Informed consent statements are available for all of the subjects. The addresses of the subjects are known as of 1964, at which time none had health problems related to radiation exposure. Presumably they could now be located, but their present ages if living would be 85-105 years. The values cited in the committee report for maximum permissible body burdens are for chronic retention in the body and are not applicable to acute exposures. The materials administered in the experiments were retained in the body for relatively short times. On the basis of the low radiation doses involved there is no reason to expect any long-term effects.

1.003, No. 12. Polonium Metabolism. (5)

A spokesman for the University of Rochester stated that the last of the polonium patients died 3 years ago at the age of 80. There is no evidence that the polonium had affected the health of any of these patients.

1.003, No. 119. Excretion of Hexavalent Uranium. (6)

As is stated in the report UR-37, in part the experiments were designed to seek the threshold for minimal renal damage using very sensitive indicators of renal injury. It should be noted that the injury in question was a chemical effect of uranium, not an effect due to radiation. In order to make the possibility of late effects of radiation highly improbable, the doses above 50 micrograms per kilogram of body weight were diluted with non-enriched uranyl acetate. Of the six patients studied, it is stated that patient number 5, aged 51 years in 1947, had a trace of urinary protein which was suspected of being a chance observation. He insisted on being discharged and was not followed further. Patient number 6, then 61 years of age, showed transient traces of urinary protein on days 5 and 6, but none thereafter through day 12. These are minimal effects that would not have significant permanent effects. In none of the other subjects was there any evidence of renal injury. The radiation doses would not be expected to produce long-term effects.

1.001, No. 2 and 1.001, No. 139. Testicular Irradiation. (13)

The principal investigator in the Washington State studies has been contacted. He stated that the main impediment to follow-up studies in these subjects is that the prisoners do not wish to be identified. Medical follow-up information is available on the subjects who remain incarcerated, and no radiation-related illness has been detected in this population. Medical services are available to prisoners who have been released, but "only a handful" have availed themselves of this opportunity in the past 14 years. There is concern that efforts to trace these subjects will violate the privacy of individuals who do not want to be identified, especially since a condition of their participation was that they were promised confidentiality. Although it is true that some of the radiation doses to the testes were substantial, the studies that were conducted showed that eventually there was recovery of testicular function even at the highest doses that were used. Although concern about the possibility of testicular cancer arising

as a result of irradiation has been expressed, all available evidence such as the studies of the Japanese atomic bombing survivors, studies of patients irradiated therapeutically, and animal studies indicate that even for high radiation doses there is not a significant increase in the rate of testicular cancer. None has been seen in the prisoner population that has been available for study.

3.001, No. 49. Blood Changes in Humans Following Total Body Irradiation. (13)

The report cited is concerned only with the effects of total body irradiation on the blood, but except for the three normal volunteers who were laboratory personnel, these observations were incidental to the use of total body irradiation as a therapeutic effort in patients for whom no other therapy was expected to be helpful. The 21 roentgens received by the three normal volunteers is at the borderline of the dose level that will cause transient blood changes, but none were noted. Long term effects are unlikely. For comparison, in studies of the survivors of the Japanese atomic bombings, significant increases in cancer, including leukemia, occurred only at doses above 100 roentgens. In a related study of whole body irradiation for the treatment of leukemia, (3.001, No. 43) conducted at the Oak Ridge Institute for Nuclear Studies (now Oak Ridge Associated Universities), the Department of Energy currently supports a project entitled "Former Patient Care" in which 67 former patients who had been treated at Oak Ridge with whole body irradiation, cobalt-60, radioiodine, or gallium-67 are being provided medical care. This provides a mechanism for obtaining follow-up data without implying that any of their current illnesses are radiation-related.

9.001, No. 166. Hexavalent Uranium. (12)

All subjects were terminally ill with brain tumors. None is still living. There was no evidence that the uranium had affected the course of their diseases.

10.001, No. 173. Controlled Environmental Radioiodine Tests. (17)

Because of the low radiation doses incurred in these studies (maximum 630 millirad) no follow-up was considered to be necessary.

11.001, No. 51. Reactions of Human Skin to Single Doses of Beta Rays. (20)

No long term effects are to be expected from these highly localized irradiations. Although the range of P-32 beta particles in water is 8 mm, 90 percent of the energy is absorbed in the first 1 mm, so the volume irradiated is confined to the skin, which has a relatively rapid recovery rate from acute doses of radiation.

11.001, No. 53. Studies of Thorium X Applied to Human Skin. (3)

These studies were conducted at New York University Hospital in New York City. The three volunteer subjects were followed for three months, at which time they had recovered from the acute effects, erythema, and increased pigmentation. There is no reason to expect long term effects.

11.001, No. 121. Effect of Single Dose X-ray to the Nail-Fold Area of Huma Subjects. (15)

The highly localized radiation and small area involved reduce the hazard relative to the occupational standard, which assumes irradiation of the entire hand. The changes seen were transitory, and no long term effects would be expected.

11.001, Numbers 123 and 127, and 12.001, No. 128. Tritium Studies. (18)

Because of the short biological half life of tritium (9 to 14 days) and the small quantities administered, the radiation doses are low (about 200 millirem) and the probability for long term effects is negligibly low.

11.001, No. 133. Exposure of Aircrews in Mushroom Clouds. (NA)

As is indicated in the Subcommittee's staff report the follow-up studies on the Air Force crews involved are being monitored by the Defense Nuclear Agency.

11.001, No. 186B. Lanthanum-140. (54)

The administration of this substance was considered to be part of diagnostic studies for patients with anemia and was not considered to be an experiment. The one normal subject was a scientist who is known to be alive and well. The names of the patients are known and the Former Patient Care Program mentioned above (3.001) is available to them.

12.001, No. 15. Strontium and Calcium Injected in Terminal Cancer Patients. (12)

As indicated in the Subcommittee's staff report, all of the terminal cancer patients involved in the calcium-strontium studies died within less than three years. There was no evidence that the experiments had affected the course of their diseases.

12.001. No. 109. Distribution and Excretion of Technetium. (8)

The whole-body doses associated with these studies is estimated to be about 0.145 rem, in comparison to the annual occupational limit of 5 rem. The probability that these radiation doses could result in long term effects is negligibly low.

12.001, No. 128. Human excretion of Tritium. (6)

The subjects of these studies were personnel who were involved in performing the studies. One died subsequently in an aircraft accident, but the others are known to be in good health. Because of the short biological half life of tritium the radiation dose is negligibly small, and there is no reason to expect any long term effects from these studies.

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THE PRESIDENT HAS SEEN

To: Harold Ickes
Fr: Health Care Delivery Room
Date: January 25, 1993
Re: Response to Wall Street Journal op-ed: "There is No Health Care Crisis" (By Irwin Stelzer, 1/25/94)

"There is No Health Care Crisis"

This article says that the idea that a crisis exists "stems from four sources." According to the author, the sources are the following:

1) "the insecurity generated by the most recent recession"
2) "the concern over costs" (in a macro sense)
3) "the notion that everyone should have health insurance as a matter of right"
4) "the liberal bias of the major media"

Let's look at the supporting assertions in turn:

1) "the insecurity generated by the most recent recession"

Assertion: "Take the much heralded 14% figure (of GNP). The approximately $940 billion Americans spent on health care in 1993 did indeed represent a bit more than 14% of the nation's total output of the nation's total output of goods and services. But by what standard is that too much?"

Fact:
It is correct that if people in the United States value medical care more than people in other countries, we will spend more of our income on health care. The problem in the United States is not that spending is high. The problem is that health care is not provided efficiently -- that is, that we could spend less and get the same quality of care. This inefficiency is the real problem about health care costs. There is no reason to believe that this inefficiency will be eliminated without reform.

For example, look at the tremendous variations across states, even in New York. For example, in Rochester there is a slow rate of increase on health care spending as a percentage of the Rochester economy, but Rochester has high satisfaction, high quality. (JAMA) Other parts of New York, on the other hand, and of the country spend much more and get less.

Assertion:
"International cost comparisons also ignore queuing and other forms of rationing that reduce recorded costs by forcibly limiting the availability of the service."

Fact:

Other industrial countries such as Germany, Japan and France, have adopted some form of cost control for health care spending -- without resulting in rationed care or decreased quality. According to the General Accounting Office, "other industrialized countries have had more success than the United States in controlling the growth of health care spending without adversely affecting coverage or broad measures of health status." (GAO, "Health Care Spending Control: The Experience of France, Germany and Japan," November 1991)

Assertion:
"...37 million people lacked medical insurance. It should be noted that these citizens are not denied health care."

Fact:
We agree. The problem is they get care in the most expensive place possible -- the emergency room. Certainly it would be less expensive -- and lead to better health -- to provide preventive care and keep people from getting sick in the first place.

Assertion:
"Fortunately, there is less of a problem here than meets the eye. Some of the uninsured are between jobs; some are students entering the labor market. Katherine Swartz of the Harvard University School of Public Health notes that most are uninsured for only a short time."

Fact:
That may be true, but Swartz also notes that last year, 58 million Americans were without health insurance for some period of time. These people are left unprotected against the threat of illness during that time. If someone in the family comes down with a serious illness during that time, the family's savings could be wiped out. In fact, over 100,000 middle-class American families declare bankruptcy every year because of a serious illness or injury.

(Elizabeth Warren, Penn Law School, forthcoming report 1994, Journal of the American Medical Association, 1/5/94)

Care provided to the uninsured adds up to an estimated $25 billion in uncompensated care -- which accounts for the "cost-shift" that creates higher premiums and medical bills for privately insured Americans.

Assertion:
"The cure is simple: Subsidize insurance for the truly poor, and compel payment by the voluntarily uninsured."

Fact:
This "individual mandate" approach is not so simple. There's a consensus that it would be more difficult to enforce than the employer mandate. And the American Medical News points out that "most uninsured people wouldn't be found out until after they became ill, " which Dr. Paul Griner of the American College of Physicians and Rochester, NY calls "a nightmare." (AM News, 1/17/94)

We prefer President Nixon's approach of an employer mandate -- an approach he used because it builds on the current system of employer-provided insurance.

Assertion:
"In addition to subsidizing the involuntarily uninsured, the most important is to make coverage "portable," so that the loss of a job does not deprive a worker of his insurance."

Fact:
As Mrs. Clinton wrote for the upcoming issue of the journal Health Affairs, "They (the American people) would take issue with defining "portable" insurance as meaning that when you're unemployed, you have the "right" to pay the full cost of your old health coverage alone." Uwe Reinhardt of Princeton is also very strong in pointing out the fallacy of this point.

There Is No Health Care Crisis

By Irwin M. Stelzer

Tonight President Clinton is expected to give a prominent place to his health care reform in the State of the Union message. The debate over his plan has been dominated by policy wonks who, like the president himself, are never so happy as when they are poring over the details. Lost in all this has been the large question of whether a massive transformation of our health care system is necessary.

The idea that there is a severe health care crisis stems from four sources. The first is the insecurity generated by the most recent recession. Most Americans' health insurance is linked to their jobs, with employers paying about 86% of the total cost: lose your job, lose your coverage; get a new job and you might not get coverage if you have a health problem. Then there is the concern over costs. Already claiming 14% of our gross national product—a figure high by international standards—health care costs have been rising. Many people have convinced themselves that this will lead to the impoverishment of America.

Liberal Bias

Additional pressure for reform comes from the notion that everyone should have health insurance as a matter of right. Since at least 37 million Americans are now widely said to be without coverage, the system must be failing.

The fourth contributor to the sense of crisis is the liberal bias of the major media. This helps explain one of the great anomalies in the debate: Although 75% of Americans have been convinced that there is a crisis, 80% simultaneously report themselves as "very" or "somewhat" satisfied with their own health care.

All this adds up to a great political opportunity for the Democrats. To wed the middle class to the party, it needs a modern version of Roosevelt's Social Security system. Enter health-care reform. Unfortunately for the president's political strategists, however, the crisis on which the case for this reform rests is an artificial one, and the intended beneficiaries are its biggest losers.

Take the much-heralded 14% figure. The approximately $940 billion Americans spent on health care in 1993 did indeed represent a bit more than 14% of the nation's total output of goods and services. But by what standard is that too much? If we prefer to devote a larger portion of our incomes to top-quality health care than do other nations, what is wrong with that?

After all, we do not settle for the housing standards that prevail in poorer countries: We insist on central heating and air-conditioning, the latter now installed in nearly half of the homes of even those we classify as poor. Nor are tiny cars with mechanical clutches, common elsewhere, the stuff of the American dream. Neither is spartan health care.

International comparisons also give no weight to differences in the quality of service. The Congressional Quarterly cites the fact that "Japan's government plays a much greater role in private health-care delivery than does the U.S. government" to explain how Japan keeps its costs considerably lower than those of the U.S. No mention of what Fred Barnes calls "Japanese . . . assembly-line treatment from doctors who see an average of 49 patients a day," and who perform gynecological examinations on scores of women assembled in a single room, as physicians scramble to maintain incomes in the face of too-low per-capita reimbursements.

Because payment in Japan is based on patient visits, the doctor keeps the average length to five minutes, and the Japanese on average make 12 visits a year, or about three times as many as Americans, whose average visit length is 15 to 20 minutes. These decreases in convenience for patients, and increases in patient time and travel costs, points out Patricia Danzon of the Wharton School, "are excluded from the national health accounts and from public visibility."

International cost comparisons also ignore queuing and other forms of rationing that reduce recorded costs by forcibly limiting the availability of the service.

Joseph White, a Brookings Institution researcher whose comparison of America's system with those of six other nations leads him to conclude that "America's health-care system must be reformed," nevertheless concedes that other countries have restricted capacity and forced patients to endure delays that would be intolerable in America.

And Germany achieves its low costs by limiting malpractice suits; eschewing extraordinary life-prolonging measures for those judged to be terminally ill; buying fewer pieces of high-technology equipment than Americans typically use; and by price controls. Even so, costs are soaring and the insurance funds are broke, despite premiums that come to 13% of payrolls.

International comparisons omit societal attitudes. The high expenditures in the U.S. reflect a basic American value: Damn the costs, save lives, and use expensive technologies whenever necessary. Don't blame this on your doctor. Ezekiel Emanuel of the Harvard Medical School notes that fewer than one out of 10 physicians surveyed would put Grandma on a respirator if she had a stroke, whereas 40% of family members would.

High health care costs in America also reflect another distinctive feature of our society—the social pathology of our underclass. President Clinton pointed this out in October to an assembly of doctors at Johns Hopkins: "We'll never get the cost of health care down to where it is in other countries as long as we have higher rates of teen pregnancies and higher rates of low-birthweight births and higher rates of AIDS, and, most important of all, higher rates of violence." And, he might have added, nothing in his own health care plan addresses any of those problems.

The second basis of comparison offered to support the contention that we are spending too much on health care is our own past. In 1960 we devoted 5% of GNP to health care; by 1993 we were up to 14%. Yet we do not compare the price of a modern automobile with that of a Model T and then complain about how much more the new car costs. So why ignore quality changes in medical care?

Shorter Stays

An operation to remove cataracts once involved a hospital stay of two to four days and an even longer recuperative period at home. That surgery is now typically done on an outpatient basis. As Ira Cohen, formerly chief of the Division of General Medicine at New York City's Beth Israel hospital, tells us, in the days when the electrocardiogram was the sole diagnostic tool, the victim of a heart attack could count on a four- to six- week hospital stay; now, improved diagnostic techniques and equipment permit the doctor to discharge the typical heart patient in a week or 10 days. Yet, astonishingly, the reductions in suffering and lost output nowhere appear in our accounting of trends in health care costs.

Nor can we credit the projections that bring us from 14% to 26% of GNP by 2030. Such projections assume that recent trends in health care prices and in the volume of services consumed will continue indefinitely. But this is unlikely. The health care industry is offering an unprecedented range of new products. They will go through a cycle of rapid growth, followed by falling prices and costs as competition among suppliers emerges, consumers become more discriminating, and cost-saving production and application techniques are developed. In addition, if faced with the costs of their decisions, consumers might adjust. Remember the "energy crisis"?

If there is no crisis in health care costs, is there one in insurance coverage? Here we come to the second major statistic driving the health-care debate: At some point in 1991, the last year for which comprehensive data are available, 37 million people lacked medical insurance.

Emergency Rooms

It should be noted that these citizens are not denied health care. Emergency rooms provide care to all comers. In fact, nonprofit hospitals—88% percent of those in the U.S.—cannot legally turn away any patient needing medical care, or unreasonably deny access to all the modern technology hospitals have available. And not just for the duration of the emergency: The hospital is obliged to see the treatment through. Per-capita health care spending on the uninsured, pre-Medicare population is about 60% of per-capita expenditures on the insured population—a level sumptuous by the standards of other industrial countries.

Nonetheless, if the 37 million figure did mean what it is often taken to mean—that 15% of our population lives with the unnerving and continual threat of being unable to pay for medical care—there would certainly be grounds for revising the way we provide medical services. Fortunately, there is less of a problem here than meets the eye.

Some of the uninsured are between jobs; some are students entering the labor market. Katherine Swartz of the Harvard University School of Public Health notes that most are uninsured for only a short time. The chronically uninsured group in our society numbers closer to 5.5 million than 37 million people.

And probably fewer than 5.5 million. Only 1% of those under age 65 are uninsurable, according to the Employee Benefit Research Institute. More than half of the uninsured are in families headed by full-time workers; 40% have incomes in excess of $20,000, and 10% have incomes in excess of $50,000; only 29% are below the poverty level. And those with incomes below $20,000 spend several times as much on entertainment, alcohol and tobacco as they do on health care. Furthermore, 37% of the uninsured are under age 25, a generally healthy group for whom health insurance is often not a cost-effective buy.

If we put all this together, we come up with a figure of perhaps 3% of the population who—although able to obtain health care—cannot obtain affordable health insurance. Should we perform radical surgery on our health care system for the sake of that 3%?

Tweaks to the System

Before answering with a resounding No, we have to consider the possibility that when the uninsured are treated in a hospital, and cannot pay, the cost of that treatment is loaded onto the rest of us. But even if cross-subsidization from the insured to the uninsured does occur, the cure is simple: Subsidize insurance for the truly poor, and compel payment by the voluntarily uninsured.

There are reforms that could and should be made within the context of our present system. In addition to subsidizing the involuntarily uninsured, the most important is to make coverage "portable," so that the loss of a job does not deprive a worker of his insurance. Such tweaks to the system would avoid the disaster in store for us if we follow the Clintons down the path to a health care system presided over by the same people already doing

TUESDAY, JANUARY 25, 1994 THE WASHINGTON POST

Donna E. Shalala

Yes, There Is a Health Care Crisis

Perhaps the most astounding assertion I've heard during the current debate over health care reform is that there is "no health care crisis in America." This statement often comes before arguments that comprehensive health care reform is unnecessary or that the current system just needs a few adjustments and some fine tuning.

Let's not pull any punches: This argument is bogus. It's destined to fail because millions of Americans are experiencing a health care crisis and they know it. And, frankly, deep down in their hearts, those who deny that there is a problem know it too.

As Congress prepares to begin discussing the details of the president's Health Security Act, let's look at what has brought us to this debate:

- A health care system in which 2 million Americans are losing their health insurance every month—some for short periods and some for long periods of time.
- A health care system that consumes nearly 15 percent of our gross domestic product, while only one other country (Canada) is above 10 percent. Such spending taxes the budgets of American families, businesses and government, and hobbles our international competitiveness.
- A health care system in which the rules are so skewed that insurance evaporates just when people need it most. Even the best insured Americans cannot be secure in their health care coverage.
- A health care system in which the employees of small businesses are charged an average of 35 percent more for the same coverage than those who work for medium-size and large companies.
- A health care system in which there is no accountability for quality or cost, leading to millions of dollars in waste and fraud.

As a result of these flaws, the American public has been demanding comprehensive reform of the health care system. When public opinion experts recently asked Americans to name the *single thing* Congress could do to improve their lives, health care reform was the number one answer.

Yet, the status quo crowd says we can simply make a few changes around the edges and call that health care reform. When I hear that, I'm reminded of something Gov. Ann Richards of Texas said: "You can put lipstick on a pig, give her a purse and call her Monique, but she's still a pig." For health care reform to be genuine, it must address the underlying problems with our system—namely, a lack of security for families and businesses, and costs that continue to rise at two or three times the rate of inflation.

In the past year I have visited more than three dozen communities across the country to discuss health care. People from all walks of life have poured out their hearts and shared very personal stories about the unfortunate and often maddening failures of the health care system—how it failed them in their time of need.

BY BARRIE MAGUIRE

There were stories of families that can't get insurance because a child was born with a chronic medical condition, stories of wives being advised to divorce their husbands in order to get affordable insurance. There were stories of business owners being told they'd have to cut off one worker from their insurance policy in order to retain coverage for the rest. These are not imaginary problems; these are signs of a system that isn't working.

In September the president addressed Congress and the nation about health care reform. Since that speech, the case for comprehensive change has grown stronger, not weaker.

In December the Employee Benefit Research Institute, an independent, private, nonprofit organization, reported that 2.2 million Americans lost their health insurance for a substantial part of 1992. Since 1991, 3.1 million Americans have been cut off the insurance rolls, many of them for good. Most of the people who lost their insurance worked full-time, usually for small companies that could no longer afford to buy coverage for their workers. And more children lost their insurance in 1992 than at any time since the mid-1980s, when Congress began expanding Medicaid coverage of those under age 19.

This month the U.S. Chamber of Commerce reported that employers' spending on health care benefits for their workers skyrocketed 220 percent from 1980 to 1992. Later in the month, the U.S. Department of Commerce reported that U.S. health care spending is expected to jump 12.5 percent in 1994. We are spending more and more on health care but getting less and less for our money.

These are not the symptoms of a system suffering from temporary difficulties. They are the manifestation of a system that is broken and needs to be fixed.

There has been a great deal of discussion about the recent report by the Department of Labor showing that health care inflation in 1993 slowed to 5.4 percent. Let's remember, however, that medical prices still rose twice as fast as all other consumer prices, continuing a pattern stretching back to World War II. And it is very likely that this slowdown is a temporary reaction to the debate over health reform in Washington. We need only look back at previous national debates over health reform.

In 1973, after President Nixon imposed wage and price controls and proposed a health reform plan quite similar to President Clinton's, the inflation-adjusted growth in national health spending dropped from 9 percent in 1972 to 3 percent in 1973 and 2 percent in 1974. When those controls were lifted and the Nixon reform plan was defeated, health spending grew 5 percent in 1975 and was back to an 8 percent growth rate in 1976.

In 1979, while Congress considered President Carter's health reform plan, the inflation-adjusted rise in U.S. health spending slowed from 5 percent in 1978 to one percent in 1979 and again in 1980. Once the Carter bill was defeated, however, health care spending growth was back up by 5 percent in 1981, 6 percent in 1982 and 7 percent in 1983. Not only were we back where we started, we were worse off.

The Heath Security Act enhances the private market's ability to permanently curb its own cost growth. If the current trend proves to be true, it will make our job easier: to ensure that all Americans have a comprehensive set of benefits that cannot be taken away.

We can argue about which is the best approach to resolving the problems that plague our health care system and the American people. We can debate long and hard how to shape a new system and how to finance it. But we shouldn't waste another breath on the question of what we call this situation. Let's face facts and work together to provide the American people with a solution.

The writer is secretary of Health and Human Services.

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MISCELLANEOUS GIFTS RECEIVED IN THE RESIDENCE FOR THE PRESIDENT AND FIRST LADY (as of 2/8/93)

1. For "Bill and Hillary" from: **Markie, Michael, Kate and Daisy POST.** Gift of 1 black pillow with the American Eagle on the front, red/white/blue/gold from "Sulka". (Pillow size approximately 15" x 15" -- very nice quality.) Enclosed notecard from the Hay-Adams Hotel reads: "Welcome to your new home."

DISPOSITION: _____ Keep for personal use and send to:
- ___ Residence
- ___ Camp David

_____ Designate for Presidential Library

2. For "Hillary and Bill" from: **Debbie and Tom Siebert.** Gift of 1 Beacon Hill 8" x 10" picture frame (gold tone). Notecard reads: "Thank you for the wonderful campaign and the many friendships we have made over the last year and a half. Like the cover of this card, you have blended so many together to form a new pattern of thinking and being. This gift is a small house-warming present."

DISPOSITION: _____ Keep for personal use and send to:
- ___ Residence
- ___ Camp David

_____ OTHER: _____

_____

3. For "President Clinton" from: **Bob Myman, Bruce Orosz, Doug Barr, and Tom Baer** ("Harry's Guys"--Harry Thomason, The Inaugural Committee). 1 plain brown leather Golden Bear (extra-large) jacket. Specially designed for the distinguished performing artists in the 52nd Presidential Inauguration. Inaugural Seal on inside of jacket: "1993 Performing Artist - 52nd Presidential Inaugural". Very nice jacket. Letter reads: ". . . Since you became "talent" at the Balls on 1/20, you should have the memento the other performers received. . . ."

February 10, 1993

MEMORNADUM FOR TIM FLYNN

FROM: KELLY CRAWFORD

All of the attached need "thank-you" notes prepared for the President's signature. The President would like to personally sign #1 and #3 -- #4 can be autopenned.

(The gifts have been pulled and sent to the Residence per the President's request.)

Call if you have any questions.

Thanks.

Please file, these can eventually be joined up with Reading copies of BC drafts (thank yous) that have been done to these donors recently.
Thank you.
Michelle Haustein

THE STATE OF NEVADA
OFFICE OF THE GOVERNOR
2501 E. Sahara Avenue
Las Vegas, Nevada 89158

BOB MILLER
Governor

TELEPHONE
(702) 486-4500
Fax: (702) 486 4059

February 23, 1993

President William J. Clinton
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Mr. President:

Congratulations on your outstanding speech to the nation and on the public support you've developed for a difficult, ambitious and necessary plan for economic recovery. I will continue to be supportive of the plan, and will express that support whenever and wherever possible.

I'm certain you can count on the support of the nation's governors. Here in Nevada, I face a tight budget, a crumbling workers compensation system, and a total reorganization of state government. Your speech helped put our state's difficulties into perspective, as demonstrated by the statement our Democratic majority leader made when he told me your speech made him "see the bigger picture."

I do have an area of concern to Nevada, relative to the 12 1/2% royalty fee on gold mining. Mining is a prominent industry in our state, and we derive significant revenue from a net proceeds tax. My initial concerns are for the potential loss of revenues as well as jobs if Nevada's mining companies find that moving to foreign mining sites would be more economical in light of the royalty tax. I will continue to be as supportive and low-key as possible with this issue as I learn about its potential impact. I reiterate that I will be supportive of the overall plan and of the necessity for new taxes.

My primary purpose in writing is to address the issue of Indian gaming. There are many other important concerns facing your first 100 days and beyond, but I feel compelled to address this issue because recent developments could set an irreconcilable course if there is no direct intervention. I have enclosed a recent wire service story which indicates the most recent and most threatening in a series of court and administrative actions. Without a change in policy or direction, these actions will lead to legalized gambling throughout this country in the exclusive province of tribal nations.

The nation's governors, with the sole exception of Governor Finney, are unified in their deep concern for the threat this position poses to state sovereignty in deciding what level and what type of gaming, if any, each state wishes to allow. The Indian Gaming Regulatory Act of 1988 was intended to provide tribal nations parity in gaming opportunities with other residents of their states. The mechanism for establishing that parity was negotiations with the respective governor, followed by federal regulation through a commission in conjunction with the Department of Interior.

Almost immediately courts in Connecticut started interpreting that the existence of any form of gambling in a state meant tribal entitlement to every form of gambling. The court decision's premise was bad faith negotiations by the governor, with an end result of Nevada-style casinos producing $50,000,000 annually for a few hundred tribal members. As more governors have been approached the growing concern has become that their states and residents would no longer have a say in the limits they would like to place on gaming.

In the Arizona decision the federal judge appointed a mediator who concluded that because the tribes suffered from, in his words, "third world poverty" they should be allowed to have gambling opportunities not available to other Arizona citizens. That rationale is virtually identical to the reasons Secretary Babbit stated to me in a private meeting, and to a meeting of Western Governors. During both meetings he expressed his belief that he has to act as an advocate for the tribes.

He stated they must be provided a "competitive advantage" and defined that as an exclusive right to certain forms of gaming which are denied to other residents. He rejected my position that taxation alone provides them a competitive

advantage even if limited to the same form of gambling as the other residents of the state. We have seen the tax advantage provide real "competitive advantage" in the areas of cigarette sales and the operation of truck stops.

Secretary Babbit's position is at odds with that of the nation's governors, a fact he recognizes. This becomes particularly critical now because the Arizona case will go directly to the Secretary if Governor Symington refuses to sign the court directed terms of the compact within 60 days. The secretary has already made statements as to what his intentions are, and this will lead to a precedent which may be impossible to overcome.

Mr. President, I do not exaggerate when I suggest the result will be casinos across the country owned exclusively by tribal nations. In California for example, there are more than 100 tribes some of which have only a few dozen members, each of whom could become instant multi-millionaires. The State of California, despite its economic chaos, has rejected gaming as a source of revenue for all its other citizens. The tribes certainly need economic stimulus, but I respectfully suggest that an exclusive province to levels or types of gaming is not the way to provide that stimulus.

As I indicated to you at the outset, Secretary Babbit has very strong feelings about this issue and what his responsibilities are to the tribes. Without you direct intervention this troubling pattern will continue and even escalate.

I wish you well as you tackle the many problems our nation faces, and I'm sorry if I burden you with one more problem. But I truly believe the nation has elected the right person to be President, and that you need to know about the potential consequences of both actions and inaction.

My warmest regards to Hillary and Chelsea. I enjoyed watching the State of the Union with Linda Dixon during her recent vacation to Las Vegas. She was filled with tears of pride as she watched and listened.

Sincerely,

Bob Miller

BOB MILLER
Governor

GAMING

Fight brewing on Indian casinos

PHOENIX (AP) — A state that sanctions any form of gambling, including state-sponsored lotteries, cannot impose any restrictions on Indian gambling, Interior Secretary Bruce Babbitt said Friday.

Babbit

That view puts the Clinton administration on a collision course with Republican Gov. Fife Symington and other governors who are fighting to limit the scope of gambling on the reservations.

Babbitt, who as governor of Arizona adamantly opposed Indian gambling, said Friday that the only way the state can keep its 21 Indian tribes from opening full-blown gambling casinos is to outlaw all forms of what federal law calls "class III" gaming. That includes the state lottery.

Slot machines and most other forms of casino gambling also are classified as class III gaming by the federal Indian Gaming Regulatory Act, which governs gaming on Indian reservations.

■ **Babbit's stand:** "Arizona has clearly opened the door to class III gaming," Babbitt said. "The Indian tribes then have considerable discretion in deciding to have other types of gaming."

Rules implementing the act took effect last year, prompting economically depressed Indian tribes across the country to launch casino gambling operations to supplement tribal revenues.

Officials in Arizona and many other states have objected to the proliferation of reservation gam-

bling and are demanding that Congress change the law.

Babbitt said states that allow any form of "class III" gambling cannot place any limits on reservation gambling unless the tribes agree to the limits in negotiated compacts.

■ **Governor disagrees:** Symington said Babbitt's interpretation of the law "is clearly incorrect."

"If you talk to the people who authored (the Indian Gaming Regulatory Act), they will tell you that was never their intention, that was not Congress' intention."

Symington believes the law allows only those specific gambling activities that are legal off the reservations, which would allow the state to prohibit all casino-style gambling, including slot machines, on the reservations.

THE STATE OF NEVADA
OFFICE OF THE GOVERNOR
2501 E. Sahara Avenue
Las Vegas, Nevada 89158

BOB MILLER
Governor

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FAX TRANSMISSION SHEET

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SUBJECT OF TRANSMISSION: Letter to President Clinton

NUMBER OF PAGES, INCLUDING COVER PAGE: 6

DOCUMENT(S) SENT TO: Regina Montoya FROM: Bob Walsh

MESSAGE, IF ANY: _____

THE PRESIDENT HAS SEEN 4/5

HOUSE OF REPRESENTATIVES
WASHINGTON, D. C. 20515

BOB WISE
3RD DISTRICT
WEST VIRGINIA

March 26, 1993

Dear President Clinton,

I want to thank you for the chance to go running with you this morning.

Due to a bout with the flu, I had not been running for about a week. You set a good pace and got me back in the routine.

There's nothing like a Presidential run to get one motivated for the day. Thank you again for including me.

Sincerely,

Bob

UNITED STATES SENATE
WASHINGTON, DC 20510-0302

OFFICIAL BUSINESS

THE PRESIDENT HAS SEEN 3/16

BL

Dennis DeConcini
U.S.S.

The President
The White House
Washington, D.C. 20500

PHOTOCOPY
WJC HANDWRITING

THE PRESIDENT HAS SEEN 3/16

DENNIS DeCONCINI
ARIZONA

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MESA, AZ 85211
(602) 261-4998

March 16, 1993

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

I know you are swamped with many important decisions, but I need to call to your attention at this time a friend of yours and mine, Mr. Enzo de Chiara.

Enzo is the kind of individual the United States and President and Mrs. Clinton need to represent our nation as Ambassador to Italy. Because of his friendship with you he is hesitant to ask directly or campaign for the position as others may be doing. Having known Enzo for more than sixteen years, I can vouch for his deep loyalty to the United States, his expertise in European affairs, his thorough knowledge of Italy as well as his fluency in the Italian language. I truly believe that there could be no better person for this Embassy post. I hope you will concur and decide to name Enzo as the United States Ambassador to Italy.

Thank you for your consideration.

Sincerely,

Dennis

DENNIS DeCONCINI
United States Senator

DDC/na

you can't go wrong with Enzo-

THE WHITE HOUSE
WASHINGTON

[redacted]

DATE: 3/16

NOTE FOR: Bruce Lindsey

The President has reviewed the attached, and it is forwarded to you for your:

Information ☐

Action ☑

[redacted]

Thank you.

JOHN D. PODESTA
Assistant to the President
and Staff Secretary
(x2702)

[redacted]

cc:

THE PRESIDENT HAS SEEN 3/17

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+ ADMITTED IN VIRGINIA
# ADMITTED IN TEXAS

LOUIS F. BESIO
VICE PRESIDENT FOR
FINANCE AND ADMINISTRATION

WRITER'S DIRECT DIAL NUMBER
(202) 371-6046

March 16, 1993

The Honorable William Jefferson Clinton
President of the United States
The White House
Washington, D.C. 20500

Dear Mr. President:

You will recall that I played an active role last year in coordinating the primary campaign in Puerto Rico, concentrating my efforts in Puerto Rico's New Progressive Party. As a result of those efforts and others, Puerto Rico's Democrats (in both major local parties) united behind your candidacy -- a virtually unprecedented alliance.

I am writing on behalf on Puerto Rico's Governor, Pedro Rosselló, to request a personal meeting to discuss how your proposal to amend I.R.C. Section 936 may be modified to protect Puerto Rico's economy. Governor Rosselló has issued several public endorsements of your economic program, emphasizing that Puerto Rico should bear its share of national sacrifice and that certain elements of your program will benefit Puerto Rico. At the same time, he has expressed the hope that you will agree to reasonable modifications in your Section 936 proposal: designed to accommodate your federal objectives while protecting Puerto Rico's economy.

Harry McPherson has contacted Mr. McLarty, Mark Gearan, and Marcia Hale during the past couple of weeks to request a personal meeting between you and Governor Rosselló. We hope it will be possible for you to meet with the Governor at your early convenience. We are confident the Section 936 issue can be resolved with reasonable accommodation. In the meantime, it

causes significant concern among the 3.6 million American citizens who reside in Puerto Rico and the 2.7 million Puerto Ricans who reside on the mainland (See Attachment No. 1). Thank you for your consideration.

With best regards,

John A. Merrigan

THE PRESIDENT HAS SEEN 5/17/93

Mack

I think I'm
seeing him
around 12

B.

PHOTOCOPY
W/O HANDWRITING

THE WHITE HOUSE
WASHINGTON

[redacted]

DATE: 5/18

NOTE FOR: MACK

The President has reviewed the attached, and it is forwarded to you for your:

Information ☐

Action ☐

[redacted]

See note on back

Thank you.

JOHN D. PODESTA
Assistant to the President
and Staff Secretary
(x2702)

[redacted]

cc:

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Folder Title:
January 1993 - March 1993: Folder #2 [Taylor Branch Letter Regarding Exiled President Aristide of Haiti, March 4, 1993]

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THE WHITE HOUSE
WASHINGTON

[redacted]

DATE: 3/25/93

NOTE FOR: HILLARY RODHAM CLINTON

The President has reviewed the attached, and it is forwarded to you for your:

Information ☒ XX

Action ☐

Thank you.

JOHN D. PODESTA
Assistant to the President
and Staff Secretary
(x2702)

[redacted]

cc:

THE PRESIDENT HAS SEEN 3/23

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C. 20515

JAY DICKEY
FOURTH DISTRICT
ARKANSAS

March 22, 1993

Dear Bill and Hillary,

I don't know the current news from Little Rock, but I'm thinking of Hillary, her dad and you, Bill!

Also thanks for having me over for the Razorback game recently, for the food and drinks and visiting with friends!

Cordially,

Jay

PHOTOCOPY
WJC HANDWRITING

THE WHITE HOUSE
WASHINGTON

2-27

Todd Stern

93 MAR 1 A10:29

I think the "both" option in the OMB memo

makes the most sense -- if it is not too late to do the House piece.

Howard Paster

THE WHITE HOUSE
WASHINGTON

February 27, 1993

To: Howard Paster
Mark Gearan

As described in the attached OMB memo, there is a drafting problem in the current House and Senate Hatch Act bills. The bills are (i) technically defective because they refer to an appropriation for the EOP where none exists (appropriations are to the separate agencies of the EOP) and (ii) substantively defective because they would now cover career civil servants in the EOP -- which can't be the drafters intentions.

OMB wants to have the bills amended, which seems to be the clearly right course. Please let me know what you think.

Todd Stern

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

February 26, 1993

MEMORANDUM FOR MARTHA FOLEY

FROM: Bernard H. Martin

SUBJECT: Hatch Act Amendment

You said to me the other day that Howard Paster stated that the Administration's position on the Hatch Act bills (H.R. 20 and S. 185) should be:

-- Support both bills.

-- Wait until the conference on the bills to determine what position, if any, the Administration should take on the differences between them.

As noted in my February 17th memorandum, both bills contain a provision concerning the Executive Office of the President (EOP) which should be fixed. Both bills exempt all employees paid from funds appropriated to the EOP from the ban on engaging in politics while on duty. This language is:

-- Technically defective since there is no separate appropriation for the EOP as such.

-- Broader than we believe was intended since we doubt the drafters meant to allow career civil servants in the EOP to engage in politics while on duty.

Do you think it would be possible to have this provision amended by either:

-- Working informally with the Senate Governmental Affairs Committee staff before they mark up? (The hearing scheduled for March 2nd has been postponed.)

or

-- Working informally with the House Democratic leadership to have it included as part of the rule adopted by the Rules Committee on H.R. 20 (assuming the leadership wants to allow any changes in the bill)? H.R. 20 is scheduled to come up on the House floor on Wednesday, March 3; we assume it will go to Rules on Tuesday.

or

-- Both?

Attached is a mark-up of the bill which shows the changes needed.

Attachment

"(4) using any vehicle owned or leased by the Government of the United States or any agency or instrumentality thereof.

"(b)(1) An employee described in paragraph (2) may engage in political activity otherwise prohibited by subsection (a) if the costs associated with that political activity are not paid for by money derived from the Treasury of the United States.

"(2) Paragraph (1) applies to an employee—

"(A) the duties and responsibilities of whose position continue outside normal duty hours and while away from the normal duty post; and

"(B) who is—

"(i) paid from an appropriation for the Executive Office of the President; or

"(ii) appointed by the President, by and with the advice and consent of the Senate, whose position is located within the United States, who determines policies to be pursued by the United States in its relations with foreign powers or in the nationwide administration of Federal laws.

"§ 7326. Candidates for elective office; leave

"(a) Except as provided in subsection (c), an employee who is a candidate shall, upon the request of the

Tony
from my friend
G. Bangladesh

THE PRESIDENT HAS SEEN 2/15

(Inter) National Centre for Human Communication of the Rural People of Bangladesh

January 1990

Final outline - April 1992

To be set-up on tree-denuded hillocks over-looking the Cox's Bazar Bay or in any other area with similar topographical features in Bangladesh

OBJECTIVES :

Primary :

1) Short, medium and long-gestation trees of different varieties from local and other sources would be planted as my personal contribution to afforestation in Bangladesh. The plan would envisage the place as developing into a national recreational park over a period of time. This would be handed over to a trust for public ownership and use after the initial phase of the centre is completed.

2) It would be an extension Centre where all types of appropriate and transplantable technologies for improvement of the plight of the rural people in Bangladesh would be on display. This would embrace all facets of life relevant to the rural people such as small-scale farming techniques, all possible off-farming income-generating activities, mini-rural industries, models of affordable housing, primary health care, nonfossil energy resources use and all that impinges upon development consistent with the environmental welfare of rural life. This place would serve as a catalyst to facilitate linkage of the infra-structural growth in the Upazillas with

new industrial ventures dependent on low-cost and easily comprehensible technologies appropriate for income-generation of the rural people.

3) The idea is to put all these on visual display for the rural people to absorb, comprehend and to understand their novelty and benefits in response to their felt needs and then to replicate in their respective habitats in other parts of the country.

4) A Centre where local, national, regional or international conferences/workshops/brain-storming sessions could take place in a physical and human environment tuned to the themes and goals of these conferences on grass-root developmental issues and concerns which are considered in governmental and international decision-making processes.

5) A Centre where practical demonstration could be made on either theories or successes achieved in other parts of the world on issues connected with poverty alleviation goals, and improving the quality of life of the rural poor, particularly the so-called "non-viables" in terminology of International Developmental Financing Institutions.

6) A Centre where practical training could be organized for field workers, catalysts and other members of the Shawnirvar movement(Movement for self-reliance) for achievement of the human, ideological, organizational and other planned goals of the movement launched by Mahbubul Alam Chasi. Members of the Shawnirvar movement would be brought in for motivation and training for replicating the models on display in the Centre back in the villages of their respective operational areas

particularly on low-cost housing, use of renewable energy resources like bio-gas, solar/wind , etc. and tree plantation and preservation techniques, for overall sustenance of their environmental equilibrium.

7) Environmentally-conscious individuals and organisations would find the Centre a forum for exchange and dissemination of information on practical measures to be taken involving people's mass participation for preservation of their environment with reference to the topography and physical features of their respective nearby country-side and coastal areas.

B. Secondary

1) Retired professionals who have spare time and keenness to work for social welfare would bring to the Centre the expertise and experience of their respective disciplines as applicable to the welfare of rural people.

2) A place where people who are disillusioned at a certain age of life with so-called material goals could spend some time in contributing voluntarily to the goals of the Centre in their respective disciplines and experiences as suited to the needs of the Centre.

3) A place where the younger generation conscious of their community service obligations could render physical labour and professional contributions to achieve the goals of the Centre before going on to their cherished careers.

4) A place where people inhabiting rural areas would be encouraged to do their own thinking and research on the foreseeable pattern of life in the early twenty-first century and find their own innovative answers to respond, survive and even prosper in such an anticipated environment.

5) A place where people fond of transcendental meditation and searching for truth in any religion or faith would be welcome to pray and meditate if they are able to contribute meaningfully to the critical objectives of the Centre.

Humayun Kabir
Ambassador of Bangladesh
to the United Nations
821, United Nations Plaza
New York, NY 10017
Tel:(212)867-3434
Fax:(212)972-4038

Source: REUTER

Subject : NO NEED FOR AIRSTRIKES IF ATTACKS STOP -BOSNIA PM@

BOSNIA

THE PRESIDENT HAS SEEN
2/22/94 db

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^BC-YUGOSLAVIA-PREMIER@
^NO NEED FOR AIRSTRIKES IF ATTACKS STOP -BOSNIA PM@
BELGRADE, Feb 20 (Reuter) - Bosnian Prime Minister Haris Silajdzic, striking a reconciliatory note, said Serb forces appeared to be complying with a NATO ultimatum to withdraw their artillery from around Sarajevo or face air strikes.

``According to the information I have, the aggressor's forces are withdrawing with their equipment to outside the 20 km (12 mile) zone as demanded by the NATO ultimatum, and some of their weaponry is being placed under the control of U.N. forces, which might mean then that the aggressor side will respect the NATO ultimatum,'' he said.

``So there will be no need for air strikes if the aggressors do not continue to attack Sarajevo. If there are attacks on Sarajevo there will be air strikes.''

Sarajevo, battered by a 22 month Serb siege, has enjoyed its longest effective ceasefire after NATO threatened to bomb Serb positions unless they withdrew their heavy guns or placed them under U.N. control by midnight on Sunday.

Silajdzic was speaking to Croatian television in a telephone interview on Saturday night. His comments, monitored by the British Broadcasting Corporation, followed talks with Croatian Foreign Minister Mate Granic in Frankfurt on Saturday.

Silajdzic's words respresented a softening of Bosnia's official tone. Vice-President Ejup Ganic earlier said Serb forces and the U.N. were conspiring to circumvent NATO's deadline and were failing to ensure the demilitarisation of Sarajevo.

In Washington, U.S. President Bill Clinton said it was unclear if the Serbs were withdrawing all their heavy guns from Sarajevo and U.S. aircraft would ``exact a heavy price'' if the NATO ultimatum was not met.

NATO was adamant there would be airstrikes unless the ultimatum was met to the letter.

But the United Nations said the Serbs were struggling with heavy snow to meet the deadline and may have to leave almost half of their artillery behind.

The U.N. commander in Bosnia, British General Sir Michael Rose, said the most important thing now was for his troops to gain control of the siege guns.

``In due course, when the moment is appropriate, the weapons will be moved to new locations. The key is that the weapons are under the control of United Nations soldiers and are not available to the warring factions,'' he told Reuters.

A senior U.N. officer in Sarajevo said the Serbs had withdrawn their heavy weaponry to the extent that they could no longer capture the Bosnian capital.

``The tide is clear - they (Serbs) are pulling out. They lost their chance to capture Sarajevo,'' the U.N. officer, who asked not to be named, told Reuters.

The Serbs agreed to comply only after Russia said it would provide 400 peacekeeping troops to patrol the confrontation line.

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SAVANT
INTERNATIONAL

ALTON HOUSE, 4 HERBERT STREET, DUBLIN 2, IRELAND. TELEPHONE: + 353 1 8452255. FAX: + 353 1 8452920.

March 4, 1993.

From Zorthian
send thanks,
forward this to
Hose at living
quarters -

President Bill Clinton,
The White House,
1600 Pennsylvania Avenue,
Washington D.C. 20500,
U.S.A.

Dear Mr. President,

This small memento comes to you from Ireland to mark your Inauguration Day as 42nd President of the United States of America.

I am sending it because on the day when you celebrated "the mystery of American renewal" I was beginning my own smaller adventure. I decided to take an idea born in Ireland to development and realisation in America. Initially, I was apprehensive, but as you said in your inaugural address "to renew America, we must be bold". That encouraged me and makes me feel that the small enterprise I am starting in the Mid-West, is nevertheless, part of something bigger.

I am hoping that the linkage between an Irishman and America is mirrored in the combination of Waterford Crystal and the Arkansas Apple Blossom.

I know that you will "not be weary in well-doing". The world now needs your energy and inspiration.

With every best wish,

George McNamara

George McNamara,
Chief Executive.