TALKING IT OVER
BY HILLARY RODHAM CLINTON
FOR IMMEDIATE RELEASE

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

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

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

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

Bill then asked some of our nation's best doctors and scientists, as well as Gulf War veterans themselves, to form a Presidential Advisory Committee that could provide an open, thorough and independent review of the government's response to veterans' health concerns. I had the privilege of

testifying at the first meeting of this committee in August 1995. And earlier this week, I watched as the committee presented its final report to the President.

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

But the committee also noted areas for improvement, especially in the realm of building trust and strengthening the lines of communication between veterans and the government agencies that serve them. It expressed concern that the Defense Department had not investigated possible chemical weapons exposure thoroughly enough in the past.

As a result, the Defense Department has intensified its investigation into this issue, tracking down veterans who may have been exposed to chemical agents and devoting millions of dollars to researching the possible effects of low-level chemical exposure. The Defense Department and the CIA have declassified 23,000 pages of documents and placed them on the Internet. And a review of more than 5 million pages of Gulf War documents has already yielded some evidence that our troops may have been exposed to chemical agents.

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

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

January 7, 1997

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

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

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

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

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

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

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file Gulf war

White House Press Release

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

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release January 7, 1997

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

The Roosevelt Room

10:55 A.M. EST

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

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

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

veterans and to look into the federal government's efforts to address their concerns.

I met with officials from the Department of Defense, the Veterans Administration, and the Department of Health and Human Services to determine if we were doing the very best we could to respond to our veterans' needs and to facilitate research into their illnesses.

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

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

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

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

DR. LASHOF: Thank you very much, Mrs. Clinton, especially for your compassion and your interest in this important issue. And thank you, Mr. President, for your very courageous leadership for wanting to get to the bottom of this issue and the effort you've made to bring this committee about.

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

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

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

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

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

But the committee recognizes that in November 1996, DOD announced it was expanding its investigation and research related to low-level chemical warfare agent exposure. We hope these initiatives can begin to restore confidence in DOD's investigation on chemical agent incidents.

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

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

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

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

The volunteers who served in defense of our national interest deserve complete and accurate information about the risks they

faced, and I am sure that we will be able to provide it to them.

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

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

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

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

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

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

Three years ago I asked the Secretaries of Defense, Health and Human Services, and Veterans Affairs to form the Persian **Gulf** Veterans Coordinating Board to strengthen our efforts to care for our veterans and find the causes of their illnesses. I signed landmark legislation that pays disability benefits to **Gulf War** veterans with undiagnosed illnesses. DOD and VA established toll-free lines and medical evaluation programs.

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

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

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

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

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

I'm determined that this investigation will be comprehensive and credible. We haven't ended the suffering; we don't have all the answers; and I won't be satisfied until we have done everything humanly possible to find them.

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

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

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

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

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

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

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

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

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

Thank you very much. (Applause.)

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

THE PRESIDENT: I believe that there are a lot of veterans who got sick as a result of their service in the **Gulf**. And I believe it took experts to determine whether there is one or a deliberation of them in exactly what the cause and connection is. That has been apparent for sometime. That's why the Congress agreed to support our efforts that for the first time paid disability payments for people with undiagnosed conditions.

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

And there are also -- I think we need to be a little humble about this. There are a lot of things that we still don't know. That's what Dr. Lashof said. And that's why these research projects are so very important.

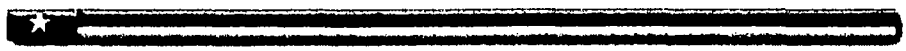
And the final thing I'd like to say is we don't know all the answers here. You heard Dr. Lashof say that sometimes when people were exposed to substances that can cause cancer it may not be manifested for 10 years, which is why I want to thank Secretary Brown for urging that we stress the two-year rule.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

be vigilant about this. And my successor will be working on it. We will be monitoring this for a long time to come.

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

Q Thank you, Mr. President.

END 11:05 A.M. EST



To comment on this service: *feedback@www.whitehouse.gov*

file bulletin

11/5/97 5:15 p.m.

PRESIDENT WILLIAM JEFFERSON CLINTON
RADIO ADDRESS ON GULF WAR ILLNESS
THE WHITE HOUSE
NOVEMBER 8, 1997

Good morning. On Tuesday, our nation will pause to honor and remember all those who have worn the uniform of our Armed Forces. The men and women of the United States military have always been faithful to America – and America has no higher duty than to keep faith with them.

Today, I want to talk to you about what we are doing to help our troops who fought in the Gulf War and later fell ill. The First Lady and I were both deeply troubled by the pain and frustration these veterans felt – I thank Hillary for doing so much to bring attention to their plight and to galvanize the effort to help them.

Almost four years ago, my Administration made it a priority to care for and compensate our Gulf War veterans who had fallen ill...to find out why they were sick...to make public the facts as we established them...and to apply the lessons we learned for the future. When answers didn't come fast enough, I asked some of America's best doctors and scientists, as well as Gulf War veterans, to undertake a thorough, independent and open review of the government's response to our veterans' health care concerns. Now, the Presidential Advisory Committee they formed has delivered its final report. I thank its Chairman, Dr. Joyce Lashoff, and the other members for their outstanding work. Based on their recommendations, I am taking the following actions.

First, to better care for and compensate our veterans: I have directed the Department of Veterans Affairs to ensure that all those who served in the Gulf War receive the treatment and benefits

4:20 - 4:57

they deserve. To strengthen our ability to help the broadest number of veterans, the National Academy of Sciences will soon begin reviewing all scientific studies that examine the linkage between various illnesses and Gulf War service. And we will work with Congress on legislation to guarantee that these benefits continue in all Administrations to come.

Second, to deepen our understanding of why Gulf War veterans have gotten sick: We will dedicate more than $13 million for new research on low-level exposure to chemical agents and other possible causes of illness.

Third, to make sure our veterans and the public know all the facts: I am directing the Department of Defense to pursue vigorously its remaining investigations, including those into suspected chemical weapons releases. As the department's efforts go forward, there must be full confidence in its work. Today, I thank former Senator Warren Rudman for agreeing to lead an oversight board that will hold these inquiries to the highest standards.

Fourth, to apply the lessons we have learned for the future: I am directing the Departments of Defense and Veterans Affairs to create a new Force Health Protection Program. Now every soldier, sailor, airman and marine will have an exhaustive medical record of all illnesses and injuries they suffer, the care and inoculations they receive and their exposure to different hazards -- from basic training through retirement. These records will help us prevent illness and identify and cure those that occur.

From the beginning, I vowed that we would not rest until we uncovered all the facts about Gulf War illnesses...and acted on them for our veterans, their families and all who serve our nation, now and in the future. On this Veterans Day, we are making good on that pledge – as we must every day. Our veterans put everything on the line for us. We must show the same resolve for them.

Thanks for listening.

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NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

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October 31, 1997

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ACTION

MEMORANDUM FOR SAMUEL R. BERGER
JOHN H. GIBBONS
THURGOOD MARSHALL, JR.
MELANNE VERVEER

FROM: PAUL E. BUSICK

SUBJECT: Rollout Plan for the Special Report of the Presidential Advisory Committee (PAC) on Gulf War Veterans' Illnesses

Tab I is the decision memorandum outlining our proposal for a Presidential radio address to receive the PAC *Special Report*, and announce major initiatives to improve health and benefits programs for both active duty personnel and veterans. It asks the President to approve two aspects of the PAC report: (1) appointment of an independent oversight group to monitor the remaining DOD investigations; and, (2) approve the VA initiative to provide independent review of the scientific findings on Gulf War illnesses, and support establishment of a permanent statutory program for Gulf War veterans.

The proposed date for the radio address is November 8, 1997. This date will allow the President to reiterate his commitment to veterans just prior to Veterans' Day, and emphasize the health care issues that concern most veterans.

Concurrences by: David Leavy; Anne Lazzatto; James Seaton; Phil Crowley; David Zavada/OMB

RECOMMENDATION

I recommend you initial the attached decision memorandum at Tab I.

Attachments
Tab I Presidential Decision Memo
Tab A VA's Draft Legislative Proposal

cc: Sylvia Matthews
Stephanie Street

THE WHITE HOUSE

WASHINGTON

ACTION

MEMORANDUM FOR THE PRESIDENT

FROM: SAMUEL R. BERGER
JOHN H. GIBBONS
THURGOOD MARSHALL, JR.
MELANNE VERVEER

SUBJECT: Rollout Plan for the Special Report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses

The *Special Report* of the Presidential Advisory Committee (PAC) on Gulf War Veterans' Illnesses is due October 31, 1997. This memorandum requests a decision on continued independent oversight of DOD's remaining investigative efforts and your support of a permanent statutory program for Gulf War veterans.

Proposal

In our view, your establishment of the PAC and the prominence of the underlying issue of government credibility argue for your continued direct involvement. We have proposed a radio address on November 8th to highlight your personal commitment to Gulf War veteran's issues in which:

- You acknowledge that you have received the PAC's *Special Report*, thank the PAC for their hard work, underscore your commitment to a thorough investigation into what happened in the Gulf, and full implementation of lessons learned:

  -- You announce that you have directed DOD/VA to initiate a new, comprehensive "Force Health Protection Program" that delivers improved health care and illness prevention to our active duty troops and veterans as a major lesson learned from the Gulf War.

-- You make a commitment to enhance the government's health risk communications with military service members as well as the general public.

-- You emphasize that DOD is responsible for the investigations into chemical and biological incidents during the Gulf War, and announce appointment of an independent oversight board to focus on DOD's remaining investigations.

-- You announce $13.2 million in new funding for research into Gulf War illnesses.

-- You announce that you have instructed VA to contract with the National Academy of Sciences to provide an independent review of the scientific findings on Gulf War veterans' illnesses to ensure that our veterans receive the health care and benefits they deserve. You will also direct VA to work with Congress to codify these activities.

- You will give the agencies 45 days to present an action plan to you based on the PAC's recommendations.

RECOMMENDATIONS

That an independent advisory group be appointed to provide oversight of the remaining DOD investigations.

Approve _____

Disapprove _____

That you support the VA initiative to contract with NAS and work with Congress on a statutory program for Gulf War veterans.

Approve _____

Disapprove _____

Attachment
Tab A VA's Draft Legislative Proposal

DISCUSSION DRAFT

105th Congress

1st Session

A BILL

To provide for independent review of available scientific and medical evidence regarding associations between Gulf War service and illnesses suffered by veterans of that service, and for other purposes.

SECTION 1. SHORT TITLE

This Act may be cited as the "Persian Gulf War Veterans Act of 1997".

SEC. 2. AGREEMENT WITH THE NATIONAL ACADEMY OF SCIENCES

(a) PURPOSE.—The purpose of this section is to provide for the National Academy of Sciences, an independent nonprofit scientific organization with appropriate expertise, which is not a part of the Federal government, to review and evaluate the available scientific evidence regarding associations between illness and service in the Persian Gulf War.

(b) AGREEMENT.—The Secretary of Veterans Affairs shall seek to enter an agreement with the National Academy of Sciences for the Academy to perform the services covered by this section.

(c) REVIEW OF SCIENTIFIC EVIDENCE.—Under an agreement between the Secretary and the National Academy of Sciences, the Academy shall conduct a comprehensive review and evaluation of the available scientific and medical information regarding the health consequences of exposures to risk factors during service in the Persian Gulf War. In conducting the study under this section, the Academy will (1) review potential risk factors of military members who served in the Southwest Asia theater of operations during the Persian Gulf War and summarize the biological plausibility that those risk factors, or the synergistic effects of combinations of those risk factors, are associated with illnesses suffered by Gulf War veterans, and (2) also review and summarize the scientific and medical evidence, and assess the strength thereof, concerning the association between Gulf War service and each medical condition, to include both diagnosed and undiagnosed illnesses, suspected of being associated with such service. In conducting such reviews and providing such summaries, the Academy shall, for each medical condition so considered, assess the latency periods, if any, between exposures to the potential risk factors and the manifestation of illnesses. The potential risk factors to be reviewed shall include, but need not be limited to, depleted uranium, pesticides, insecticides, chemical and biological warfare agents,

vaccinations, pyridostigmine bromide, heat stress, solvents, paints, fuels, smoke from oil-well fires, and sand.

(d) SCIENTIFIC DETERMINATIONS CONCERNING ILLNESSES.—(1) For each medical condition reviewed, the Academy shall determine (to the extent available scientific evidence permits) whether there is scientific evidence of an association with exposure to risk factors during Gulf War service. In making these determinations the Academy will take into account the strength of scientific evidence and the appropriateness of the scientific methods used to detect the association; whether the evidence indicates the levels of exposure of the studied populations were comparable to the exposures of Gulf War veterans; whether there is an increased risk among veterans of the Gulf War; and whether there exists a plausible biological mechanism or other evidence of a causal relationship between exposure to the risk factor or factors and the medical condition.

(2) The Academy shall include in its reports under subsection (g) a full discussion of the scientific evidence and reasoning that led to its conclusions regarding risk factors and associations under this subsection.

(e) RECOMMENDATIONS FOR ADDITIONAL SCIENTIFIC STUDIES.—The Academy shall make any recommendations it has for additional scientific studies to resolve areas of continuing scientific uncertainty relating to the health consequences of Gulf War

service. In making recommendations for further studies the Academy shall consider the existing scientific information, the additional value that could result from additional studies, and the cost and feasibility of carrying out such additional studies.

(f) SUBSEQUENT REVIEWS. —An agreement under subsection (b) shall require the National Academy of Sciences—

(1) to conduct as comprehensive a review as is practicable of the evidence referred to in subsection (c) that became available since the last review of such evidence under this section; and

(2) to make its determinations and provide summaries on the basis of such review and all other reviews conducted for purposes of this section.

(g) REPORTS.—(1) The agreement between the Secretary and the National Academy of Sciences shall require the Academy to transmit to the Secretary and the Committees on Veterans' Affairs of the Senate and the House of Representatives periodic written reports regarding the Academy's activities under the agreement. Such reports will be submitted at least once every three years (as measured from the date of the first report.)

(2) The first report under this subsection shall be transmitted not later than the end of the two-year period beginning on the date of enactment of this Act. That report

shall include (A) the determinations and discussions referred to under subsection (d), and (B) any recommendations of the Academy under subsection (e).

(h) LIMITATION OF AUTHORITY.—The authority to enter into agreement under this section shall be effective for a fiscal year to the extent that appropriations are available.

(I) SUNSET.—This section shall cease to be effective 11 years after the last day of the fiscal year in which the National Academy of Sciencies enters into its agreement with the Secretary.

SEC. 3. PRESUMPTION OF SERVICE CONNECTION FOR DISEASES ASSOCIATED WITH GULF WAR SERVICE.

IN GENERAL.—(1) Chapter 11 of title 38, United States Code, is amended by adding at the end of subchapter II the following new section:

"§ 1118. Presumption of service connection for illnesses associated with service in the Gulf War

"(a)(1) For purposes of section 1110 of this title, and subject to section 1113 of this title, any illness that (A) the Secretary determines in regulations prescribed under this section warrants a presumption of service connection by reason of having an association with Gulf War service or exposure to a risk factor experienced during such service, and (B) becomes manifest within the period of time (if any) prescribed in such regulations in a veteran who, during

active military, naval, or air service, served in the Southwest Asia theater of operations during the Persian Gulf War and was exposed to a risk factor (if any) as described in such regulations, shall be considered to have been incurred in or aggravated by such service, notwithstanding that there is no record of evidence of such disease during the period of such service.

"(2) Whenever the Secretary determines that Gulf War service, or exposure to a risk factor comparable to that experienced by Gulf War veterans, is associated with the occurrence of a disease in humans, the Secretary will prescribe regulations providing a presumption of service connection for that disease. In making such determinations, the Secretary shall take into account reports received from the National Academy of Sciences under section 2 of the Persian Gulf War Veterans Act of 1997, and all other sound medical and scientific information and analyses available to the Secretary.

"(3) In evaluating medical and scientific evidence for purposes of this section, the Secretary shall consider a scientific study to be evidence for an association if it:

(A) demonstrates a positive association between the risk factor or exposure and the outcome being investigated;

(B) has statistically significant results;

(C) is capable of replication;

(D) withstands peer review; and

(E) was designed in such a way that chance, bias, and confounding can be ruled out with reasonable confidence.

It is not neccessary for this purpose that the study demonstrate a cause-and-effect relationship.

"(4) For purposes of this section, the term "veteran of the Gulf War" means a veteran who served on active duty in the Armed Forces in the Southwest Asia theater of operations during the Persian Gulf War.

"(5) (A) Not later than 90 days after the date on which the Secretary receives a report from the National Academy of Sciences under section 2 of the Persian Gulf War Veterans Act of 1997, the Secretary shall determine whether a presumption of service connection is warranted for each disease covered by the report. If the Secretary determines that such a presumption is warranted, the Secretary, not later than 90 days after making that determination, shall issue proposed regulations setting forth the Secretary's determination.

"(B) If the Secretary determines that a presumption is not warranted, the Secretary, not later than 90 days after making the determination, shall publish in the Federal Register a notice of that determination. The notice shall

include an explanation of the scientific basis for that determination. If the disease is already included in regulations providing for presumptions of service connection, the Secretary, not later than 90 days after publication of the notice of determination that the presumption is not warranted, shall issue proposed regulations removing the presumption for the disease.

"(C) Not later than 90 days after the date on which the Secretary issues any proposed regulation under this subsection, the Secretary shall issue a final regulation. Such final regulations shall be effective on the date of issuance."

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1117 the following new item:

"1118. Presumption of service connection for illnesses associated with service in the Gulf War.".

SEC. 4. CONFORMING AMENDMENTS

(1) The caption for section 1117 of title 38, United States Code, is amended to read as follows:

"§ 1117 Compensation for disabilities due to undiagnosed illnesses occurring in Persian Gulf War veterans",

and a corresponding amendment shall be made to the item relating to section 1117 in the table of sections at the beginning of chapter 11 of that title.

(2) Section 1113 of title 38, United States Code, is amended (A) by striking out "or 1117" both places it appears and inserting in lieu thereof "1117, or 1118"; and (B) by striking out "section 1112 or 1116" and inserting in lieu thereof "section 1112, 1116 or 1117".

PRESIDENTIAL PRESS GUIDANCE
FOREIGN POLICY ISSUES

SATURDAY, NOVEMBER 8, 1997

GULF WAR ILLNESS REPORT

Your own Advisory Committee on Gulf War Illnesses claims the Pentagon has lost credibility -- do you agree with this judgment?

- Let me first say that **Hillary and** I have been deeply troubled by the pain and frustration our veterans have felt.

- The PAC deserves a great deal of credit for its role in highlighting the areas in which the government needed to improve its approach to this issue**, and I have a great deal of respect for the PAC, but...**

- The Defense Department is responsible for what happened in the Gulf, both good and bad, and the Defense Department has a responsibility to the Gulf War veterans to thoroughly investigate events that may have a bearing on why they are ill..

- **I have asked former Senator Rudman to lead an oversight board to assure that the remaining DOD investigations into the events in the Gulf meet the highest standards.**

The PAC thinks you should take the oversight authority away from the Pentagon. What will you do now that this whole thing has been so badly bungled?

- I have made it a priority to care for and compensate our Gulf War veterans

who had fallen ill...to find out why they were sick...to make public the facts as we **learned** them...and to apply the lessons **from the Gulf War to** the future.

- But when answers didn't come fast enough, I asked some of America's best doctors and scientists, as well as Gulf War veterans, to do an independent and open review of the government's response to our veterans' health care concerns.

- Now, this group -- the Presidential Advisory Committee -- has delivered its ***Special Report***. Based on their recommendations, I am taking the following actions:

***First*, to better care for and compensate our veterans: We will work to establish a new benefits system that will ensure that Gulf War veterans receive treatment and compensation for all illnesses linked to service in the Gulf even if we cannot identify the direct cause. We will ask the National Academy of Sciences to review the ongoing scientific research regarding the connections between all reported illnesses and Gulf War service so we have the fullest understanding of the health consequences of that service. In addition, we will work with Congress on legislation to guarantee that this system of benefits is maintained in all Administrations to come.**

Second, we will dedicate more than $13 million for new research on low-level exposure to chemical agents and other possible causes of illness.

Third, former Senator Warren Rudman has agreed to lead an oversight board to assure that the Defense Department's ongoing investigations into events in the Gulf meet the highest standards.

Fourth, I am directing the Departments of Defense and Veterans Affairs to create a new Force Health Protection Program. Every soldier, sailor, airman and marine will have a **comprehensive life-long** medical record of all illnesses and injuries they suffer, the care and inoculations they receive and their exposure to different hazards. These records will help us prevent illness and identify and cure those that occur.

- From the beginning, I vowed that we would not rest until we uncovered all the facts about Gulf War illnesses. And now we are working to fulfill that pledge – as we must every day. Our veterans put everything on the line for us. We must show the same resolve for them.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release November 8, 1997

Fact Sheet

GULF WAR ILLNESSES

Today, President Clinton announced a comprehensive program addressing the broad range of issues surrounding Gulf War Illnesses. The President's program focuses on improving the health care and compensation of America's veterans while strengthening the outreach and coordination of the government's investigation into potential causes. In addition, the President has received the Special Report of Presidential Advisory Committee(PAC) on Gulf War Veterans and has ordered the relevant federal agencies to review all of the PAC's recommendations and provide an action plan within 45 days. The President's program will do the following:

Health Care and Compensation. To better care for and compensate America's veterans for their duty in service:

- Establish a new benefits system for Gulf War veterans that will ensure appropriate health care and benefits are provided for Gulf War veterans.
- We will ask the National Academy of Sciences to review the ongoing scientific research regarding the connections between all reported illnesses and Gulf War service so we have the fullest understanding of the health consequences of that service.
- In addition, we will work with Congress on legislation to guarantee that this system of benefits is maintained in all Administrations to come.
- Departments of Defense and Veterans Affairs will create a new, comprehensive "Force Health Protection" Program to monitor and protect our troops in future conflicts or peacekeeping missions. Every service member will have a comprehensive, life-long medical record to help prevent illness, and identify and cure those that occur.

Research. To deepen our understanding of why Gulf War veterans might have gotten sick and to prevent similar situations from occurring in the future:

- Increase research funding by more than $13 million on low-level exposure to chemical agents and other possible causes of illness.

Investigations. To make sure our veterans and the public know all the facts and have full confidence in the fact finders:

- Former Senator Warren Rudman will lead a Special Oversight Board to ensure the Defense Department's ongoing investigations into events in the Gulf meet the highest standards.
- Will complete all remaining Chemical/Biological warfare agent investigations by September 1998.
- Continue improving Outreach /Risk Communications by reaching out to the veterans through the internet Web site GulfLINK, publishing newsletters, and visiting veterans groups in their local communities.

# # #

Clinton Presidential Records
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Special Report

Presidential Advisory Committee on Gulf War Veterans' Illnesses

11/5/97 11:15 a.m.

PRESIDENT WILLIAM JEFFERSON CLINTON
RADIO ADDRESS ON GULF WAR ILLNESS
THE WHITE HOUSE
NOVEMBER 8, 1997

Good morning. On Tuesday, our nation will pause from its daily routines to honor and remember all those who have worn the uniform of our Armed Forces – and to thank them for their unwavering defense of our freedom over more than two centuries.

The men and women of the United States military have always been faithful to America -- and America has no higher duty than to keep faith with them. Today, I want to talk to you about what we are doing to help our troops who fought in the Gulf War and later fell ill.

Almost four years ago, we began working to improve medical care for Gulf War Veterans and find the causes of their illnesses. We moved quickly to provide benefits for veterans with undiagnosed ailments and initiate a broad research effort. When the answers didn't come fast enough, I asked some of America's best doctors and scientists as well as Gulf War veterans, to form a Presidential Advisory Committee and provide a thorough, independent review of the government's actions...oversee research...and draw lessons for the future. Now, the committee, led by Dr. Joyce Lashoff, has delivered its final report. Based on their recommendations, I am taking the following actions.

First: our Administration will work with Congress to strengthen the rights of those who fought in the Gulf – and ensure that these veterans receive the care and benefits they deserve. As part of this effort, the National Academy of Sciences will review all scientific studies that examine the

linkage between various illnesses and Gulf War service – so we can provide help to the broadest number of veterans.

Second: To deepen our understanding of the causes of Gulf War illnesses, we will dedicate more than $13 million for new research regarding low-level exposure to chemical agents and other areas that the Committee has asked for.

Third: Our veterans have the right to know what caused their ailments. I have directed the Department of Defense to pursue vigorously the remaining investigations, including those into suspected chemical weapons releases. As they go forward, there must be full confidence in their work. Today, I want to thank former Senator Warren Rudman for agreeing to lead an oversight board that will hold these inquiries to the highest standards.

Fourth: We must learn from the Gulf War so we can better protect our troops and their families. To that end, I am directing the Departments of Defense and Veterans Affairs to create a new Force Health Protection Program. Now every soldier, sailor, airman and marine will have an exhaustive medical account kept of all illnesses and injuries, the care and inoculations they receive, and their exposure to different hazards. These records will be available to service members and their physicians from basic training through retirement, giving us a better chance to prevent illness and to identify and cure those that occur.

Finally, our troops have a right to know about the hazards they have encountered and their possible consequences. We will work to provide our forces with the information they need about

exposure to chemical and biological agents...including various pesticides...as well as the risks and benefits of different vaccinations.

From the beginning, I vowed to our veterans and the American people that we would not rest until we uncovered all the facts about Gulf War illnesses...gave our veterans the care they need...and used the experience of the Gulf to provide better health for our troops and their families. On this Veterans Day, we are making good on that pledge – as we must every day. Our veterans put everything on the line for us. We must show the same resolve for them.

Thanks for listening.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release November 8, 1997

STATEMENT BY THE PRESIDENT

Special Report of Presidential Advisory Committee on Gulf War Veterans' Illnesses

Our Administration has made it a priority to care for and compensate Gulf War veterans who have fallen ill. The First Lady and I were both troubled by the pain and frustration these veterans felt. We have been determined to find out why they are sick, to make public the facts as we learned them and to apply the lessons of the Gulf War for the future. In May 1995, I asked some of America's best doctors and scientists, as well as Gulf War veterans to undertake an independent and open review of the government's response to our veterans' health care concerns. Now, the Presidential Advisory Committee I established has delivered its *Special Report*. I thank its Chairman, Dr. Joyce Lashof, and the other members for their outstanding work and for extending their efforts ten months beyond their original mandate. Based on their recommendations, I am taking the following actions:

First, to better care for and compensate our veterans: We will work to establish a new benefits system that will ensure that Gulf War veterans receive treatment and compensation for all illnesses linked to service in the Gulf even if we cannot identify the direct cause. We will ask the National Academy of Sciences to review the ongoing scientific research regarding the connections between all reported illnesses and Gulf War service so we have the fullest understanding of the health consequences of that service. In addition, we will work with Congress on legislation to guarantee that this system of benefits is maintained in all Administrations to come.

Second, to deepen our understanding of why Gulf War veterans might have gotten sick: We will dedicate $13.2 million for new research on low-level exposure to chemical agents and other possible causes of illness.

Third, to make sure our veterans and the public know all the facts and have full confidence in DOD's fact finders: Former Senator Warren Rudman has agreed to lead an oversight board to ensure that the Defense Department's ongoing investigations into events in the Gulf meet the highest standards.

Fourth, to apply the lessons we have learned for the future: I am directing the Departments of Defense and Veterans Affairs to create a new Force Health Protection Program. Every soldier, sailor, airman and marine will have a comprehensive, life-long medical record of all illnesses and injuries they suffer, the care and inoculations they receive and their exposure to different hazards. These records will help us prevent illness and identify and cure those that occur.

From the beginning, I vowed that we would not rest until we uncovered all the facts about Gulf War illnesses and used that knowledge to improve the health of our veterans, their families and all who serve our nation, now and in the future. As Veterans Day approaches, we are continuing our work to fulfill that pledge. The men and women of our Armed Forces put everything on the line for us. I am determined that we show the same resolve for them.

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11/10/97 10 am

PRESIDENT WILLIAM JEFFERSON CLINTON
VETERANS DAY REMARKS
ARLINGTON NATIONAL CEMETERY
NOVEMBER 11, 1997

[Acknowledgments: Deputy Secretary Gober, Mrs. Gober; Secretary Cohen; General McCaffrey and the "Bandits" he fought with from Bravo Two-Seven Cav [McCaffrey's Vietnam unit is having a reunion]; Secretary Riley; members of the Joint Chiefs; General and Mrs. Foley [Commander of the Military District of Washington, which includes Arlington]; Commander and Mrs. Hitchcock [National Commander of the American Ex-POWs, host of this year's event]; Leaders of the National Veterans Service Organizations; Ex-Prisoners of War, Gold Star Wives and Mothers, veterans, members of the armed forces, friends and families, fellow Americans-- TK who else? other cabinet members and wives?]

On this day – Veterans Day – we gather to pay tribute to the men and women who offer the highest form of service to our country. In a world of constant uncertainty, we know with certainty America is free, secure, and prosperous because of the gift of their service.

Our country has never sought war. From Lexington and Concord to Desert Storm, we have always preferred to find peaceful solutions to problems. But we have never been afraid to defend our interests and our values. And the reason these values today are taking hold around the world is that America's bravest men and women always have answered when their country called. Almost 42 million Americans have served since we fought for independence. More than 25 million of them are still with us today, living examples of an inextinguishable spirit that dates back to our earliest days as a republic.

Of all the sacrifices made for our country, none compares with the decision to put one's life on the line for America. In different wars, for different reasons, in so many different ways, Americans from all backgrounds fought for the same cause: to defend freedom. From the underbrush of Belleau [BELLOW] Wood to the windswept beaches of Normandy, from a cragged rock in the Pacific called Iwo Jima to farflung places like Inchon, Khe Sanh [KAY SAHN] and Kuwait, American troops proved – time and again – they were second to none.

All the veterans we honor today gave up something to serve. Many gave their lives, as we can see by looking around us at the rows of patriot graves that line these hills. Others would bear the burden of injury for the rest of their days. And still others made it through with their bodies intact, but their lives changed forever. Perhaps none have given more than our Prisoners of War. In this century alone, more than 142,000 Americans were held in prison camps or interned; 17,000 of them died during their ordeal. The many ex-POWs here today know better than any of us the precious value of freedom, because they have paid the price of losing freedom. Let us

never forget their special sacrifice. And let us never relinquish for one moment the effort to find our MIAs and bring them home to a land that has never stopped loving them.

As President, I am charged with the performance of many ceremonial duties. Today I would like to say to the men and women who serve America: no occasion fills me with greater pride and deeper gratitude than this chance to thank you for all you have done. In a wonderful sense, you are ordinary Americans, representing every segment of our nation. But there is nothing ordinary about your patriotism. It is extraordinary, and so many of our blessings derive from it.

The victories our veterans won made a difference for America beyond our borders – and within them. Here at home, America's military was always a force for freedom, as we remembered twice this fall – in Little Rock, where we commemorated the struggle for integration; and here in Arlington, with the unveiling of the Women In Military Service for America memorial, giving long-overdue thanks to the 1.8 million servicewomen who stood up for our country. These two events reaffirmed a powerful truth – we must always be one America.

And around the world, decade after decade, we helped other countries restore the promise of a better life. Today democracy is on the march on every continent. Former adversaries are now our partners. And we stand on the cusp of a new century and a new millennium that holds the promise – but not the guarantee – of unprecedented peace and prosperity. These benefits belong in no small measure to America's veterans.

To make that promise a reality, America must act on its special ability – and responsibility – to stand up for peace and freedom against aggression and tyranny. At this very moment, our men and women in uniform are meeting that responsibility around the world.

In the Balkans, after 46 months of bloody, dehumanizing civil war, the 23 months of peace forged at Dayton have put Bosnia on the difficult path to lasting stability. The steady progress we have seen in recent months – in refugees returned ... war criminals brought to justice ... elections held ... public security strengthened ... an economy gaining strength and creating jobs ... all that progress was possible because our troops and their allies are maintaining a stable and secure environment in Bosnia.

And in the Persian Gulf, our pilots are patrolling the No Fly Zones over Iraq, making it clear to Saddam Hussein that another move against Kuwait or Saudi Arabia would be a big mistake ... and helping to enforce the international community's sanctions against Iraq. We will not tolerate Saddam's efforts to rebuild his weapons of mass destruction. Nor will we tolerate his efforts to evade compliance with the UN resolutions requiring he abandon his quest for such weapons, or his interference with the UN inspections that verify Iraqi compliance. [TO BE UPDATED AS NEEDED]

In meeting today's challenges, we must also seize tomorrow's opportunities. Veterans Day began as a tribute to the Americans who fought for freedom in Europe in World War One. Then, we learned for the first time that Europe's fate and America's future were joined. Throughout this century – from World War Two to the Cold War – each time Europe's freedom and security was endangered, America rose to the challenge.

Now, we have an opportunity to escape this century's cycle of aggression and instability in Europe – to bring Europe together not by the force of arms but by the power of peace. In July, I joined the other NATO leaders in Madrid to invite Poland, Hungary and the Czech Republic to begin the process of joining the alliance. Their entry into NATO – and its partnerships with Europe's other new democracies, Russia and Ukraine – will make America safer, NATO stronger and Europe more stable and united. I am gratified that America's leading veterans' organizations strongly support expanding NATO. Indeed, NATO enlargement is one of the most fitting tributes we can pay to America's veterans. It will help ensure that the horrors of this century are not visited upon Americans in the next century and the peace you helped build through your sacrifice will be more likely to endure.

Ladies and gentlemen, we have learned that the world will never be completely "safe for democracy," as Woodrow Wilson hoped on the eve of our entry into World War One. There will always be threats to our wellbeing, and to the peaceful community of nations we belong to. But thanks to the valor of America's veterans, the world is safer today than it ever has been. And if we maintain the skill and professionalism of today's armed forces – and we will – it will remain that way.

Thirty-six years ago, on this day and on this site, a President who lies here spoke to all Americans. John F. Kennedy said, "there is no way to maintain the frontiers of freedom without cost and commitment and risk." Let us do more today than observe a few moments of silence and return to our ordinary business. Let us truly reflect on the sacrifices made by America's veterans to advance freedom and democracy at home and abroad. Let us rededicate ourselves to the hard work done in this century to bring us where we are today, knowing these gains will require continued cost, commitment and risk. And let us never forget those who gave their lives that this nation might live, free, secure and at peace.

Thank you. God bless you, and God bless America.

# # #

FAX {DHHS}

Date 11-10-97

Number of pages including cover sheet 11

TO:
David Shipley

Phone
Fax Phone 456-5709

CC:

FROM: JAMES MATHEWS
HHS-ASPA
SPEECHWRITING

Phone 690-7470
Fax Phone 690-7318

REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please Comment

For Laura Schiller per request.

Jim bogged down w/ other GW matters right now so I wanted to get at least this ~~xxxxx~~ to you asap. More to follow.

Jim

Persian Gulf Veterans Coordinating Board **FACT SHEET**

Contacts:
Department of Defense (703) 695-0192
Department of Veterans Affairs (202) 273-5700
Department of Health and Human Services (202) 690-6343

April 1997

Persian Gulf Veterans Coordinating Board

The Persian Gulf Veterans Coordinating Board was established by President Clinton in January 1994 to work to resolve the health concerns of Persian Gulf veterans, including active duty personnel and reservists with Gulf service. The board, headed by the Secretaries of the Departments of Defense (DoD), Veterans Affairs (VA), and Health and Human Services (HHS), is coordinating government efforts related to research, clinical issues and disability compensation.

Background: Persian Gulf Veterans' Health Problems

Some 697,000 active duty service members and activated National Guard and Reserve unit members served in the Persian Gulf theater of operations during Operations Desert Storm and Desert Shield. The majority of troops were deployed to the Gulf theater of operations before the air war began on Jan. 16, 1991, and more than half of the deployed troops were withdrawn from the area by the first week of May 1991. However, an additional 300,000 individuals have been deployed over the ensuing years, with several thousand U.S. military members currently serving ashore and afloat in the Gulf region.

Responding to concerns about the health problems of Persian Gulf War veterans, in 1992 VA created the Persian Gulf Registry Program for all veterans who served in the Persian Gulf, inviting them to come to VA for a free medical examination. In addition, DoD has established the comprehensive clinical evaluation program (CCEP), to provide care and systematically evaluate Persian Gulf veterans and their family members. Veterans have commonly reported that they suffer from a diverse group of symptoms, including fatigue, skin rash, headache, muscle and joint pain, memory problems, shortness of breath, sleep disturbances, gastrointestinal symptoms, and chest pain. DoD, VA and HHS are investigating possible causes of Persian Gulf veterans' health problems, including various chemical exposure combinations, leishmaniasis, health effects of oil well fires, petrochemical exposure, chemical/biological warfare agents, effects of vaccines and medications, and exposure to depleted uranium. The three departments are engaged in more than 90 federally supported Persian Gulf-related research and evaluation projects, including studies of general health and environmental effects. This includes grants to more than a dozen non-federal researchers, federal agencies and academic institutions examining a variety of health issues in Gulf veterans or studies of specific risk factors or illnesses. In May 1995, President Clinton formed an independent advisory committee to review the research agenda as well as other government activities related to the health of Persian Gulf veterans.

The Presidential Advisory Committee on Gulf War Veterans' Illnesses, whose term recently was extended another nine months, issued reports assessing the government's approach to the health problems of Gulf War veterans in February 1996 and December 1996. The most recent report said that while there was a delay in acting at the end of the Gulf War, the government is now providing appropriate medical care to Gulf War veterans and has initiated research in the areas most likely to illuminate the cause of their illnesses. The advisory committee found that some veterans clearly have service-connected illness, but it said current scientific evidence does not support a causal link between the symptoms and illnesses reported today by Gulf War veterans and exposures while in the Gulf region to a variety of environmental risk factors assessed by the committee: pesticides, chemical warfare agents, biological warfare agents, vaccines, pyridostigmine bromide, infectious diseases, depleted uranium, oil-well fires and smoke, and petroleum products. Stress, which may affect the brain, immune system, cardiovascular system, and various hormonal responses, is likely to be an important contributing factor to the broad range of physiological and psychological illnesses currently being reported by the veterans, the Presidential Advisory Committee concluded.

VA Health Care - Persian Gulf Registry

VA's Persian Gulf Registry Program offers a free, complete physical examination with basic laboratory studies to every Persian Gulf veteran. A centralized registry of participants who have had these examinations is maintained to enable VA to keep them informed through periodic newsletters. This clinical database of more than 65,000 Persian Gulf veterans who have taken advantage of the physical examination program also provides a mechanism to catalog prominent symptoms, reported exposures and diagnoses. VA has named a physician at every VA medical center to coordinate the special examination program. In June 1994, VA expanded the basic examination protocol, which elicits information about symptoms and exposures, and directs baseline laboratory studies, including blood count, urinalysis, and a set of blood chemistries. In addition to this core laboratory work, for every veteran taking the Persian Gulf program examination, physicians may order additional tests and specialty consults as symptoms dictate. If a veteran's symptoms remain unexplained, VA provides an expanded assessment protocol, standardized in collaboration with DoD, for use in evaluation of unexplained illnesses.

In addition to the Registry program, VA provides medical care to Persian Gulf veterans for illnesses possibly related to exposure to toxic substances or environmental hazards. Any Persian Gulf veteran who VA determines might possibly have an illness resulting from exposure to a toxic substance or environmental hazard in the Persian Gulf theater of operations has special eligibility for hospital and outpatient care. They have a higher eligibility for treatment than other nonservice-connected veterans. For Gulf veterans with unexplained symptoms, the local VA physicians also may refer veterans to a local tertiary care facility, or to one of VA's four Persian Gulf Referral Centers for additional specialty consultations. They are located at VA medical centers in Washington, D.C.; Birmingham, Ala.; Houston; and Los Angeles.

Also, VA is inviting spouses and children of Persian Gulf War veterans to take advantage of special health examinations being scheduled through VA's national Persian Gulf Helpline. The free exams, administered by contractors of 33 VA medical centers, are available only to spouses and children of veterans who served in the Persian Gulf War and who have received a Persian Gulf Registry examination. VA estimates that the $2 million authorized by Congress for this program will provide physical examinations for approximately 4,500 individuals. The program does not provide follow-up, treatment or compensation for the veteran's spouses or children.

VA offers a toll-free information line at 800-PGW-VETS (800-749-8387) where operators are trained to help veterans with questions about care and benefits and schedule the spouse and child examinations described above. Information also is being disseminated 24 hours a day through a Persian Gulf Veterans' Illnesses page on VA's World Wide Web site at http://www.va.gov/gulf.htm.

Realizing that research will take time to find answers to Persian Gulf veterans' health questions, the Clinton Administration supported legislation, enacted in 1994, to give VA authority to award compensation benefits to chronically disabled Persian Gulf War veterans with undiagnosed illnesses. Under a final regulation published Feb. 3, 1995, VA has begun paying compensation to Persian Gulf veterans suffering from chronic disabilities resulting from undiagnosed illnesses that became manifest during service in the Southwest Asia theater or within two years thereafter. On March 7, 1997, President Clinton approved VA's request to extend the eligibility period for compensation for undiagnosed illnesses to allow a window for manifestation of such symptoms through Dec. 31, 2001. After the regulatory process is complete, this will replace the current requirement for manifestation of symptoms within two years of leaving the Gulf. Some 27,383 veterans with Persian Gulf service currently are receiving VA compensation for chronic disabilities of all kinds including more than 660 for undiagnosed illnesses. Another 37,800 veterans have conditions that have been adjudicated as service-connected, but which are not serious enough to warrant compensation.

DoD's Comprehensive Clinical Evaluation Program

DoD, in collaboration with VA, developed the "Comprehensive Clinical Evaluation Program" in June 1994 to provide an in-depth medical evaluation to all eligible beneficiaries who have health concerns following service in the Gulf. All service members eligible for health care at DoD medical facilities, active, ready reserves or retired, who participated in Operation Desert Shield and Desert Storm, and their family members, are eligible for the program. To register, individuals should call the DoD hotline (800-796-9699) for Gulf War veterans. In April 1996, DoD issued its fourth report on 18,598 participants. DoD physicians find the majority of CCEP participants have clear diagnoses which include a variety of common conditions for which they are receiving treatment. The report concluded that based upon the CCEP experience to date, there is no clinical evidence for a single or unique syndrome among Gulf War veterans. However, a mild illness or a syndrome affecting a proportion of veterans at risk might not be detectable in such a case series. The results of the CCEP are consistent with the conclusions of a National Institutes of Health Technology Assessment Workshop Panel that no single disease or syndrome is apparent, but rather multiple illnesses with overlapping symptoms and causes.

A specialized care center established at Walter Reed Army Medical Center in Washington, D.C., provides therapeutic care for some CCEP participants. The center uses multidisciplinary teams to provide intensive programs to improve the health of patients experiencing disabling symptoms. An additional specialized care center is located at Wilford Hall Medical Center in San Antonio, Texas. This center provides treatment for Gulf War returnees with chronic pain and other health concerns.

In late 1996, DoD requested the National Academy of Sciences Institute of Medicine to reevaluate the relevancy of the CCEP examination process in light of the March 1991 demolitions at Khamisiyah, Iraq. A report is expected this year.

As of February 1997, 39,706 have requested participation in the CCEP. This number includes 10,379 individuals who have requested registration without examination.

Expanded Department of Defense Investigative Efforts

Since November 1996, DoD has expanded its Gulf Illnesses Investigative Team from 12 to 110 people. This expanded organization is designed to add additional resources to help better understand what could be causing Gulf War illnesses. This greatly expanded team is building upon the very valuable work accomplished thus far by many organizations throughout DoD. The team is composed of representative elements of critical DoD components to ensure that research and analytical efforts and outreach programs are effective, coordinated and meaningful.

In March 1995, DoD established a declassification effort encompassing research, medical, operational and intelligence records that could increase understanding of the causes of Gulf War illnesses. By March 1997, the DoD declassification project had reviewed over 5.5 million pages of operational information. Approximately 794,000 pages were provided to the Analysis and Investigation Team for further review. About 64,256 pages of information were posted on the GulfLINK World Wide Web home page.

In June 1996, DoD announced that U.S. troops destroyed large quantities of ammunition at Khamisiyah, a sprawling ammunition storage site in southern Iraq shortly after the Gulf War ended. Evidence that chemical weapons may have been among the munitions destroyed on March 4 and 10, 1991, has triggered an intensified effort on the part of DoD to reconstruct the events at that time. DoD released an interim narrative of events at Khamisiyah on Feb. 25, 1997. Additionally, the Army Inspector General is conducting an in-depth inquiry into all the events and activities surrounding Khamisiyah. The Assistant Secretary of Defense for Intelligence Oversight is looking into the handling of intelligence information about Khamisiyah.

In October 1996, the DoD announced a series of actions to seek the help of 20,000 Gulf War veterans who may have been near Khamisiyah, Iraq during the period March 4 - 15, 1991. The expanded outreach actually began in August 1996 when DoD began contacting 1,168 U.S. service members assigned to units involved in the March 4, 1991, demolition at the Khamisiyah bunker.

Veterans are being asked to call the DoD Gulf Veterans hotline numbers to report any medical problems they may be experiencing and provide any information they believe is pertinent to this event. The incident reporting hotline number is 1-800-472-6719.

The National Academy of Sciences has agreed to advise DoD on its overall approach to Gulf War Illnesses and to recommend any needed changes to that approach.

No Unusual Contagions Identified

The Persian Gulf Veterans Coordinating Board has carefully reviewed the clinical and scientific information available at this time and concludes that there is no scientific basis for claims that the illnesses of Persian Gulf veterans are caused by an infectious disease. In tens of thousands of protocol medical examinations of Persian Gulf veterans to date, neither VA nor DoD medical authorities have found evidence of infectious diseases beyond the range of illnesses common in the population at large. Research studies now in progress will provide more scientific answers to this question, but no published research to date has established a scientifically reproducible link between Gulf War veterans' illnesses and an infectious agent.

CDC has advised the American Association of Blood Banks it has found no evidence at this time to suggest unexplained symptoms of Persian Gulf veterans are due to infection. No characteristic infectious agent has been identified in ill veterans, no epidemiologic evidence suggests unusual rates of any infectious agent and there is no scientific study demonstrating secondary transmission to family contacts.

More than 30 U.S. servicemembers were diagnosed with leishmaniasis, a sandfly-borne infectious disease endemic to the Persian Gulf region; however, it is unlikely to be a major contributing cause to undiagnosed illnesses. Leishmaniasis itself is not transmitted from person to person.

All plausible hypotheses related to potential causes of Gulf War illnesses will be examined by federally sponsored research projects. Private scientifically valid research is encouraged as well.

Research Activities

The federal government has steadily expanded research into the illnesses reported by Gulf War veterans, including the latest portfolio of 17 studies that include both non-federal researchers, federal agencies and academic institutions. The compendium of new projects brings to more than 90 the total of federally supported research projects. The research agenda is detailed in the November 1996 update to *A Working Plan for Research on Persian Gulf Veterans' Illnesses*. The new initiative results from a nationwide request for protocols that brought a broad response of 111 scientific proposals. The proposed investigations were reviewed by independent panels of experts and graded for scientific merit and for program relevance to key questions surrounding health issues of Gulf veterans. The Persian Gulf Veterans Coordinating Board, through its Research Working Group, has intensified efforts related to possible effects of low-level exposures to chemical warfare agents. Based on the Coordinating Board's recommendation, three new peer-reviewed, basic science research projects in this area have been funded, and an additional $2 million has been identified for future studies.

During fiscal year 1996, DoD committed $12 million of DoD funds for research involving Persian Gulf health issues as designated by the *Working Plan for Research on Persian Gulf Veterans' Illnesses*. Five million dollars of DoD/VA sharing funds were specifically designated to study the possible health effects related to subclinical exposure to chemical warfare agents. In fiscal year 1997, DoD is committed to obligating at least $27 million for Persian Gulf health-related research. Of the $27 million, about $20 million is for research on the health effects of possible exposure to chemical warfare agents and other possible exposures, and DoD is currently awaiting the independent proposal selection process. The remaining $7 million supports other Persian Gulf health-related research.

The *Working Plan for Research on Persian Gulf Veterans' Illnesses* identifies major research questions and gaps in current knowledge, and required research that will close the gaps between what is known and what is needed. Among the 21 key research questions listed in the plan, the one identified as most important is the determination of whether Persian Gulf veterans are experiencing a greater prevalence of illnesses in comparison with an appropriate control population. Thirteen controlled scientific studies are being funded to address that question. Additional research goals include identifying possible risk factors for any excess illness or death, as well as finding appropriate diagnostic tools, treatment methods, and prevention strategies for any conditions found. The research plan helps coordinate federally sponsored research to ensure all the relevant research issues are targeted and unnecessary duplication is avoided.

Some Persian Gulf veterans have expressed concern about birth defects in their children. While there are no current data supporting an increased rate of birth defects in the children of Persian Gulf War veterans, this is an important research question and deserves extremely careful review. A study conducted by the Mississippi State Department of Health in conjunction with the Centers for Disease Control and Prevention (CDC) and the Jackson, Miss., VA Medical Center showed no increase in birth defects or illnesses among children born to Persian Gulf veterans in two National Guard units. In addition, preliminary results of DoD epidemiologic research demonstrate no increase in the overall rate of birth defects among children born after active duty servicemembers returned from the Gulf compared to children of a control group of active duty service members who did not serve in the Gulf. Ongoing DoD, VA and CDC studies are examining the issue of birth defects, reproductive health, and family health status. Because of the broader importance of reproductive health to veterans, VA, in collaboration with the University of Louisville, established a fourth environmental hazards research center at the Louisville, Ky., VA Medical Center focusing on reproductive and developmental outcomes in both Vietnam and Persian Gulf veterans.

Research Studies and Evaluations

- A panel of nongovernment experts brought together at a ***National Institutes of Health***-sponsored workshop in April 1994 examined data and heard from both veterans and scientists. The panel concluded that no single cause or biological explanation for the reported symptoms could be identified and indicated that it was impossible at that time to establish a single case definition for the health problems of Gulf veterans.

- VA and DoD contracted with the ***National Academy of Sciences*** to review existing scientific and other information on the health consequences of Gulf operations. An interim report was issued Jan. 4, 1995, and the final report was published in October 1996.

• The ***Naval Medical Research Center*** in San Diego, in collaboration with VA investigators, is conducting epidemiological studies comparing Gulf veterans and control-group-veterans (who served elsewhere) to detect differences in illnesses, hospitalizations, and birth outcomes in large cohorts of active duty service members.

• In its ***National Health Survey of Persian Gulf Veterans,*** the VA is conducting a mail survey of a random sample of 15,000 Persian Gulf veterans and active duty members with Gulf service to compare their health status with an equal-sized group not deployed to the Gulf. Results of initial responses now are being analyzed. Information on the health status of family members also is included, including birth outcomes and illnesses in the children born to veterans in the survey. A health examination will be offered to a representative sample to help evaluate participants' symptoms.

• CDC, in collaboration with the University of Iowa and the Iowa Department of Public Health, conducted a telephone survey of 3,695 active and retired ***military personnel from Iowa*** and found that Persian Gulf veterans reported significantly higher rates of certain medical and psychiatric conditions than their counterparts in the military who were not deployed to the Persian Gulf. The results of this CDC-funded study appear in the Jan. 15, 1997, issue of the *Journal of the American Medical Association.*

• CDC also is studying a group of ***Air National Guard Persian Gulf War veterans*** in the state of Pennsylvania for any pattern of unusual illnesses. In the June 16, 1995, *Morbidity and Mortality Weekly Report,* the CDC said preliminary findings indicate that some chronic symptoms were reported more commonly by Persian Gulf War veterans than by nondeployed Persian Gulf War-era service personnel. However, standardized physical examinations and reviews of laboratory test results did not reveal consistent abnormalities. Final results of the study will be published within a few months.

• VA has analyzed cause-of-death data gathered from death certificates for its ***Mortality Followup Study of Persian Gulf Veterans,*** comparing Gulf-deployed veteran non-combat deaths with a control group of troops never deployed to the Gulf. As has been observed after other wars, veterans of the Persian Gulf War have experienced a higher incidence of death due to accidents. When this contributing factor is excluded, Persian Gulf veterans have not experienced a higher mortality rate due to disease-related causes. Both the Persian Gulf and non-deployed control group veterans had a lower death rate than Americans their age in general. A report was published Nov. 14, 1996, in the New England Journal of Medicine.

• VA established four ***environmental hazards research centers*** with an initial focus on the possible health effects of environmental exposures of Persian Gulf veterans. The centers are located at VA hospitals in Boston; East Orange, N.J.; and Portland, Ore. The centers are being funded for five years with a total annual budget of approximately $1.5 million and an additional $300,000 for equipment costs in the first year of operation. A total of 14 individual protocols are scheduled on a variety of interdisciplinary projects. A fourth environmental hazards research center focused on reproductive outcomes was announced in November 1996 to be located in Louisville, Ky.

- The Baltimore VA Medical Center is following the health status of individuals who retained embedded fragments of ***depleted uranium*** from injuries sustained during the Persian Gulf War.

- The Birmingham VA Medical Center is conducting a clinical evaluation program that includes an extensive battery of neurological tests aimed at detecting the kind of dysfunction that would be expected after ***exposure to nerve agents***.

- DoD will study the effects of chemical/environmental exposures.

- DoD and VA are continuing work in developing a less invasive test for ***viscerotropic leishmaniasis*** that may provide for broader diagnostic screening in the future.

- DoD has developed a ***geographic information system*** (GIS), or troop location registry, that contains location information on more than 4,000 units from all Services. The GIS allows military unit locations during Operation Desert Storm to be compared with air quality measurements, reported SCUD attacks, chemical/biological weapon detection reports, weather reports and other factors. This data was used to identify units in the Khamisiyah area.

- Both VA and DoD are continuing to examine the role of stress from deployment and ***post-traumatic stress disorder***, with a goal of developing intervention strategies.

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FOR RELEASE UPON DELIVERY
MONDAY, AUGUST 14, 1995

*REMARKS BY

DONNA E. SHALALA

SECRETARY OF HEALTH AND HUMAN SERVICES

MEETING OF THE PRESIDENTIAL ADVISORY COMMITTEE
ON GULF WAR VETERANS' ILLNESSES

WASHINGTON, D.C.

*THIS TEXT IS THE BASIS OF SECRETARY SHALALA'S ORAL REMARKS. IT SHOULD BE USED WITH THE UNDERSTANDING THAT SOME MATERIAL MAY BE ADDED OR OMITTED DURING PRESENTATION.

Thank you, Dr. Lashof.

I want to join my colleagues in thanking all of you for dedicating your energy and expertise to our veterans and our country.

Five years ago, hundreds of thousands of American men and women left their families, friends, jobs, and homes behind to defend freedom half a world away.

While most of our citizens returned safely from the Persian Gulf War, the journey for some has been fraught with pain and illnesses.

Today, we in the Administration are renewing our promise to these Americans and their families: We are committed to finding the answers.

All of us -- whether we serve on the panel, or in the Cabinet -- are here because President Clinton is determined to get to the bottom of these medical issues.

The President has made it very clear -- we must "leave no stone unturned" in our efforts to identify what these illnesses are, how we can help the victims and their families, and what we can do to prevent similar maladies from afflicting veterans in the future.

At HHS, we have taken these challenges very seriously.

Our involvement with this issue began when we examined the environmental impact of the oil well fires that occurred in the early days of the war.

Since that time, we've provided support to the VA and the DOD for laboratory diagnosis of leishmania infection.

Through the NIH, we've convened a scientific panel to review health effects of the Gulf War and define future research needs.

We've conducted studies of illnesses reported by some Gulf War veterans in a Pennsylvania Air National Guard unit...

...And we've investigated birth defects reported by others in two National Guard units from Mississippi.

Today, we're proud to be part of the interagency Persian Gulf Veterans Coordinating Board.

And I'm pleased to say that HHS, through the Centers for Disease Control and Prevention, will soon be collaborating with the Iowa Department of Public Health to conduct a telephone survey examining the health of Iowa Gulf War veterans and their families.

In a few minutes, Dr. Henry Falk, of the National Center for Environmental Health, at CDC, will provide you with more details about our work.

All of these are important steps -- but we need you to help us do even more.

The commemoration of the 50th anniversary of World War II and the dedication of the Korean War Memorial remind us all of the enormous contributions our veterans have made.

Time and time again, they have sacrificed their lives so that others could be free.

Our veterans must know that long after the battle has ended, long after the mission has been accomplished, long after the last enemy stronghold has been captured, and long after the flag of victory has been planted...

...their country will be there for them and their families.

Again, I want to thank members of the committee for helping us give our veterans and their families the answers and the assistance they deserve.

Thank you.

NEWS RELEASE

OFFICE OF ASSISTANT SECRETARY OF DEFENSE (PUBLIC AFFAIRS)

WASHINGTON, D.C. - 20301

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IMMEDIATE RELEASE November 6, 1997

FORCE MEDICAL PROTECTION

Director of the Joint Staff Vice Adm. Dennis C. Blair and Army Surgeon General Lt. Gen. Ronald R. Blanck reported today on the status of initiatives to improve force medical protection. These initiatives constitute a "revolution in medical affairs" that is part of the overall Revolution in Military Affairs (RMA) affecting doctrine, operational concepts and capabilities for U.S. military forces.

These force medical protection initiatives make best use of advanced technologies and lessons learned during and since the Gulf War to protect deployed forces from environmental and medical threats, reduce the disease non-battle injury rate, improve lifetime medical care for service members, and provide more complete individual medical histories.

Force medical protection and surveillance policies, doctrine and planning guidance issued by the Department of Defense and the Joint Chiefs of Staff, and fully supported by the theater Commanders-in-Chief (CINC's), Service leadership and joint task force commanders, have resulted in dramatic successes. The non-battle injury rate, including cases of disease, for U.S. forces deployed to Bosnia has been the lowest in history, 76 cases per 1,000 service members per year, as compared to a rate of 153 cases per 1,000 service members per year deployed to Operations Desert Shield and Desert Storm, and 419 cases per 1,000 service members per year deployed during the Vietnam conflict.

As part of the Defense Department's new health surveillance initiatives, pre-deployment medical activities for Operation Joint Endeavor (Bosnia) included comprehensive health screening, the collection and storage of serum samples from deploying service members, and extensive education to highlight health risks and preventive measures. Commanders, assisted by the medical community, have ensured the maintenance of data on the deployment of individuals, and accurate records of health-related events. Post-deployment medical activities have included complete health screenings and serum collection from individuals prior to leaving theater or

- MORE -

within 30 days of return to the service member's parent unit. Effective surveillance helps both the Department of Defense and the Department of Veterans Affairs to provide better care for our service members and veterans.

Environmental and medical surveillance in Bosnia has been extraordinary. Over 2,200 soil, water and air samples were collected and subjected to 112,000 analyses. Forward-deployed medical laboratories provided immediate diagnostic support. The results were used to ensure deployed forces were not subjected to environmental threats. For example, early detection of the threat of tick-borne encephalitis (TBE) and prompt vaccination has resulted in no cases of TBE among deployed U.S. forces.

Historically, medical record-keeping and documentation has been imperfect, especially during deployments. One promising technology currently being developed in a wide-ranging effort to overcome this challenge is the medical Personal Information Carrier (PIC). The PIC is a small, rugged, tag-like device intended to store an individual's medical status and history, to include medical documents, X-rays, and vaccination records. The PIC will be carried by service members and updated by medical personnel using portable computers whenever the service member is examined or treated. The PIC will be only one aspect of a full electronic theater medical record system. PIC information will be transmitted to consolidated databases to ensure that medical information is not lost if the PIC is lost or damaged. The military services, under the auspices of the assistant secretary of Defense for Health Affairs, are developing the concept of use and determining the specific information to be contained in the PIC. Those requirements will be established by January, 1998. Operational testing of the PIC will be conducted during 1998, with deployment of the device beginning in fiscal year 1999.

- END -

Medical Personal Information Carrier

Our military forces receive exceptional medical care. Documenting that care and other medically relevant information has been imperfect, especially in the deployed setting. A personal information carrier (PIC) is a promising component of the solution to rectify that deficiency. A PIC is a small tag like device that will store information electronically. The person's medical status and relevant history will be recorded on the PIC and will document the predeployment health status of the person. The ready availability of this information will facilitate deployment processing and establish the predeployment baseline of the individual. During deployments, medical visits and treatments will be documented on the PIC. The PIC may also be an appropriate vehicle for storing information on environmental exposures with geographic location to better assess when and where individuals might have been exposed to hazardous conditions. Medical processing upon return from deployments will be captured in the PIC.

The PIC will be only one aspect of a full electronic theater medical record; but it will be the component that will insure that the personal information on the individual is available at the point of medical assessment or treatment. The PIC information will be transmitted to consolidated databases to ensure that the information is not lost if the PIC is lost or damaged. These consolidated databases will support epidemiological studies to forewarn against hazards and to perform retrospective analyses to determine relationships of illnesses with possible causative agents. This new, leading edge technology provides the capability to capture vital information into a secure device that will protect patient confidentiality. It will enable us to tackle an old problem by allowing us to make that information available, to only those who have a need for it, in both the deployed and garrison environment.

The US Army Medical Research & Materiel Command (MRMC) began investigating technologies in 1993 for storing large amounts of data suitable for use in a deployed environment. A cooperative agreement with a commercial firm signed in April, 1996, resulted in the development of a storage device which has been successfully prototyped to store 10 megabytes. That device will hold any type of data --- image, text or sound. Because it is a direct card-level interface to the PC, the data is read directly. Other companies have developed similar storage devices and MRMC continues to explore the limits of the storage capacity for these type of devices. Capacities of up to 256 megabytes are expected in the future.

An operational test of the PIC on an installation with a small medical treatment facility would demonstrate whether the PIC could eventually replace totally the paper medical record, film images, and analog audio/video recordings. If so, it will demonstrate that it can serve as the transportable electronic medical record for military health care in both peacetime and deployed environments. Significant work remains in defining the computer-based record and in the development of the software and network infrastructure systems to support it. Employment of a PIC type record may offer an interim solution for the electronic medical record requirement and a long term transportable record. The Services, under the auspices of the Assistant Secretary of Defense for Health Affairs, are assessing the complete concept of use and the specific data information appropriate to be captured on an electronic carrier of medical information. Those requirements will be available in January, 1998. The Services will meet in January to define timelines and test sites. Operational testing of the PIC will be conducted in FY98 with deployment in FY99.