FOIA Number: 2011-0586-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: Press Secretary

Series/Staff Member: General Files

Subseries:

OA/ID Number: 10858

FolderID:

Folder Title:
Daily Press Guidance - May 16, 1997

Stack:	Row:	Section:	Shelf:	Position:
S	93	1	1	1

Daily Press Guidance

Friday
May 16, 1997

(For internal use only.)

Updated to G-drive 7/11/97

Daily Press Guidance
Friday, May 16, 1997

Domestic
1. Minimum Wage for Welfare Recipients (Welfare)
2. WhoDB
3. Morgan State (~~Education~~)(~~Health~~)(Edu.)
4. Mickey Ibarra named Director of Intergovernmental Affairs (Nominations-App.)
5. U.S. Public Health Study (Health)
6. Disaster Bill (Nat Disaster)
7. D.C. Plan (DC Plan)
8. Budget (Budget)
9. Late Term Abortion (Abortion)
10. Week Ahead (Potus Sched.)

Economic
1. March Housing Starts (Eco)

Foreign
1. Landmines
2. IAEA
3. Zaire
4. CFE/ABM
5. QDR/National Security Strategy
6. Saudi Arabia
7. Fast Track
8. Immigration Law
9. Israel
10. NATO/Russia
11. Laser Incident
12. Russia/NIS
13. Mexico
14. Iran
15. Turkey/Iraq
16. Trips and Visitors
17. China
18. Middle East
19. BRAC
20. Korea
21. Burma
22. Bosnia
23. Northern Ireland
24. Gulf War Illness

THE WHITE HOUSE

Office of the Press Secretary

FOR PLANNING PURPOSES ONLY **May 16, 1997**

Week Ahead Schedule of the President
May 17-24, 1997

Saturday, May 17

10:06 am **THE PRESIDENT'S** Weekly Radio Address is broadcast
The Oval Office, the White House
Audio available on the PA and Mults of the White House Briefing Room

Sunday, May 18

8:00 am **THE PRESIDENT** departs the White House via Marine One en route Baltimore, Maryland
The South Lawn, the White House
OPEN PRESS

10:00 am **THE PRESIDENT** addresses commencement at Morgan State University
Morgan State University, Baltimore, Maryland
OPEN PRESS

1:30 pm **THE PRESIDENT** arrives the White House via Marine One
The South Lawn, the White House
OPEN PRESS

Monday, May 19

10:45 pm **THE PRESIDENT** meets with NATO Secretary General, Javier Solana
The Oval Office
INHOUSE POOL COVERAGE (at the top)

7:20 pm **THE PRESIDENT** addresses the Democratic Business Council Women's Leadership Forum Dinner
The Mayflower Hotel, Washington
INTOWN TRAVEL POOL COVERAGE

-more-

8:00 pm **THE PRESIDENT** addresses dinner for the Democratic National Committee
The Mayflower Hotel, Washington
OPEN PRESS

Tuesday, May 20

2:00 pm **THE PRESIDENT** hosts Welfare-to-Work Partnership Event
The East Room, the White House
OPEN PRESS

4:45 pm **THE PRESIDENT** greets the 1997 NFL Super Bowl Champions, the Green Bay Packers
The South Portico, the White House
OPEN PRESS

Wednesday, May 21

10:00 am **THE PRESIDENT** hosts United States Conference of Mayors National Drug Forum
The State Dining Room, the White House
OPEN PRESS

5:00 pm **THE PRESIDENT** meets with the Congressional Black Caucus
The Cabinet Room, the White House
PRESS TBA

8:00 pm **THE PRESIDENT** attends reception for the Democratic Senatorial Campaign Committee (DSCC)
The Corcoran Museum of Art
INTOWN TRAVEL POOL COVERAGE

Please do not put in guidance package.

Morgan State Speech
10:00am -- Baltimore, MD
The President will helo. The press corps will bus to the event. Schedule is in the bins.

- In choosing to make his first commencement address at Morgan State University., a historically black university, the President will make a major address about the role of science in preparing America for the 21st century. Morgan State has an outstanding science program -- many of its graduates are in those fields.

- The speech itself will discuss bioethics and how morals and principles must guide our thinking about science and technology in the 21st century. The President will say that science and technology should be used to enhance human dignity and should not replace human values. Advancements in science and technology should be used for the good of all people, regardless of race, gender or class.

- The President will address the connection between the Tuskegee apology and the new graduates of Morgan State. One of the legacies of the Tuskegee study is that minority communities may mistrust public health officials. Obviously, this can be debilitating in poor and rural communities; Morgan State graduates will certainly face this challenge as they enter the workforce. (We will announce new postgraduate bioethics fellowships in the East room today.)

- There will be two announcements --1) Legislation on genetics research. 2) Possible AIDS vaccine news. (You might hold these because it is unclear whether they will make it in or not.)

PRESIDENT CLINTON RECOGNIZES SURVIVORS
OF THE PUBLIC HEALTH SERVICE SYPHILIS STUDY AT TUSKEGEE
May 16, 1997

Today, President Clinton recognized the injustice done to the participants of the Public Health Service syphilis study in Tuskegee, Alabama. The President formally apologized to survivors, their families and the nation for the unethical study that left as many as 400 African American men untreated for syphilis. The Public Health Service (PHS) began the study in 1932 and did not end it until 1972 --many years after penicillin was available to treat the disease.

Today, President Clinton also signed an executive order extending the charter of the National Bioethics Advisory Commission (NBAC) to October, 1999 to ensure a continued, national focus on bioethical issues. Building on the work of the President's Advisory Committee on Human Radiation Experiments, an NBAC subcommittee will make recommendations this fall for further strengthening protections for human research subjects.

President Clinton also announced 4 additional steps the Department of Health and Human Services (HHS) will take to ensure we learn from the PHS syphilis study, rebuild trust, and protect human subjects in the future.

- **Building a lasting memorial.** The President announced that HHS will award a planning grant to Tuskegee University to pursue establishing a Center for Bioethics in Research and Health Care at the University. The Center would be a lasting memorial and would support efforts to address the legacy of the syphilis study and strengthen bioethics training.

- **Increasing Community Involvement and Restoring Trust**. The legacy of the PHS study still impedes efforts to conduct promising research, particularly involving minorities, and to provide the best health care services to all Americans. Today, the President directed the Secretary of HHS to issue a report, within 180 days, detailing effective strategies to more fully involve communities, especially minority communities, in research and health care.

- **Strengthening Researchers' Training in Bioethics**. The President directed the Secretary of HHS to develop bioethics training materials to help researchers effectively apply ethical principles in diverse populations. Within one year, HHS will complete and disseminate course materials, in partnership with private organizations,[1] that build on core ethical principles of respect for persons, beneficence, justice, and informed consent, and that help ensure researchers successfully apply these principles in all communities.

- **Providing Post-Graduate Fellowships to Train Bioethicists, Especially Minorities**. To increase and broaden our understanding of ethical issues in research, HHS will offer fellowships, beginning in September 1998, to promising students

enrolled in bioethics graduate programs. HHS will make special efforts to recruit minorities currently underrepresented in the field.

DRAFT: TUSKEGEE AND MORGAN STATE:

Two events coming up this week offer opportunities to talk about the President's initiative on racial reconciliation: the ceremony recognizing the survivors of the study at Tuskegee, to be held at the White House on Friday May 16, and his commencement address at Morgan State University in Baltimore, Maryland, May 18. You may want to make these points

-- Both events are examples of his commitment to the issues of racial reconciliation, and in moving beyond past discrimination to current and future practices.

Thus, the President will issue an apology on behalf of the federal government to the survivors (including families) of the study at Tuskegee. He will then go on to make several policy announcements which will address this issue, and help ensure that future scientific research will be more inclusive of, and sensitive to, racial minorities.

The study at Tuskegee shameful episode in our nation's history, and it has left a legacy of distrust (for research ?) in the African American community. The right thing to do is to acknowledge and apologize for the past, and then to institute action steps for the future. This is a model for the kinds of action you may see recommended in the President's Initiative when appropriate.

-- In choosing to make his first commencement address at Morgan State University., a historically black school , the President is also addressing the issue of racial division. His speech will not be targeted to an African-American audience; it will be a major address about the role of science in preparing America for the 21st century . (There is an obvious connection, which the President will address , between the role of science, the importance of having ethics that inform and guide our approach to science, and the study at Tuskegee .)

Thus, instead of speaking about race to a minority audience, the President will speak at Morgan State about another issue of national interest; and will address the topic of race at the University of California at San Diego. This is an example of how he hopes in the coming year to inspire dialogue and conversation both about the issue of race itself, and among Americans of different races about the issues and values that bring us together.

Finally, note the President's personal leadership in these events. This may be useful in dealing with questions about the Commission --to make the point that this story will not be about a separate Commission which is appointed by the President and then goes off on its own, but a Presidential Initiative in which Bill Clinton, with his personal history and commitment , is directly and regularly involved.

alewis
5-14

CHRONOLOGY

Tuskegee Syphilis Study

1926: The United States Public Health Service (PHS) began a survey of syphilis in Macon County, Alabama, one of several survey sites in the United States.

1930: PHS began the Macon County Syphilis Control Demonstration Project with funding PHS received from the Julius Rosenwald Fund. Participants were treated with a combination of neoarsphenamine and mercury; however, none of the 1400 patients received the full course of treatment.

1932: The Rosenwald Fund terminated funding for the control demonstration project. PHS began and funded the Tuskegee Syphilis Study. This was a study of untreated syphilis in approximately 400 black men who were at least 25 years of age and had syphilis for 5 years or longer. There is no protocol which documents the original intent of the Study; however, in 1932, much was still unknown regarding the latent stages of syphilis, especially pertaining to its natural course. It appears that the Study was undertaken to compare the course of untreated syphilis in black men with the results of an Oslo study on untreated syphilis in whites. The study was supposed to last 6 - 12 months

with the intention to document the course of disease and use that information to obtain funding for treatment. The Alabama Department of Health agreed to the Study with the stipulation that some treatment be provided. Tuskegee Institute and local white physicians in Macon County also agreed to the Study.

1933: PHS decided to continue the study until the men died and added a control group of approximately 200+ men without syphilis.

1947: Penicillin became widely available for the treatment of syphilis in its early stages.

1950: The therapeutic benefits of penicillin in treating the late stages of syphilis were documented in scientific reports.

1957: PHS transferred the Venereal Disease Division, of which the Study was a part, to the Communicable Disease Center (now Centers for Disease Control and Prevention [CDC]).

1972: News of the study was reported in the New York Times, Los Angelcs Times, and Washington Star. PHS convened the Tuskegee Syphilis Study Ad Hoc Panel to investigate

the Study. The Study was terminated by the Department of Health, Education, and Welfare (HEW), now the Department of Health and Human Services (HHS).

1973: The Secretary of HEW directed PHS to provide necessary medical care. CDC contacted the men and their families and gave them information about the Study and offered them comprehensive health assessments and lifetime medical services. The Tuskegee Health Benefit Program was set up and administered by CDC. Attorney Fred Gray filed a class action lawsuit on behalf of the living Study participants and heirs of deceased participants.

1974: Congress appropriated funding for the Tuskegee Health Benefit Program. The National Research Act was signed into law, creating the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. HEW promulgated Federal regulations requiring research organizations to establish institutional review boards to review and approve HEW-funded research involving human subjects.

1975: The class action suit was settled. HEW provided a cash payment of $37,500 to every living man with syphilis who was alive on July 23, 1973; $15,000 to the heirs of each of the deceased men with syphilis; $16,000 to

every member of the class of living controls who was alive on July 23, 1973; and $5,000 to the heirs of each of the deceased controls.

1979 - The Belmont Report summarizing the basic ethical principles governing research involving humans was released by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research.

1991: Seventeen Federal agencies, including HHS, adopted the Federal regulations for the protection of human subjects (known as the Common Rule), extending human subjects protection to 16 other Federal agencies and to Federally-funded research.

1996: ~~HHS established the~~ The Tuskegee Syphilis Study Legacy Committee ~~which~~ issued a report on May 20, 1996 recommending that "President Clinton publicly apologize for past government wrongdoing to the Study's living survivors, their families, and to the Tuskegee community," and that a strategy be developed "to redress the damages caused by the Study to transform its damaging legacy."

DRAFT TUSKEGEE QUESTIONS AND ANSWERS

Political

Q. Why is an apology coming forward now? What is there to be gained by such a gesture and how do you respond to those who might see it as politically motivated?

A. Even though this study was stopped some 25 years ago, it's never too late to make it clear from the highest levels of government that what happened at Tuskegee was very wrong and tragic and not something we ever condone. It is also important to make it clear that we are pledged to making sure this never happens again in our country. Most importantly, we have a moral obligation to apologize on behalf of the U.S. Government.

In fact, last year during a conference at Tuskegee sponsored by the U.S. Department of Health and Human Services on minority participation in research, the Tuskegee Study Legacy Commission was created to help all of us move beyond the Tuskegee Syphilis Study. The purpose of the Legacy Committee was to transform the legacy of minority distrust of the health and medical establishment into positive efforts to close the health gap between blacks and whites.

One of the principal recommendations of that Committee was that President Clinton publicly apologize to the living participants, their families and to the Tuskegee community.

We view this as more than symbolic, as more than just a verbal apology. This is not just a wrong, but a wrong in which the U.S. government is at fault. On one hand, today we're taking a major step toward publicly atoning for Tuskegee. On the other hand, we're hoping it will help move us further toward restoring lost confidence in government and distrust of medical science and public health institutions -- especially by African Americans and other minorities. That's been the legacy of the study. We are also concerned about regaining the confidence and trust of those individuals whose own health has been affected directly and indirectly by Tuskegee.

To those who would ascribe political motives to this, we would say that the only politics at work are the politics of doing what's right. It's always the right time to do right, and in this case, the time to do right is right now. That's all we're concerned with.

Q. Why do you think prior Administrations refused to issue an apology? Why has it taken until almost the end of the 20th century for the victims to receive some sort of official apology from their government? Can you say an apology was previously ignored for political reasons?

A. We can't speak for any Administration but this one. But this is not the kind of issue that you can look at in any sort of political context and make judgments that way. This was a human tragedy. Pure and simple. Through the years since Tuskegee was halted, various Administrations have addressed an assortment of Tuskegee-related issues

in their own way. Whether or not a formal apology should have been offered much earlier than today is not as important as our being here today to take care of that omission.

Q. When was the prospect of a formal apology raised to this Administration and whose idea was it?

A. The idea of an apology to the Tuskegee participants has been raised by numerous people, both in and out of government. We've heard from a number of community leaders, public health professionals, research and advocacy groups -- some who have felt all along that there needed to be a formal apology. Because of the mistrust that Tuskegee created with public health activities and how it's impacted African Americans' involvement in medical research and receipt of health care, some have felt that only a formal apology could begin the process of [re]building trust.

Q. Should the principals in the Tuskegee study be identified and prosecuted retroactively? Can they be prosecuted?

A. First of all, you're talking about something that was initiated more than 60 years ago and was brought to a halt 25 years ago. The passage of time alone -- as well as the presence of so many unknown factors about what happened then and what mindset individuals had -- would make something like that extremely difficult. Successful prosecution would be unlikely. But more importantly, it would be counterproductive to even discuss that. There is nothing to be gained from pursuing that course. Everything we do with respect to Tuskegee should be about healing and learning from it. We must address Tuskegee in a positive way that takes us forward.

Q. Ideally, how would you like to see the Tuskegee participants respond to this apology?

A. We would hope that each and every one of these men and their families will now know deep down in their hearts and souls that their government -- through their President -- is genuinely sorry and accepts full responsibility for what happened at Tuskegee many years ago. More than anything we would hope they see our sincerity, which we believe is apparent by our doing this before the entire world.

Q. What do you say to African Americans and other minorities who will continue to view the medical research establishment skeptically, despite today's apology? How can this one apology help restore any confidence they might have had?

A. We know that one apology -- no matter how formal or how big -- is not going to be enough for some people to have their faith restored. We don't expect it to be a magic bullet. And we know that many of the policy and institutional changes in the area of research volunteers that have occurred since Tuskegee aren't enough to alleviate some people's fears either. We would just hope that people would continue to watch what we

do as much as what we say, and if they do that, they will see -- not just with today's apology, but over time -- an undying commitment to prevent this from ever happening again. We cannot rewrite past history. But we can write tomorrow's history and ensure that future generations never have to experience this humiliation. I think these gentlemen would agree that the only victory to be gained is to make sure this can never happen to their sons, daughters, granddaughters, grandsons and great-grandchildren.

Q. Besides today's formal apology, what is the biggest contribution the Clinton Administration has made in addressing the Tuskegee situation?

A. Even though many safeguards are now in place to protect research participants, our Administration has gone a step further to ensure that we promote only the highest ethical standards when it comes to human research. In October 1995, the President established the National Bioethics Advisory Commission to review all current regulations, policies, and procedures with respect to human research to make sure these high standards are being met. This panel is comprised of non-government members and is funded and led by the U.S. Department of Health and Human Services.

There are a few more newer approaches we're taking to further improve our bioethics research:

To promote community participation in research, which is important when you consider the impact the Tuskegee study had on an entire community, Secretary Shalala at HHS is convening within 90 days from today a series of workshops on community participation in research. The workshops will involve a broad spectrum of academic institutions and community groups and are intended to produce a report containing recommendations to enhance our community involvement in research studies.

To help incorporate more community perspectives in the planning and carrying out of research, we're asking CDC, NIH, the Health Resources Services Administration (HRSA) and SAMHSA to join with a variety of partner organizations to recommend within 90 days from today materials and other strategies for improving ethical training in bioethics courses.

Also, we're going to be offering to promising students bioethics fellowships for postgraduate study beginning in September 1998 -- and we'll make special efforts to recruit minorities. The more we diversity the bioethics field, the more input we'll have in our research efforts and that can only be helpful to keeping research ethically and medically sound.

Q. Has the government done all it can to help the Tuskegee participants?

A. With something as tragic as this, we don't think we can ever reach a point where we can say, "OK, We've done enough. That's it." It's the kind of situation that we must always monitor and be prepared to respond to. We're not talking about just the initial

participants in the study, but each succeeding generation of their families. We must make sure that our government is there for all of them and that's why our Government can never say "We're done." That's why the Tuskegee Health Benefits Program is in place -- to address the needs of family members as time goes on.

Q. Should the Tuskegee victims receive more monetary compensation?

A. The issue of monetary compensation was addressed when the settlement agreement was reached in 1974, shortly after the study was stopped. I think we've long moved past just attaching dollar signs to what happened at Tuskegee to another level of concern, and that is making sure it never happens again and that we continue to meet our obligations with these men and their families as our government has pledged to do.

Q. In light of the age and feeble condition of the participants, why was the decision made to hold the formal apology program at The White House rather than in Alabama near their homes?

A. We don't see it as a matter of who should travel where. We believe it's about making the strongest possible statement that we can about how reprehensible this whole episode was and how sincere we are in our apology. And we think the White House is the best and only location to demonstrate -- not only to the participants and their families, but to the entire world – that we consider this apology from our government to be of utmost importance. Having this ceremony in The White House establishes quite clearly the priority we give this. As for the travel of participants to Washington, we helped to make arrangements for them to be here and we are paying their expenses. We have worked closely with these gentlemen and their families to ensure their safe and comfortable travel to and from Washington for this event.

Q. Was what happened at Tuskegee racism?

A. We cannot escape the fact that the problems of the Tuskegee experiment are wrapped in elements of racism and discrimination. If we all think back, the racial attitudes and climate in our country at that time certainly played a major role in the many improprieties of the study.

For example, there was some merit to choosing Macon County, Alabama as a focus of a study on syphilis, given the fact that it had the highest syphilis rates in the country at the time. But to mislead and misinform these men and then to withhold treatment from them after cures became available was in and of itself discriminatory.

Q. Looking back at how the Tuskegee study unfolded and comparing it to the checkpoints in place today, at what point along the spectrum do you think an experiment like that would be stopped now?

A. I think our research checks and balances are so strong now that it would be very tough for a Tuskegee Study to even get off the ground. And furthermore, the greater diversity of decisionmakers in government, research and in the Public Health Service today is instrumental in keeping this kind of thing from ever getting started. Certainly we can say that if such a study managed to start up, it would raise so many red flags so quickly that any life it would have would be very short.

Q. This apology, while welcomed by many, may ring hollow for the families of 28 participants who died from untreated syphilis. What can you say to them?

A. We would say to them that we don't pretend to skirt the fact that these deaths were cruel and unnecessary. But that doesn't mean that we cannot strive as hard as we can today to make sure that those gentlemen didn't die in vain. Their deaths are and will always be crystal clear reminders of our obligation to work to protect and ensure the health of all people in this country, not just some. And those who died from untreated syphilis will always be symbols of our obligation to address the special health needs of our minority citizens in a dignified and respectful manner. Certainly each loss will forever represent a huge void in the hearts of their family and friends. But our country feels each of these losses too, as they are 28 stains on the fabric of our nation's democracy and freedom. We will all pay a price for these tragic deaths.

Q. Some have suggested a memorial to the participants on the campus of Tuskegee University. What's your feeling on that?

A. The Department of Health and Human Services has been discussing with Tuskegee a proposal to establish on campus a Center for Bioethics in Research and Health Care. We're announcing today that we're providing a planning grant to Tuskegee to pursue this project. Ultimately, such a facility 1) will house a museum containing documents and other materials from the study; 2) help educate researchers and the public about the significance of the study; and 3) provide opportunities for training in bioethics in partnerships with other academic institutions.

The Center will really do two things: make Tuskegee a focal point for ongoing discussion about how we can address the negative legacy of the study; and be a living and lasting memorial to the people who participated in the Tuskegee study as well as their families -- for generations to come.

Q. Last month, Public Citizen raised some very serious allegations about ongoing HHS-sponsored research, mainly that some of the HIV mother-to-child transmission research underway in developing countries is unethical. How can you assure the public in light of the pain and anger caused by Tuskegee that we're not treading down that same path even lightly?

A. Let me first of all make clear what our work is in this area. We're trying to find effective ways of preventing mother-to-child HIV transmission that can be used in

developing countries, where HIV/AIDS has taken a devastating toll. While AZT has now become a promising standard of care treatment regimen here in the United States, developing nations aren't able to do that because of affordability problems and also because of the differences in the nature of health problems between our country and theirs. Our sole goal is to help these nations find treatment regimens that are effective for their specific populations.

We've taken extra steps to ensure that these trials go beyond ethical and medical standards. We're working very closely with the World Health Organization, UNAIDS and the host governments within those countries to design trials. We're not doing this in a vacuum. Not only that, but these trials have been reviewed by our Centers for Disease Control and Prevention as well as the NIH institutional review boards that were created in the wake of the Tuskegee experiments. We've even involved the review boards within the host countries.

You're talking about a situation today where each and every move is scrutinized before, during and after to make sure that we go beyond the standards and that we're ethical in every way. This is not a situation like Tuskegee where you apparently had a group of people conducting research under their own twisted standards, arbitrarily making decisions and keeping details and information to themselves. It's definitely a new day.

Q. A report in The New York Times earlier this week quotes the top government official involved in protecting humans in research as saying there is "unchecked" research going on. What is he referring to and how can that give people any kind of comfort, especially in light of Tuskegee?

A. You're speaking of Dr. Gary Ellis, head of the Office of Protection from Research Risks, and he's drawing a very distinguishable line between government-sponsored research and research that's financed by private sources. Privately financed research – except that that involves FDA approval of a device or drug -- is not subject to the same strict rules that apply to government research, and keep in mind that Tuskegee involved government research.

As for privately financed research, some legislation has been discussed, but the Clinton Administration hasn't taken a position on any specific proposals at this time. We will be guided by the National Bioethics Advisory Commission on this issue and some of the action steps we announced today will enhance protection of all human subjects.

Q. What is the cost of the planning grant for the Center for Bioethics Research?

A. The planning grant is about $200,000.

Q. What is the government doing now to restore communities' trust and participation in clinical research? What strategies work?

A. A number of projects underway now are demonstrating quite clearly the benefits of community participation and partnership between the science community and citizens. I'll give you some examples.

Project LinCS, Linking Together Communities and Scientists, brings together communities and scientists in partnership in various communities across the country to build trust in the development and implementation of HIV prevention biomedical research – specifically vaccine research.

In places like San Francisco, Philadelphia, and Durham (N.C.), community advisory boards are working with the medical science community on such issues as study protocols, interview guides, recruitment, and interpretation and presentation of study results. What we're learning from Project LinCS is being shared broadly.

Project Direct is a community-based intervention project in Raleigh, N.C. that targets collaborative diabetes education and outreach efforts to the high-risk population in the African American community. Technical experts, citizens, and community leaders plan and implement the project together in work groups focusing on intervention strategies that are culturally relevant.

Also, CDC is working through a number of different partners to enhance research and educational efforts that involve minority populations. For example, they're working with the *Congress of National Black Churches* and the *National Association of Black Psychologists* on culturally appropriate diabetes and tobacco prevention initiatives. And they're working with the Minority Health Professions Foundation (a consortium representing 11 HBCUs) on some 15 research projects to develop community-based and culturally sensitive initiatives in such areas as occupational health and safety in low income populations, violence prevention and learning disabilities in incarcerated youth.

Finally, another example is our work with communities to reduce the burden of cancer on minority communities. Through the National Black Leadership Initiative on Cancer, we've built more than 60 community coalitions that have reached out to 15 to 20 million African Americans nationwide. The goal of these coalitions is to mobilize cancer prevention and control activities within African American communities -- with the ultimate objective being to reduce cancer incidence and mortality and remove barriers that limit African Americans' access to quality cancer control services.

Q. Does the Administration support Senator Glenn's bill to expand human subjects protections to the private sector?

A. The Clinton Administration hasn't taken a position on any specific proposals at this time. We will be guided by the National Bioethics Advisory Commission on this issue. But some of the action steps we announced today will enhance protection of all human subjects, including improving the way we educate medical professionals in bioethics. It's important that the educational process help increase sensitivities to the importance of protecting humans subjects, and we believe the fellowship program and the Center that will be built at Tuskegee – as well as the partnerships that will be formed form that effort – will go a long way toward emphasizing the utmost in ethics and principles in training tomorrow's biomedical researchers.

Q. How many fellowships will HHS award? How much will the program cost?

A. The details of all of that are still being worked out. But everything will be laid out in detail when we make the announcement to the applicant community. Conceptually, we're looking at a fellowship program that will include a short-term training component as well. We'll definitely have more to say about this.

Q. What is being done to strengthen bioethics training?

A. Three of the four concrete steps that have been announced here today to better protect human research subjects involve strategies to improve bioethics training.

First, the Center for Bioethics at Tuskegee that we are awarding a grant for will serve as both a living memorial and a focal point for discussions about strengthening bioethics training throughout the nation.

Second, the President has directed Secretary Donna Shalala to work with private medical research organizations to develop training materials for researchers that would help them build their work on core ethical principles of respect, justice and informed consent. We're not wasting any time. We're looking at having those materials ready in six months.

Thirdly, we're committing to post-graduate fellowships in bioethics, beginning in September 1988, with a special commitment to recruiting promising African American and other minority students.

These are new and tangible efforts that will blend in with what we're already doing in human subjects protection to build an even stronger system to protect any of our citizens from suffering as the men and families of Tuskegee did.

Q. What will the center ultimately cost and will HHS fund it?

A. The Department is prepared to award up to $200,000 to Tuskegee to support a planning grant. Tuskegee University will be asked to develop a plan and a budget for the establishment of a Center for Bioethics in Research and Health Care. Plans for the Center will address the creation of a museum at Tuskegee, Alabama; efforts to provide public education regarding the Study and bioethics; a plan for providing technical assistance to produce educational materials for public and professional educators; and a plan to develop partnerships with schools of medicine and public health to provide opportunities for students to receive training in bioethics.

Questions and Answers

Tuskegee

Q1. What was the purpose of the Study? What was its official title? How long was it conducted?

A1. The U.S. Public Health Service Syphilis Study was officially called "Untreated Syphilis in the Negro Male" and was conducted in Macon County, Alabama. It began in 1932 as a study of untreated syphilis in approxiamtely 400 African-American men who were at least 25 years of age and had syphilis for 5 years or longer. A year later a control group of approximately 200 African-American men without syphilis was added to the study. The study was undertaken to compare the course of untreated syphilis in black men with the results of an Oslo study on untreated syphilis in whites which began in 1890 and was reported in 1929. The study in Alabama was funded by the U.S. Public Health Service. The study was stopped in 1972.

BACKGROUND: The Tuskegee Syphilis Study was supposed to last 6–12 months with the purpose of documenting the course of disease and using that information to obtain funding for treatment. After a year, it was decided to continue the study until the men died. The study was stopped in 1972 after a news story about the study caused public outcry. Left untreated syphilis remains in the body and can damage the internal organs including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints.

Q2. Why was it conducted in Tuskegee?

A2. In 1926, the U.S. Public Health Service conducted surveys of the prevalence of syphilis in Macon County, Alabama, which was one of several sites surveyed in the United States. The prevalence of syphilis among African-Americans was particularly high and many people remained untreated.

BACKGROUND: In 1930, the Macon County Syphilis Control Demonstration Project began; this project provided treatment which was a combination of neoarsphenamine and mercury. This project was funded by the Rosenwald Fund. About 1400 patients were enrolled in the project; none of them received the full course of treatment because funding ended. In 1932 the Tuskegee Syphilis Study was started. The study was

undertaken to document the course of untreated syphilis with the original intention that the information could be used to obtain funding for treatment. Later, the purpose of the study shifted to document the natural history of the disease in the African-American male.

Q3. Why is the President issuing an apology for the Study now? Is this apology politically motivated?

A3. The President is issuing an apology in an effort to redress the wrongs of the past. He is apologizing now because it is the opinion of many that the legacy of the Study continues to have an adverse effect on the health of African-Americans. The Study continues to figure prominently in discussions of the difficulties experienced by the African-American population in obtaining access to medical care, being forthright with their physicians, participating in clinical trials, donating organs, and accepting advice from public health officials regarding prevention of diseases.

Q4. What was the Public Health Service's involvement? Who planned and implemented the Study?

A4. The U.S. Public Health Service funded the Tuskegee Syphilis Study and was responsible for the design and implementation of the study. Throughout the 40 years many physicians, who were members of the U.S. Public Health Service, were involved in the study, including designing the study, examining patients, analyzing results from the study, and publishing findings.

Q5. How many people were recruited into this Study?

A5. The total number of men enrolled in the study is not clear. It is generally accepted that about six hundred (600) African-American men were initially enrolled in the study, approximately 400 African-American men who had syphilis and 200 who did not.

BACKGROUND: Researchers told the men that they were being treated for "bad blood", a local term used at the time to describe several ailments, including syphilis. In exchange for taking part in the study, the men received free medical exams, free meals and burial insurance, but no treatment for syphilis. Although originally planned for months, the study actually went on for 40 years.

Q6. What has been done to compensate Study participants and their

descendants? Who is eligible for the compensation program?

A6. The Tuskegee Health Benefit Program is a comprehensive health benefit program that pays for all necessary medical services not covered by other insurance programs. In addition to Study participants, the program is also available to wives, widows, and offspring who may have been infected with syphilis as a result of withholding treatment for Study participants. The program is currently administered by the National Center for HIV, STD, and TB Prevention within the Centers for Disease Control and Prevention.

BACKGROUND: On March 3, 1973, the Secretary of the Department of Health, Education, and Welfare (HEW), Dr. Casper Weinberger, directed the Public Health Service to provide study participants with necessary medical care. Men and their families were offered comprehensive health assessments and lifetime medical services.

In addition, on July 23, 1973, Mr. Fred D. Gray filed a class action lawsuit on behalf of the Study participants against the United States government and others. The action, Pollard v. United States, U.S. District Court for the Middle District of Alabama, Northern Division, did not go to trial. Instead, on August 28, 1975, the parties entered into a Stipulation of Settlement that was ultimately approved by the court. A cash payment was provided of $37,500 to every living man with syphilis who was alive on July 23, 1973; $15,000 to the heirs of each of the deceased men with syphilis; $16,000 to every living member from the group of controls who was alive on July 23, 1973; and $5,000 to the heirs of each of the deceased controls.

Q7. How much money was spent to fund the Study? How much money has been allocated for the Tuskegee Health Benefit Program?

A7. Records are not available that outline the cost of the Study. During the most recent fiscal year (1995), expenditures for the Tuskegee Health Benefit Program totaled $2,789,715.

Q8. What procedures have been put in place to ensure that studies such as Tuskegee does not happen again?

A8. In 1974 the National Research Act was signed into law, creating the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. Also in 1974, Federal Regulations were developed creating institutional review boards (IRBs) that review and approve research involving human subjects. A critical part of the IRB

review is examining the informed consent process and informed consent form which describes the purpose of the study and details the risks and benefits to subjects who choose to participate, among other things. In addition, every institution which receives Federal funds to conduct research on human subjects must provide an assurance that it will adhere to Federal regulations governing research on human subjects. In October 1995, the President established the National Bioethics Advisory Commission to review all current regulations, policies, and procedures with respect to human research to make sure these high standards are being met.

BACKGROUND: The activities of local IRBs are among the many steps in place to ensure that a study such as the U.S. Public Health Service Tuskegee Syphilis Study does not happen again.

Q9. Where are the records stored and how can they be requested for review?

A9. The Tuskegee Syphilis Study records are stored at the National Archives Southeastern Branch located in East Point, Georgia. These records were transferred to the ownership of the National Archives, in accordance with Federal records management regulations, for safekeeping. The medical records, which contain personal medical information, are closed to the public until the year 2030. However, the administrative records are open for the public review.

Q10. How long was the Study continued after it was determined that syphilis could successfully be treated with penicillin? Why was the Study halted?

A10. Penicillin became known as an effective therapy for syphilis in the mid-1940's and became the standard of care for treatment of the early stages of syphilis in 1947 and for the late stages of syphilis in the early 1950s. The study ended in 1972 following a review of the study by the Tuskegee Syphilis Study Ad Hoc Advisory Panel who found the study to be unethical and recommended that it be terminated.

Q11. Was this Study considered ethical at the time it was conceived?

A11. This question is complex because the ethics of the study must be judged on two different dimensions. First, the men with syphilis were untreated, and secondly, the men were never informed about the purpose, risks and

benefits of the study, nor did they consent to participate in the study.

Regarding the issue of treatment, in retrospect, the Study may appear to have met ethical standards of the day at its outset, when treatments were of uncertain efficacy and often associated with serious adverse reactions.

Regarding the second issue, the Study was never ethical because the men were never informed about the study, never asked to provide informed consent to their participation in the Study, and were misled about the purposes of the study.

BACKGROUND: Most current consent documents include explicit information stating that should new information or treatment become available, participants will be notified and offered treatment. Such issues are also considered during the annual ethical review process now required for each new research protocol. It is not unusual for current studies to be halted because effective treatment has become available.

Q12. Who made the decision, once penicillin became the standard of care for syphilis, not to notify Study participants about the availability of this treatment? Why was this decision made?

A12. In 1943, Dr. John Mahoney reported the first cures of primary and secondary syphilis with penicillin. When this drug became the standard treatment regimen for syphilis in 1947. The question arose concerning the advisability of treating those in the Study group. A decision was made by PHS at that time not to recommend treatment because: (1) no data were available on the efficacy of penicillin treatment in the late stage of syphilis; and (2) short- or long-term side effects of treating late stage syphilis with penicillin had not been documented. The decision at the time was made that the possible risks to the patients from treatment outweighed their risks from the disease. Later, in the 1950s, the recommendation was changed, reflecting that penicillin was an effective treatment for the late stages of syphilis .

Also, there was a desire to complete the Study because the data that were available on the long-term effects of untreated syphilis were considered potentially flawed in that they came from a study that lacked controls and included limited autopsy results.

Q13. Why do rates of syphilis continue to be the highest among African-Americans in the South?

A13. It is not entirely clear why the rates of syphilis are highest among African-Americans in the South. Multiple factors are probably involved. Certain populations in the United States, especially economically disadvantaged African-Americans in some urban settings and in the rural South, have many interrelated and competing problems including poor access to quality medical care and substance abuse. These problems are often compounded by lack of knowledge about the symptoms, consequences, and prevention of syphilis and, in some communities, by social or religious norms that limit education about syphilis or other sexually transmitted diseases (STDs).

In some communities, the legacy of mistrust left by the Tuskegee Study also is probably a contributing factor However, these high syphilis rates and the resulting increased risk of HIV infection and high rates of syphilis in newborns can be eliminated. The country, overall, is now at historically low rates of infectious syphilis. Most communities in the United States, including almost 70% of counties, have already eliminated this infection. Approximately 50 percent of infectious cases of syphilis are now concentrated in less than 1.5% of counties.

Q14. What evidence exists that the Tuskegee experience continues to discourage minority populations, especially African-Americans from accessing health care, participating in clinical research, or has had an adverse impact on their trust in government health officials?

A14. It may never be possible to document fully the impact of the Tuskegee Syphilis Study on minority populations. Health care behaviors, decisions to participate in clinical research, and attitudes toward government health officials are all shaped by many factors that are difficult evaluate. Furthermore, in some families and communities, the Study in Tuskegee may no longer be named explicitly as a problem, but, instead has been incorporated as the foundation for a range of conspiracy theories or generalized mistrust of "the government."

BACKGROUND: The evidence that is available includes a study conducted by a researcher at the University of Alabama Health Studies at Tuscaloosa, African-Americans in general reported less interest in participating in health promotion and research because of their knowledge of the Study. African-American males in particular reported a high degree of resistance because of knowledge of the Study. In addition, many other scholars have collected evidence to support the same or similar conclusions.

Q15. What was the involvement of the Tuskegee Institute in the Study?

A15. The Institute was aware of the Study and was consulted during the Study period regarding one or more areas.

Q16. We understand that there is a group called the Tuskegee Legacy Committee which made some recommendations regarding actions that should be taken to heal the wounds left by the Study. Did the President accept all of the recommendations of that group? If not, why?

A16. One of the principal recommendations of that Committee was that President Clinton publicly apologize to the living participants, their families and to the Tuskegee community. Also the committee recommended the establishment of a center at Tuskegee University to preserve the national memory of the study and transform its legacy.

BACKGROUND: Last year during a conference at Tuskegee sponsored by the U.S. Department of Health and Human Services on minority participation in research, the Tuskegee Study Legacy Commission was created to help all of us move beyond the negative legacy of the PHS Tuskegee Syphilis Study. The purpose of the Legacy Committee was to transform the legacy of minority mistrust of the health and medical establishment into positive efforts to close the health gap between blacks and whites.

Q17. Is it really likely that a study begun more than 60 years ago and stopped nearly 25 years ago continues to have an impact today?

A17. Yes. The Study continues to be discussed by the mass media, academicians, and "the public" as an example of how certain minority groups (in this case, African-American men) can be exploited for seemingly "good" reasons, such as medical research. Obviously, other factors such as segregation, discrimination, and hate crimes against African-Americans, have also contributed to the mistrust some African-Americans have of the establishment, including our health care systems, but the Study itself continues to figure prominently in discussions of the difficulties experienced by the African-American population in obtaining access to medical care, being forthright with their physicians, participating in clinical trials, donating organs, and accepting advice from public health officials regarding prevention of diseases such as AIDS.

Q18. Is syphilis an important health problem for the United States today?

A18. Syphilis is a serious, chronic infectious disease. It causes ulcers that allow the AIDS virus to be transmitted much more efficiently between people. The bacteria that cause syphilis can cross the placenta to kill the fetus or cause permanent neurologic damage in the baby. Recent studies suggest that heterosexual HIV transmission in the United States still largely follows the geography of the syphilis epidemic of the late 1980s and early 1990s. In addition, in American cities with syphilis outbreaks, there is a continuing high but usually under-reported impact on infant health. For example, in one Texas city undergoing a syphilis outbreak, nearly 2% of all deliveries to African-American women resulted in congenital syphilis, with the known associated fetal and neonatal mortality, morbidity, and high cost of in-hospital treatment.

Q19. What can we do about syphilis today?

A19. Today, syphilis is a disease that is inexpensive to diagnose and easy to cure. It has been eliminated from several industrialized countries and is now at such low levels and so locally distributed in the United States that it could be eliminated here, as well.

In 1997, we are approaching the lowest rate of syphilis ever reported in the United States. However, reported infectious syphilis rates are approximately 60 times higher among African-Americans than among white Americans, and syphilis is highly concentrated across the South. Syphilis elimination would eliminate both an important factor contributing to higher rates of HIV infection among African Americans and an unnecessary cause of fetal and infant mortality and disability.

Q20. How many of the original Study participants are going to Washington for the apology event?

A20. Five

Q21. Who is paying for the participants to attend the Washington apology event?

A21. CDC is paying the expenses (travel, lodging, food) for 39 people; including five original Study participants, family members of several Study participants, and escorts.

Q22. Why wasn't this event held in Tuskegee?

A22. It is significant that the apology is taking place at the White House, the

highest center of authority in this country. Having the President issue the apology from the White House reaffirms our commitment to uphold the highest ethical standards in conducting research involving human subjects.

Q23. What are the costs of establishing a Center for Bioethics at Tuskegee University?

A23. The Department is prepared to award up to $200,000 to Tuskegee University to support a planning grant. Tuskegee University will be asked to develop plans and a budget for the establishment of a Center for Bioethics in Research and Health Care. Plans for the Center will address the creation of a public museum at Tuskegee, Alabama, effort to provide public education regarding the Study and bioethics, a plan for providing technical assistance to produce educational materials for public and professional education, and a plan to develop partnerships with schools of medicine and public health to provide opportunities for students to receive training in bioethics.

Q24. How are we strengthening bioethics?

A24. Much has been done to ensure the protection of human subjects, such as passage in 1974 of the National Research Act which created the National commission for Protection of Human Subjects of Biomedical and Behavioral Research, the creation of the Office for Protection from Research Risks, the promulgation of regulations for the protection of human research subjects, and most recently, the creation of the President's National Bioethics Advisory Commission which is supported by the Department of Health and Human Services. As charged by the President, the commission serves as the central forum for discussion of ethical issues, and is reexamining current regulations, policies, and procedures to ensure that all possible safeguards are in place to protect all person who volunteer to participate in research studies.

To build on these efforts, we will undertake the following actions as outlined by the President: HHS will work with Tuskegee University to establish a Center for Bioethics in Research and Health Care at Tuskegee University; HHS will offer fellowship to promising students, with special outreach to attract minority students, to receive postgraduate training in bioethics, and will also develop a short-term ethics training program as a component of research fellowship programs; HHS will collaborate with other partners to develop materials for bioethics courses and related training materials to enable research institutions to strengthen their efforts in bioethics training as it relates to research; and HHS will develop and disseminate strategies to assist researchers in their outreach to

communities--especially minority communities--to foster partnerships and enhance the involvement of minorities in research studies.

CHRONOLOGY
Public Health Service Syphilis Study in Tuskegee

1926: The United States Public Health Service (PHS) began a survey of syphilis in Macon County, Alabama, one of several survey sites in the United States.

1930: PHS began the Macon County Syphilis Control Demonstration Project with funding PHS received from the Julius Rosenwald Fund. Participants were treated with a combination of neoarsphenamine and mercury; however, none of the 1400 patients received the full course of treatment.

1932: The Rosenwald Fund terminated funding for the control demonstration project. PHS began and funded the Tuskegee Syphilis Study. This was a study of untreated syphilis in approximately 400 black men who were at least 25 years of age and had syphilis for 5 years or longer. There is no protocol which documents the original intent of the Study; however, in 1932, much was still unknown regarding the latent stages of syphilis, especially pertaining to its natural course. It appears that the Study was undertaken to compare the course of untreated syphilis in black men with the results of an Oslo study on untreated syphilis in whites. The study was supposed to last 6 -12 months with the intention to document the course of disease and use that information to obtain funding for treatment. The Alabama Department of Health agreed to the Study with the stipulation that some treatment be provided. Tuskegee Institute and local white physicians in Macon County also agreed to the Study.

1933: PHS decided to continue the study until the men died and added a control group of approximately 200+ men without syphilis.

1947: Penicillin became widely available for the treatment of syphilis in its early stages.

1950: The therapeutic benefits of penicillin in treating the late stages of syphilis were documented in scientific reports.

1957: PHS transferred the Venereal Disease Division, of which the Study was a part, to the Communicable Disease Center (now Centers for Disease Control and Prevention [CDC]).

1972: News of the study was reported in the New York Times, Los Angeles Times, and Washington Star. PHS

convened the Tuskegee Syphilis Study Ad Hoc Panel to investigate the Study. The Study was terminated by the Department of Health, Education, and Welfare (HEW), now the Department of Health and Human Services (HHS).

1973: The Secretary of HEW directed PHS to provide necessary medical care. CDC contacted the men and their families and gave them information about the Study and offered them comprehensive health assessments and lifetime medical services. The Tuskegee Health Benefit Program was set up and administered by CDC. Attorney Fred Gray filed a class action lawsuit on behalf of the living Study participants and heirs of deceased participants.

1974: Congress appropriated funding for the Tuskegee Health Benefit Program. The National Research Act was signed into law, creating the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. HEW promulgated Federal regulations requiring research organizations to establish institutional review boards (IRBs) to review and approve HEW-funded research involving human subjects.

1975: The class action suit was settled. HEW provided a cash payment of $37,500 to every living man with syphilis who was alive on July 23, 1973; $15,000 to the heirs of each of the deceased men with syphilis; $16,000 to every member of the class of living controls who was alive on July 23, 1973; and $5,000 to the heirs of each of the deceased controls.

1979 - The Belmont Report summarizing the basic ethical principles governing research involving humans was released by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research.

1991: Seventeen Federal agencies, including the Department of Health and Human Services, adopted the Federal regulations for the protection of human subjects (known as the Common Rule), extending human subjects protections, including IRB review, to 16 other Federal agencies and to Federally-funded research.

Talking Points on FLSA
5/16/97

- The Labor Department has concluded that the Fair Labor Standards Act (FLSA) applies to welfare recipients in workfare or other subsidized employment programs in the same way as that law applies to all other employees.

- This means that many, if not most, welfare recipients in these programs will receive at least the minimum wage for their work activities.

- Welfare recipients in these programs will not have to be paid the minimum wage if they fall within the FLSA's exception for "trainees." Some states will probably try to structure their workfare programs so that recipients fall within the "trainee" exception.

- In most cases in which the minimum wage is required, both cash assistance and food stamps will count toward the minimum wage. The Department of Agriculture will take necessary administrative action to ensure that food stamps can be counted to the greatest degree possible.

- This will not affect the work requirements of the welfare law. States will still be able to meet those requirements, not only by putting recipients in workfare, but by placing people in private sector jobs (where the minimum wage already applies). With both cash assistance and food stamps counting toward the minimum wage, very few states will have to increase their assistance payments. In fact every state but one (Mississippi) can comply with the welfare law's current work requirements (now 20 hours per week for a welfare recipient) and pay minimum wage without increasing their current benefit level.

- The Labor Department will provide guidance within the next week or two on the specifics of this policy and will engage in extensive consultation with states on how to apply this policy with the least disruption.

- The Treasury Department is still exploring how the tax laws apply to welfare recipients in workfare programs. We hope to be able to give states an answer to that question very shortly.

Q&A

Question: Won't this end welfare reform as we know it by making work more expensive?

Answer: Not at all. With both TANF and food stamps counting toward the minimum wage, every state except Mississippi will be able to give welfare recipients workfare slots for 20 hours each week (the welfare law's current work requirement) without raising their benefit levels. And of course states should be trying to place welfare recipients in private sector jobs where the minimum wage already applies.

Question: Are most welfare recipients who are working going to be considered "employees"?

Answer: Most welfare recipients participating in the work activities described in the new welfare law probably will count as "employees," entitled to the minimum wage, under the FLSA. But some individuals, engaged in such activities as job search, vocational education, and secondary school, may count as "trainees" instead. The Labor Department will advise states on how the FLSA applies to particular programs and individuals engaged in them.

Question: What's the difference between a trainee and a worker under FLSA?

Answer: An individual is in training if:

- Training is similar to that given in a vocational school;
- Training is for the benefit of the trainee;
- Trainees do not displace regular workers;
- The employer derives no immediate advantage from the trainees' activites;
- Trainees are not entitled to a job after training is completed; or
- The employer and trainee understand that the trainee is not paid.

Question: Can Food Stamps count as wages?

Answer: We believe that through waivers or other mechanisms such as the Simplified Food Program option now in law, states will be able to count food stamps toward the minimum wage for all those required to work under the new welfare law.

Question: Does this mean welfare recipients in workfare and other subsidized employment programs can unionize?

Answer: No -- that is a different question entirely. Whether and when workers can unionize is a function of the National Labor Relations Act. The National Labor Relations Board, an independent entity that administers that Act, has not ruled on the unionization question.

DRAFT TUSKEGEE QUESTIONS AND ANSWERS
Political

Q. Why is an apology coming forward now? What is there to be gained by such a gesture and how do you respond to those who might see it as politically motivated?

A. Even though this study was stopped some 25 years ago, it's never too late to make it clear from the highest levels of government that what happened at Tuskegee was very wrong and tragic and not something we ever condone. It is also important to make it clear that we are pledged to making sure this never happens again in our country. Most importantly, we have a moral obligation to apologize on behalf of the U.S. Government.

In fact, last year during a conference at Tuskegee sponsored by the U.S. Department of Health and Human Services on minority participation in research, the Tuskegee Study Legacy Commission was created to help all of us move beyond the Tuskegee Syphilis Study. The purpose of the Legacy Committee was to transform the legacy of minority distrust of the health and medical establishment into positive efforts to close the health gap between blacks and whites.

One of the principal recommendations of that Committee was that President Clinton publicly apologize to the living participants, their families and to the Tuskegee community.

We view this as more than symbolic, as more than just a verbal apology. This is not just a wrong, but a wrong in which the U.S. government is at fault. On one hand, today we're taking a major step toward publicly atoning for Tuskegee. On the other hand, we're hoping it will help move us further toward restoring lost confidence in government and distrust of medical science and public health institutions -- especially by African Americans and other minorities. That's been the legacy of the study. We are also concerned about regaining the confidence and trust of those individuals whose own health has been affected directly and indirectly by Tuskegee.

To those who would ascribe political motives to this, we would say that the only politics at work are the politics of doing what's right. It's always the right time to do right, and in this case, the time to do right is right now. That's all we're concerned with.

Q. Why do you think prior Administrations refused to issue an apology? Why has it taken until almost the end of the 20th century for the victims to receive some sort of official apology from their government? Can you say an apology was previously ignored for political reasons?

A. We can't speak for any Administration but this one. But this is not the kind of issue that you can look at in any sort of political context and make judgments that way. This was a human tragedy. Pure and simple. Through the years since Tuskegee was halted, various Administrations have addressed an assortment of Tuskegee-related issues

in their own way. Whether or not a formal apology should have been offered much earlier than today is not as important as our being here today to take care of that omission.

Q. When was the prospect of a formal apology raised to this Administration and whose idea was it?

A. The idea of an apology to the Tuskegee participants has been raised by numerous people, both in and out of government. We've heard from a number of community leaders, public health professionals, research and advocacy groups – some who have felt all along that there needed to be a formal apology. Because of the mistrust that Tuskegee created with public health activities and how it's impacted African Americans' involvement in medical research and receipt of health care, some have felt that only a formal apology could begin the process of [re]building trust.

Q. Should the principals in the Tuskegee study be identified and prosecuted retroactively? Can they be prosecuted?

A. First of all, you're talking about something that was initiated more than 60 years ago and was brought to a halt 25 years ago. The passage of time alone – as well as the presence of so many unknown factors about what happened then and what mindset individuals had -- would make something like that extremely difficult. Successful prosecution would be unlikely. But more importantly, it would be counterproductive to even discuss that. There is nothing to be gained from pursuing that course. Everything we do with respect to Tuskegee should be about healing and learning from it. We must address Tuskegee in a positive way that takes us forward.

Q. Ideally, how would you like to see the Tuskegee participants respond to this apology?

A. We would hope that each and every one of these men and their families will now know deep down in their hearts and souls that their government through their President -- is genuinely sorry and accepts full responsibility for what happened at Tuskegee many years ago. More than anything we would hope they see our sincerity, which we believe is apparent by our doing this before the entire world.

Q. What do you say to African Americans and other minorities who will continue to view the medical research establishment skeptically, despite today's apology? How can this one apology help restore any confidence they might have had?

A. We know that one apology -- no matter how formal or how big -- is not going to be enough for some people to have their faith restored. We don't expect it to be a magic bullet. And we know that many of the policy and institutional changes in the area of research volunteers that have occurred since Tuskegee aren't enough to alleviate some people's fears either. We would just hope that people would continue to watch what we

do as much as what we say, and if they do that, they will see -- not just with today's apology, but over time -- an undying commitment to prevent this from ever happening again. We cannot rewrite past history. But we can write tomorrow's history and ensure that future generations never have to experience this humiliation. I think these gentlemen would agree that the only victory to be gained is to make sure this can never happen to their sons, daughters, granddaughters, grandsons and great-grandchildren.

Q. Besides today's formal apology, what is the biggest contribution the Clinton Administration has made in addressing the Tuskegee situation?

A. Even though many safeguards are now in place to protect research participants, our Administration has gone a step further to ensure that we promote only the highest ethical standards when it comes to human research. In October 1995, the President established the National Bioethics Advisory Commission to review all current regulations, policies, and procedures with respect to human research to make sure these high standards are being met. This panel is comprised of non-government members and is funded and led by the U.S. Department of Health and Human Services.

There are a few more newer approaches we're taking to further improve our bioethics research:

To promote community participation in research, which is important when you consider the impact the Tuskegee study had on an entire community, Secretary Shalala at HHS is convening within 90 days from today a series of workshops on community participation in research. The workshops will involve a broad spectrum of academic institutions and community groups and are intended to produce a report containing recommendations to enhance our community involvement in research studies.

To help incorporate more community perspectives in the planning and carrying out of research, we're asking CDC, NIH, the Health Resources Services Administration (HRSA) and SAMHSA to join with a variety of partner organizations to recommend within 90 days from today materials and other strategies for improving ethical training in bioethics courses.

Also, we're going to be offering to promising students bioethics fellowships for postgraduate study beginning in September 1998 -- and we'll make special efforts to recruit minorities. The more we diversity the bioethics field, the more input we'll have in our research efforts and that can only be helpful to keeping research ethically and medically sound.

Q. Has the government done all it can to help the Tuskegee participants?

A. With something as tragic as this, we don't think we can ever reach a point where we can say, "OK, We've done enough. That's it." It's the kind of situation that we must always monitor and be prepared to respond to. We're not talking about just the initial

participants in the study, but each succeeding generation of their families. We must make sure that our government is there for all of them and that's why our Government can never say "We're done." That's why the Tuskegee Health Benefits Program is in place -- to address the needs of family members as time goes on.

Q. Should the Tuskegee victims receive more monetary compensation?

A. The issue of monetary compensation was addressed when the settlement agreement was reached in 1974, shortly after the study was stopped. I think we've long moved past just attaching dollar signs to what happened at Tuskegee to another level of concern, and that is making sure it never happens again and that we continue to meet our obligations with these men and their families as our government has pledged to do.

Q. In light of the age and feeble condition of the participants, why was the decision made to hold the formal apology program at The White House rather than in Alabama near their homes?

A. We don't see it as a matter of who should travel where. We believe it's about making the strongest possible statement that we can about how reprehensible this whole episode was and how sincere we are in our apology. And we think the White House is the best and only location to demonstrate -- not only to the participants and their families, but to the entire world – that we consider this apology from our government to be of utmost importance. Having this ceremony in The White House establishes quite clearly the priority we give this. As for the travel of participants to Washington, we helped to make arrangements for them to be here and we are paying their expenses. We have worked closely with these gentlemen and their families to ensure their safe and comfortable travel to and from Washington for this event.

Q. Was what happened at Tuskegee racism?

A. We cannot escape the fact that the problems of the Tuskegee experiment are wrapped in elements of racism and discrimination. If we all think back, the racial attitudes and climate in our country at that time certainly played a major role in the many improprieties of the study.

For example, there was some merit to choosing Macon County, Alabama as a focus of a study on syphilis, given the fact that it had the highest syphilis rates in the country at the time. But to mislead and misinform these men and then to withhold treatment from them after cures became available was in and of itself discriminatory.

Q. Looking back at how the Tuskegee study unfolded and comparing it to the checkpoints in place today, at what point along the spectrum do you think an experiment like that would be stopped now?

A. I think our research checks and balances are so strong now that it would be very tough for a Tuskegee Study to even get off the ground. And furthermore, the greater diversity of decisionmakers in government, research and in the Public Health Service today is instrumental in keeping this kind of thing from ever getting started. Certainly we can say that if such a study managed to start up, it would raise so many red flags so quickly that any life it would have would be very short.

Q. This apology, while welcomed by many, may ring hollow for the families of 28 participants who died from untreated syphilis. What can you say to them?

A. We would say to them that we don't pretend to skirt the fact that these deaths were cruel and unnecessary. But that doesn't mean that we cannot strive as hard as we can today to make sure that those gentlemen didn't die in vain. Their deaths are and will always be crystal clear reminders of our obligation to work to protect and ensure the health of all people in this country, not just some. And those who died from untreated syphilis will always be symbols of our obligation to address the special health needs of our minority citizens in a dignified and respectful manner. Certainly each loss will forever represent a huge void in the hearts of their family and friends. But our country feels each of these losses too, as they are 28 stains on the fabric of our nation's democracy and freedom. We will all pay a price for these tragic deaths.

Q. Some have suggested a memorial to the participants on the campus of Tuskegee University. What's your feeling on that?

A. The Department of Health and Human Services has been discussing with Tuskegee a proposal to establish on campus a Center for Bioethics in Research and Health Care. We're announcing today that we're providing a planning grant to Tuskegee to pursue this project. Ultimately, such a facility 1) will house a museum containing documents and other materials from the study; 2) help educate researchers and the public about the significance of the study; and 3) provide opportunities for training in bioethics in partnerships with other academic institutions.

The Center will really do two things: make Tuskegee a focal point for ongoing discussion about how we can address the negative legacy of the study; and be a living and lasting memorial to the people who participated in the Tuskegee study as well as their families -- for generations to come.

Q. Last month, Public Citizen raised some very serious allegations about ongoing HHS-sponsored research, mainly that some of the HIV mother-to-child transmission research underway in developing countries is unethical. How can you assure the public in light of the pain and anger caused by Tuskegee that we're not treading down that same path even lightly?

A. Let me first of all make clear what our work is in this area. We're trying to find effective ways of preventing mother-to-child HIV transmission that can be used in

developing countries, where HIV/AIDS has taken a devastating toll. While AZT has now become a promising standard of care treatment regimen here in the United States, developing nations aren't able to do that because of affordability problems and also because of the differences in the nature of health problems between our country and theirs. Our sole goal is to help these nations find treatment regimens that are effective for their specific populations.

We've taken extra steps to ensure that these trials go beyond ethical and medical standards. We're working very closely with the World Health Organization, UNAIDS and the host governments within those countries to design trials. We're not doing this in a vacuum. Not only that, but these trials have been reviewed by our Centers for Disease Control and Prevention as well as the NIH institutional review boards that were created in the wake of the Tuskegee experiments. We've even involved the review boards within the host countries.

You're talking about a situation today where each and every move is scrutinized before, during and after to make sure that we go beyond the standards and that we're ethical in every way. This is not a situation like Tuskegee where you apparently had a group of people conducting research under their own twisted standards, arbitrarily making decisions and keeping details and information to themselves. It's definitely a new day.

Q. A report in The New York Times earlier this week quotes the top government official involved in protecting humans in research as saying there is "unchecked" research going on. What is he referring to and how can that give people any kind of comfort, especially in light of Tuskegee?

A. You're speaking of Dr. Gary Ellis, head of the Office of Protection from Research Risks, and he's drawing a very distinguishable line between government-sponsored research and research that's financed by private sources. Privately financed research – except that that involves FDA approval of a device or drug -- is not subject to the same strict rules that apply to government research, and keep in mind that Tuskegee involved government research.

As for privately financed research, some legislation has been discussed, but the Clinton Administration hasn't taken a position on any specific proposals at this time. We will be guided by the National Bioethics Advisory Commission on this issue and some of the action steps we announced today will enhance protection of all human subjects.

Q. What is the cost of the planning grant for the Center for Bioethics Research?

A. The planning grant is about $200,000.

Q. What is the government doing now to restore communities' trust and participation in clinical research? What strategies work?

A. A number of projects underway now are demonstrating quite clearly the benefits of community participation and partnership between the science community and citizens. I'll give you some examples.

Project LinCS, Linking Together Communities and Scientists, brings together communities and scientists in partnership in various communities across the country to build trust in the development and implementation of HIV prevention biomedical research – specifically vaccine research.

In places like San Francisco, Philadelphia, and Durham (N.C.), community advisory boards are working with the medical science community on such issues as study protocols, interview guides, recruitment, and interpretation and presentation of study results. What we're learning from Project LinCS is being shared broadly.

Project Direct is a community-based intervention project in Raleigh, N.C. that targets collaborative diabetes education and outreach efforts to the high-risk population in the African American community. Technical experts, citizens, and community leaders plan and implement the project together in work groups focusing on intervention strategies that are culturally relevant.

Also, CDC is working through a number of different partners to enhance research and educational efforts that involve minority populations. For example, they're working with the *Congress of National Black Churches* and the *National Association of Black Psychologists* on culturally appropriate diabetes and tobacco prevention initiatives. And they're working with the Minority Health Professions Foundation (a consortium representing 11 HBCUs) on some 15 research projects to develop community-based and culturally sensitive initiatives in such areas as occupational health and safety in low income populations, violence prevention and learning disabilities in incarcerated youth.

Finally, another example is our work with communities to reduce the burden of cancer on minority communities. Through the National Black Leadership Initiative on Cancer, we've built more than 60 community coalitions that have reached out to 15 to 20 million African Americans nationwide. The goal of these coalitions is to mobilize cancer prevention and control activities within African American communities -- with the ultimate objective being to reduce cancer incidence and mortality and remove barriers that limit African Americans' access to quality cancer control services.

Q. Does the Administration support Senator Glenn's bill to expand human subjects protections to the private sector?

A. The Clinton Administration hasn't taken a position on any specific proposals at this time. We will be guided by the National Bioethics Advisory Commission on this issue. But some of the action steps we announced today will enhance protection of all human subjects, including improving the way we educate medical professionals in bioethics. It's important that the educational process help increase sensitivities to the importance of protecting humans subjects, and we believe the fellowship program and the Center that will be built at Tuskegee – as well as the partnerships that will be formed form that effort – will go a long way toward emphasizing the utmost in ethics and principles in training tomorrow's biomedical researchers.

Q. How many fellowships will HHS award? How much will the program cost?

A. The details of all of that are still being worked out. But everything will be laid out in detail when we make the announcement to the applicant community. Conceptually, we're looking at a fellowship program that will include a short-term training component as well. We'll definitely have more to say about this.

Q. What is being done to strengthen bioethics training?

A. Three of the four concrete steps that have been announced here today to better protect human research subjects involve strategies to improve bioethics training.

First, the Center for Bioethics at Tuskegee that we are awarding a grant for will serve as both a living memorial and a focal point for discussions about strengthening bioethics training throughout the nation.

Second, the President has directed Secretary Donna Shalala to work with private medical research organizations to develop training materials for researchers that would help them build their work on core ethical principles of respect, justice and informed consent. We're not wasting any time. We're looking at having those materials ready in six months.

Thirdly, we're committing to post-graduate fellowships in bioethics, beginning in September 1988, with a special commitment to recruiting promising African American and other minority students.

These are new and tangible efforts that will blend in with what we're already doing in human subjects protection to build an even stronger system to protect any of our citizens from suffering as the men and families of Tuskegee did.

Q. What will the center ultimately cost and will HHS fund it?

A. The Department is prepared to award up to $200,000 to Tuskegee to support a planning grant. Tuskegee University will be asked to develop a plan and a budget for the establishment of a Center for Bioethics in Research and Health Care. Plans for the Center will address the creation of a museum at Tuskegee, Alabama; efforts to provide public education regarding the Study and bioethics; a plan for providing technical assistance to produce educational materials for public and professional educators; and a plan to develop partnerships with schools of medicine and public health to provide opportunities for students to receive training in bioethics.

Questions and Answers

Tuskegee

Q1. What was the purpose of the Study? What was its official title? How long was it conducted?

A1. The U.S. Public Health Service Syphilis Study was officially called "Untreated Syphilis in the Negro Male" and was conducted in Macon County, Alabama. It began in 1932 as a study of untreated syphilis in approxiamtely 400 African-American men who were at least 25 years of age and had syphilis for 5 years or longer. A year later a control group of approximately 200 African-American men without syphilis was added to the study. The study was undertaken to compare the course of untreated syphilis in black men with the results of an Oslo study on untreated syphilis in whites which began in 1890 and was reported in 1929. The study in Alabama was funded by the U.S. Public Health Service. The study was stopped in 1972.

BACKGROUND: The Tuskegee Syphilis Study was supposed to last 6–12 months with the purpose of documenting the course of disease and using that information to obtain funding for treatment. After a year, it was decided to continue the study until the men died. The study was stopped in 1972 after a news story about the study caused public outcry. Left untreated syphilis remains in the body and can damage the internal organs including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints.

Q2. Why was it conducted in Tuskegee?

A2. In 1926, the U.S. Public Health Service conducted surveys of the prevalence of syphilis in Macon County, Alabama, which was one of several sites surveyed in the United States. The prevalence of syphilis among African-Americans was particularly high and many people remained untreated.

BACKGROUND: In 1930, the Macon County Syphilis Control Demonstration Project began; this project provided treatment which was a combination of neoarsphenamine and mercury. This project was funded by the Rosenwald Fund. About 1400 patients were enrolled in the project; none of them received the full course of treatment because funding ended. In 1932 the Tuskegee Syphilis Study was started. The study was

undertaken to document the course of untreated syphilis with the original intention that the information could be used to obtain funding for treatment. Later, the purpose of the study shifted to document the natural history of the disease in the African-American male.

Q3. Why is the President issuing an apology for the Study now? Is this apology politically motivated?

A3. The President is issuing an apology in an effort to redress the wrongs of the past. He is apologizing now because it is the opinion of many that the legacy of the Study continues to have an adverse effect on the health of African-Americans. The Study continues to figure prominently in discussions of the difficulties experienced by the African-American population in obtaining access to medical care, being forthright with their physicians, participating in clinical trials, donating organs, and accepting advice from public health officials regarding prevention of diseases.

Q4. What was the Public Health Service's involvement? Who planned and implemented the Study?

A4. The U.S. Public Health Service funded the Tuskegee Syphilis Study and was responsible for the design and implementation of the study. Throughout the 40 years many physicians, who were members of the U.S. Public Health Service, were involved in the study, including designing the study, examining patients, analyzing results from the study, and publishing findings.

Q5. How many people were recruited into this Study?

A5. The total number of men enrolled in the study is not clear. It is generally accepted that about six hundred (600) African-American men were initially enrolled in the study, approximately 400 African-American men who had syphilis and 200 who did not.

BACKGROUND: Researchers told the men that they were being treated for "bad blood", a local term used at the time to describe several ailments, including syphilis. In exchange for taking part in the study, the men received free medical exams, free meals and burial insurance, but no treatment for syphilis. Although originally planned for months, the study actually went on for 40 years.

Q6. What has been done to compensate Study participants and their

descendants? Who is eligible for the compensation program?

A6. The Tuskegee Health Benefit Program is a comprehensive health benefit program that pays for all necessary medical services not covered by other insurance programs. In addition to Study participants, the program is also available to wives, widows, and offspring who may have been infected with syphilis as a result of withholding treatment for Study participants. The program is currently administered by the National Center for HIV, STD, and TB Prevention within the Centers for Disease Control and Prevention.

BACKGROUND: On March 3, 1973, the Secretary of the Department of Health, Education, and Welfare (HEW), Dr. Casper Weinberger, directed the Public Health Service to provide study participants with necessary medical care. Men and their families were offered comprehensive health assessments and lifetime medical services.

In addition, on July 23, 1973, Mr. Fred D. Gray filed a class action lawsuit on behalf of the Study participants against the United States government and others. The action, Pollard v. United States, U.S. District Court for the Middle District of Alabama, Northern Division, did not go to trial. Instead, on August 28, 1975, the parties entered into a Stipulation of Settlement that was ultimately approved by the court. A cash payment was provided of $37,500 to every living man with syphilis who was alive on July 23, 1973; $15,000 to the heirs of each of the deceased men with syphilis; $16,000 to every living member from the group of controls who was alive on July 23, 1973; and $5,000 to the heirs of each of the deceased controls.

Q7. How much money was spent to fund the Study? How much money has been allocated for the Tuskegee Health Benefit Program?

A7. Records are not available that outline the cost of the Study. During the most recent fiscal year (1995), expenditures for the Tuskegee Health Benefit Program totaled $2,789,715.

Q8. What procedures have been put in place to ensure that studies such as Tuskegee does not happen again?

A8. In 1974 the National Research Act was signed into law, creating the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. Also in 1974, Federal Regulations were developed creating institutional review boards (IRBs) that review and approve research involving human subjects. A critical part of the IRB

review is examining the informed consent process and informed consent form which describes the purpose of the study and details the risks and benefits to subjects who choose to participate, among other things. In addition, every institution which receives Federal funds to conduct research on human subjects must provide an assurance that it will adhere to Federal regulations governing research on human subjects. In October 1995, the President established the National Bioethics Advisory Commission to review all current regulations, policies, and procedures with respect to human research to make sure these high standards are being met.

BACKGROUND: The activities of local IRBs are among the many steps in place to ensure that a study such as the U.S. Public Health Service Tuskegee Syphilis Study does not happen again.

Q9. Where are the records stored and how can they be requested for review?

A9. The Tuskegee Syphilis Study records are stored at the National Archives Southeastern Branch located in East Point, Georgia. These records were transferred to the ownership of the National Archives, in accordance with Federal records management regulations, for safekeeping. The medical records, which contain personal medical information, are closed to the public until the year 2030. However, the administrative records are open for the public review.

Q10. How long was the Study continued after it was determined that syphilis could successfully be treated with penicillin? Why was the Study halted?

A10. Penicillin became known as an effective therapy for syphilis in the mid-1940's and became the standard of care for treatment of the early stages of syphilis in 1947 and for the late stages of syphilis in the early 1950s. The study ended in 1972 following a review of the study by the Tuskegee Syphilis Study Ad Hoc Advisory Panel who found the study to be unethical and recommended that it be terminated.

Q11. Was this Study considered ethical at the time it was conceived?

A11. This question is complex because the ethics of the study must be judged on two different dimensions. First, the men with syphilis were untreated, and secondly, the men were never informed about the purpose, risks and

benefits of the study, nor did they consent to participate in the study.

Regarding the issue of treatment, in retrospect, the Study may appear to have met ethical standards of the day at its outset, when treatments were of uncertain efficacy and often associated with serious adverse reactions.

Regarding the second issue, the Study was never ethical because the men were never informed about the study, never asked to provide informed consent to their participation in the Study, and were misled about the purposes of the study.

BACKGROUND: Most current consent documents include explicit information stating that should new information or treatment become available, participants will be notified and offered treatment. Such issues are also considered during the annual ethical review process now required for each new research protocol. It is not unusual for current studies to be halted because effective treatment has become available.

Q12. Who made the decision, once penicillin became the standard of care for syphilis, not to notify Study participants about the availability of this treatment? Why was this decision made?

A12. In 1943, Dr. John Mahoney reported the first cures of primary and secondary syphilis with penicillin. When this drug became the standard treatment regimen for syphilis in 1947. The question arose concerning the advisability of treating those in the Study group. A decision was made by PHS at that time not to recommend treatment because: (1) no data were available on the efficacy of penicillin treatment in the late stage of syphilis; and (2) short- or long-term side effects of treating late stage syphilis with penicillin had not been documented. The decision at the time was made that the possible risks to the patients from treatment outweighed their risks from the disease. Later, in the 1950s, the recommendation was changed, reflecting that penicillin was an effective treatment for the late stages of syphilis .

Also, there was a desire to complete the Study because the data that were available on the long-term effects of untreated syphilis were considered potentially flawed in that they came from a study that lacked controls and included limited autopsy results.

Q13. Why do rates of syphilis continue to be the highest among African-Americans in the South?

A13. It is not entirely clear why the rates of syphilis are highest among African-Americans in the South. Multiple factors are probably involved. Certain populations in the United States, especially economically disadvantaged African-Americans in some urban settings and in the rural South, have many interrelated and competing problems including poor access to quality medical care and substance abuse. These problems are often compounded by lack of knowledge about the symptoms, consequences, and prevention of syphilis and, in some communities, by social or religious norms that limit education about syphilis or other sexually transmitted diseases (STDs).

In some communities, the legacy of mistrust left by the Tuskegee Study also is probably a contributing factor However, these high syphilis rates and the resulting increased risk of HIV infection and high rates of syphilis in newborns can be eliminated. The country, overall, is now at historically low rates of infectious syphilis. Most communities in the United States, including almost 70% of counties, have already eliminated this infection. Approximately 50 percent of infectious cases of syphilis are now concentrated in less than 1.5% of counties.

Q14. What evidence exists that the Tuskegee experience continues to discourage minority populations, especially African-Americans from accessing health care, participating in clinical research, or has had an adverse impact on their trust in government health officials?

A14. It may never be possible to document fully the impact of the Tuskegee Syphilis Study on minority populations. Health care behaviors, decisions to participate in clinical research, and attitudes toward government health officials are all shaped by many factors that are difficult evaluate. Furthermore, in some families and communities, the Study in Tuskegee may no longer be named explicitly as a problem, but, instead has been incorporated as the foundation for a range of conspiracy theories or generalized mistrust of "the government."

BACKGROUND: The evidence that is available includes a study conducted by a researcher at the University of Alabama Health Studies at Tuscaloosa, African-Americans in general reported less interest in participating in health promotion and research because of their knowledge of the Study. African-American males in particular reported a high degree of resistance because of knowledge of the Study. In addition, many other scholars have collected evidence to support the same or similar conclusions.

Q15. What was the involvement of the Tuskegee Institute in the Study?

A15. The Institute was aware of the Study and was consulted during the Study period regarding one or more areas.

Q16. We understand that there is a group called the Tuskegee Legacy Committee which made some recommendations regarding actions that should be taken to heal the wounds left by the Study. Did the President accept all of the recommendations of that group? If not, why?

A16. One of the principal recommendations of that Committee was that President Clinton publicly apologize to the living participants, their families and to the Tuskegee community. Also the committee recommended the establishment of a center at Tuskegee University to preserve the national memory of the study and transform its legacy.

BACKGROUND: Last year during a conference at Tuskegee sponsored by the U.S. Department of Health and Human Services on minority participation in research, the Tuskegee Study Legacy Commission was created to help all of us move beyond the negative legacy of the PHS Tuskegee Syphilis Study. The purpose of the Legacy Committee was to transform the legacy of minority mistrust of the health and medical establishment into positive efforts to close the health gap between blacks and whites.

Q17. Is it really likely that a study begun more than 60 years ago and stopped nearly 25 years ago continues to have an impact today?

A17. Yes. The Study continues to be discussed by the mass media, academicians, and "the public" as an example of how certain minority groups (in this case, African-American men) can be exploited for seemingly "good" reasons, such as medical research. Obviously, other factors such as segregation, discrimination, and hate crimes against African-Americans, have also contributed to the mistrust some African-Americans have of the establishment, including our health care systems, but the Study itself continues to figure prominently in discussions of the difficulties experienced by the African-American population in obtaining access to medical care, being forthright with their physicians, participating in clinical trials, donating organs, and accepting advice from public health officials regarding prevention of diseases such as AIDS.

Q18. Is syphilis an important health problem for the United States today?

A18. Syphilis is a serious, chronic infectious disease. It causes ulcers that allow the AIDS virus to be transmitted much more efficiently between people. The bacteria that cause syphilis can cross the placenta to kill the fetus or cause permanent neurologic damage in the baby. Recent studies suggest that heterosexual HIV transmission in the United States still largely follows the geography of the syphilis epidemic of the late 1980s and early 1990s. In addition, in American cities with syphilis outbreaks, there is a continuing high but usually under-reported impact on infant health. For example, in one Texas city undergoing a syphilis outbreak, nearly 2% of all deliveries to African-American women resulted in congenital syphilis, with the known associated fetal and neonatal mortality, morbidity, and high cost of in-hospital treatment.

Q19. What can we do about syphilis today?

A19. Today, syphilis is a disease that is inexpensive to diagnose and easy to cure. It has been eliminated from several industrialized countries and is now at such low levels and so locally distributed in the United States that it could be eliminated here, as well.

In 1997, we are approaching the lowest rate of syphilis ever reported in the United States. However, reported infectious syphilis rates are approximately 60 times higher among African-Americans than among white Americans, and syphilis is highly concentrated across the South. Syphilis elimination would eliminate both an important factor contributing to higher rates of HIV infection among African Americans and an unnecessary cause of fetal and infant mortality and disability.

Q20. How many of the original Study participants are going to Washington for the apology event?

A20. Five

Q21. Who is paying for the participants to attend the Washington apology event?

A21. CDC is paying the expenses (travel, lodging, food) for 39 people; including five original Study participants, family members of several Study participants, and escorts.

Q22. Why wasn't this event held in Tuskegee?

A22. It is significant that the apology is taking place at the White House, the

highest center of authority in this country. Having the President issue the apology from the White House reaffirms our commitment to uphold the highest ethical standards in conducting research involving human subjects.

Q23. What are the costs of establishing a Center for Bioethics at Tuskegee University?

A23. The Department is prepared to award up to $200,000 to Tuskegee University to support a planning grant. Tuskegee University will be asked to develop plans and a budget for the establishment of a Center for Bioethics in Research and Health Care. Plans for the Center will address the creation of a public museum at Tuskegee, Alabama, effort to provide public education regarding the Study and bioethics, a plan for providing technical assistance to produce educational materials for public and professional education, and a plan to develop partnerships with schools of medicine and public health to provide opportunities for students to receive training in bioethics.

Q24. How are we strengthening bioethics?

A24. Much has been done to ensure the protection of human subjects, such as passage in 1974 of the National Research Act which created the National commission for Protection of Human Subjects of Biomedical and Behavioral Research, the creation of the Office for Protection from Research Risks, the promulgation of regulations for the protection of human research subjects, and most recently, the creation of the President's National Bioethics Advisory Commission which is supported by the Department of Health and Human Services. As charged by the President, the commission serves as the central forum for discussion of ethical issues, and is reexamining current regulations, policies, and procedures to ensure that all possible safeguards are in place to protect all person who volunteer to participate in research studies.

To build on these efforts, we will undertake the following actions as outlined by the President: HHS will work with Tuskegee University to establish a Center for Bioethics in Research and Health Care at Tuskegee University; HHS will offer fellowship to promising students, with special outreach to attract minority students, to receive postgraduate training in bioethics, and will also develop a short-term ethics training program as a component of research fellowship programs; HHS will collaborate with other partners to develop materials for bioethics courses and related training materials to enable research institutions to strengthen their efforts in bioethics training as it relates to research; and HHS will develop and disseminate strategies to assist researchers in their outreach to

communities--especially minority communities--to foster partnerships and enhance the involvement of minorities in research studies.

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

(House Floor)
May 15, 1997

STATEMENT OF ADMINISTRATION POLICY

(THIS STATEMENT HAS BEEN COORDINATED BY OMB WITH THE CONCERNED AGENCIES.)

H.R. 1469 -- MAKING EMERGENCY SUPPLEMENTAL APPROPRIATIONS FOR RECOVERY FROM NATURAL DISASTERS, AND FOR OVERSEAS PEACEKEEPING EFFORTS, INCLUDING THOSE IN BOSNIA

(Sponsor: Livingston (R), Louisiana)

This Statement of Administration Policy provides the Administration's views on H.R. 1469, as reported by the House Appropriations Committee. The Administration appreciates the prompt action of the House Appropriations Committee on the President's supplemental requests. The bill contains $5.5 billion in urgently needed disaster assistance. To ensure an expeditious response to the tragic natural disasters that continue to afflict hundreds of thousands of citizens in 33 States, and for the efficient operation of our troops abroad, it is essential that this bill remain free of extraneous issues that could slow its progress.

The Administration continues to believe that the requested supplemental funding is for matters truly emergency in nature and, therefore, that the requested funding should not be offset with rescissions. However, recognizing that the House Committee has determined that offsets are to be included in the bill, the Administration has concerns with several of the specific offsets identified in the House Committee bill, which are discussed below. In addition, the Administration objects to certain language provisions, described below.

In the April 23, 1997 letter to the House Appropriations Committee providing the Administration's views on the draft Committee bill, OMB Director Raines described the Administration's concerns with a number of provisions in the Committee bill and urged that the bill be kept free of extraneous provisions. While the Committee bill continues to include a number of objectionable provisions, the Committee addressed several of the Administration's concerns and is free of provisions that would threaten approval of the bill. Regrettably, the rule makes in order an amendment, that if approved, would result in the President vetoing the bill.

"Automatic" Continuing Resolution

It is the Administration's understanding that an amendment will be offered that would create an automatic continuing resolution for FY 1998 based on the McCain-Hutchison language. While the goal of ensuring that the Government does not shut down again in the absence of enacted appropriations is a worthy one, such a provision is clearly extraneous to this emergency disaster relief legislation. The President has indicated that he would veto the bill if such a provision were included in it.

WIC

The President's budget requests a $100 million FY 1997 supplemental for WIC to maintain the FY 1996 year-end participation level of 7.4 million. Our most recent information from States suggests that a minimum of $76 million in new budget authority is necessary to maintain the FY 1996 year-end participation level. The funding level proposed by the House Committee would result in State agencies having to cut participation by 150,000 to 200,000 low-income women, infants, and children by year's end. The Administration remains firmly committed to fully funding the WIC program at a participation level of 7.5 million persons in FY 1998 and strongly supports the bipartisan amendment to provide the full $76 million this year.

Reductions to FEMA Disaster Relief and Other Non-Defense Programs

The Administration would oppose the amendment made in order in the rule which would eliminate $2.4 billion of FEMA Disaster Relief funds and require the President to reduce non-defense discretionary spending by $3.6 billion (-1.5%). Enactment of such a reduction two-thirds of the way through the fiscal year would result in reductions of nearly 5% in the final four months of the fiscal year.

Contingent Emergency Fund

On April 23rd, the President requested $300 million for funding additional emergency expenses arising from the consequences of the devastating flooding in North Dakota, South Dakota, and Minnesota. The President requested that $200 million of this amount be provided to the Unanticipated Needs account within Funds Appropriated to the President. The Administration appreciates the quick action of the House Committee in providing funding. However, in rejecting the Administration's proposal to provide the $200 million as a contingency fund in the Unanticipated Needs account, the Committee has failed to provide the flexibility that is essential for the President to respond appropriately to a variety of funding requirements that continue to emerge from the unfolding disaster. We urge the House to adopt the Administration's proposal, which recognizes the substantial uncertainty surrounding the Upper Midwest's enormous needs.

Community Development Block Grant Program

The Administration encourages the House to provide requested supplemental funding for the Community Development Block Grant (CDBG) program. These funds would enable CDBG to repeat its past successes of working in concert with FEMA and other agencies to help victims of disasters rebuild their lives and their homes. The complementary programs of CDBG, FEMA, and SBA hastened the recovery from the 1993 Midwest floods and many other disasters. CDBG programs serve different purposes than SBA and FEMA programs.

The Department of Housing and Urban Development and OMB will work together to establish administrative procedures ensuring that CDBG funds are used to redevelop the affected communities to be viable and disaster-resistant, in a manner that complements other relief and recovery spending. For example, the additional funds could be used to buy out properties as part of a relocation effort and/or elevate structures out of the flood hazard; to relocate lower-income families from flood plains; and, to provide grants or loans to businesses and families who lack the income, savings, or credit history to qualify for an SBA loan.

Endangered Species Act

The Administration opposes the inclusion in the bill of a waiver of the Endangered Species Act (ESA). Current law already allows Federal agencies to implement effective emergency procedures in order to accommodate the ESA during emergency responses to floods, and these procedures are routinely used and have been used during the recent flood events. While the Administration believes that the February 1997 policy statement issued by the Fish and Wildlife Service adequately addresses emergency situations affected by flooding and that additional legislation is unnecessary, we conclude that the language in the House Bill, as revised in the version of the bill reported by the House Appropriations Committee, is acceptable because it is consistent with that policy and will provide essential flood protection to the American people while maintaining the capability to protect endangered species.

Conservation Reserve Program (CRP)

The Administration objects to language that would restrict CRP sign-ups in FY 1997 to 14 million acres. This action would deny willing landowners the opportunity to enroll land for which the environmental benefits exceed their agricultural production value. In light of the 25 million acres recently offered for CRP enrollment, the provision would at best delay the ability to enroll the optimum number of acres. This provision is also misplaced in this bill because it would not result in any FY 1997 savings. Federal payments on FY 1997-enrolled CRP acres would not begin until FY 1998.

Assisted Housing

The President's FY 1998 Budget requests that Congress appropriate funds sufficient to renew all expiring housing assistance contracts in FY 1998 and all future years. The Administration does not object to funding FEMA's Disaster Relief program through the rescission of $3.8 billion of recaptured excess reserves in HUD's assisted housing program, provided that the Congress is committed to approving sufficient resources to renew all expiring housing assistance contracts in FY 1998 and future years.

Concerns with Certain Offsets

The Dual Use Applications Program helps to develop and incorporate technologies used and tested by the cost-conscious commercial sector into military systems. By adopting these dual-use technologies, the Department will be able to take advantage of cost savings that flow from the production efficiencies of larger-scale commercial manufacturing lines. Reducing funding for this program would result in higher costs for future defense systems. This is an Administration priority, and the Administration strongly opposes the rescission contained in the Committee bill.

The Administration strongly objects to rescinding $1 million of unobligated balances from the Ounce of Prevention Council. Rescission of these funds, which represent roughly one-third of the Council's total funding, would substantially reduce the work of the Council in coordinating crime prevention efforts at the Federal level and assisting the communities to make their neighborhoods safer. The Council is in the process of awarding $1.8 million for youth substance use prevention grants and evaluating its existing grant programs. The Council has received over 300 applications from communities and community-based organizations from all across the country for these grants.

The Administration strongly objects to the House Committee action that would limit FY 1997 spending from the Fund for Rural America to $80 million, representing a $20 million, or 20 percent, reduction. The Fund's creation in the 1996 Farm Bill was a significant factor in the President's decision to sign that legislation because of its mandate to aid farmers, ranchers, and rural residents in their transition to reliance on a market economy. This provision would likely result in an over 40 percent reduction in the agricultural research portion of the Fund's activities this year, significantly reducing programs that would enhance needed information and technological assistance to rural areas.

Restoring Benefits for Certain Legalized Aliens.

The Administration has proposed legislation to restore SSI and Medicaid benefits for disabled legal immigrants and children of legal immigrants. To ensure that benefits for needy legal immigrants are not abruptly curtailed, the Administration would strongly support a simple extension of benefits through the end of the fiscal year to all legal immigrants currently receiving SSI. This approach would ensure that the Congress has sufficient time to enact the components of the Administration's legislative proposals, consistent with the recent bipartisan budget agreement, and that SSA has sufficient time to implement the legislation. The Administration supports the amendment made in order in the rule.

Federal Election Commission.

The Administration appreciates the provision of $1.7 million in additional funding for the Federal Election Commission (FEC) in the House Committee version of the bill and would oppose the elimination of these funds. The Administration encourages the House to remove the restrictions on these funds that would require their expenditure on automated data processing systems (ADP). The Administration requested these funds for the express purpose of supporting additional staff and related costs for investigations and audits pursuant to the Federal Election Campaign Act. While additional ADP costs are a component of these investigations, they are not the key purpose of the request.

Supplementals Not Approved

The Administration has requested a $22.8 million emergency supplemental appropriation for NOAA to fund both hatchery repair and fishery habitat restoration. We are disappointed with the House Committee's view that NOAA's proposed fishery habitat restoration activities are not directly connected to disaster assistance and that only funding for hatchery repair is proposed. The flooding in the Northwest has resulted in direct damage to important fishery habitat. NOAA's proposed habitat restoration activities are intended to address this damage and to mitigate the impact of damage from future floods.

Supplemental funding of $6.25 million is needed to restore funding for the Nutrition, Education, and Training program of the Department of Agriculture. This funding was unintentionally eliminated when permanent mandatory funds for the program were deleted after Congress had already passed the FY 1997 appropriations act. These funds help to provide basic nutrition education to teachers, food service workers, parents, and children.

Other Issues

- Brookhaven National Laboratory. On April 23rd, the President proposed $19.7 million for the Department of Energy's Brookhaven National Laboratory for activities relating to remediation of groundwater contamination. Appropriate offsets were included in the proposal. The Administration encourages the House to support this proposal.

- Devils Lake. The Administration strongly urges the House to include the requested authorization language and construction funding for an emergency outlet at Devils Lake, North Dakota. With the lake at unprecedented levels and having the potential to cause high additional damages, an accelerated emergency process is necessary to reduce the risks of potential flood damages.

- Restrictions on Navy Financial Management. The Administration strongly objects to section 2105 of the House Committee bill, which would place extreme restrictions on the conduct of the Navy's financial management. This provision takes the unprecedented step of requiring congressional approval for the hiring of civil service employees within the Department of the Navy, a clear infringement on the Executive Branch's authority to manage its employees. In addition, the provision would require the Navy to submit all reprogrammings for prior approval by the Appropriations Committees, regardless of dollar value. The length of time required to submit such documents and obtain approval would impose an undue burden on the Navy and prevent efficient management of its programs and resources. Further, this provision would condition the President's authority – and the authority of certain agency officials – to use funds appropriated by this Act on the approval of Congressional committees. The Administration would interpret such provisions to require notification only, since any other interpretation of such provisos would contradict the Supreme Court Ruling in INS vs. Chadha.

- River Basin Appointments. The Administration is pleased that the House Committee has included language to allow continued Federal participation on the Susquehanna and Delaware River Basin Commissions. However, the Administration opposes the requirement that the Federal representatives to these Commissions be military officers of the Corps of Engineers. This requirement is overly prescriptive. The President should have the discretion, as he does under the existing compacts, to choose the Federal representatives on these Commissions.

EXAMPLES OF PROBLEMS CONTAINED IN THE SENATE-PASSED VERSION OF THE FY 1998 AUTOMATIC CONTINUING RESOLUTION

- It is premature and is inconsistent with the funding levels contained in the bipartisan budget agreement.
- Funding would be reduced by $25 billion from the President's request and is significantly below the levels in the bipartisan budget agreement.
- It would cut such critical services and functions as Veterans Medical Care, food assistance for Women, Infants and Children (WIC), education (e.g., Head Start and Pell Grants), the environment (e.g., cleaning up Superfund sites and maintaining and improving our national parks), and research and technology (NIH).
- Specific examples of problems follow (compared to President's FY 1998 Budget):

  – An average of 500,000 fewer women, infants and children per month would receive food and other services through WIC.

  – College aid would be cut by $1.7 billion from the FY 1998 request, allowing a maximum Pell grant level of only $2,660 – compared with the $3,000 proposed by the President – and eliminating nearly 375,000 students from the program. No new aid would be available to older students.

  – Educational services for over 483,000 children would be cut from grants to local educational agencies.

  -- GOALS 2000 would be cut $129 million from the FY 1998 request, eliminating aid to 2,000 school districts across all States.

  -- NIH would be cut $337 million (2.6 percent) from the proposed FY 1998 funding level of $13.1 billion. The number of NIH-funded new research projects could be cut by over 774 in FY 1998 from the proposed FY 1998 funding level.

  – Ryan White AIDS Treatment Grants would be cut 4 percent from the proposed FY 1998 funding level, cutting resources to provide protease inhibitors, other drugs and medical treatment, and support services to people suffering from AIDS.

  – Up to 56,000 fewer children would participate in Head Start (presuming that the quality of the program is maintained).

  -- 7,000 fewer Direct Single Family Rural Housing Loans (-35 percent) would be issued.

  -- The Federal crop insurance program would be terminated.

-- New national parks and heritage areas authorized in the 1996 Omnibus Parks bill could not move forward in Kansas, Massachusetts, Oklahoma, West Virginia, Virginia, Tennessee, Georgia, Pennsylvania, Iowa, South Carolina, Ohio and New York.

-- Cuts in the Indian Health Service would undermine direct health care services for Native Americans, while cuts in the Bureau of Indian Affairs would impair reservation-based programs -- e.g., elementary and secondary education, law enforcement, child welfare, general assistance, and other social services. These BIA programs are already under significant pressure due to continued three percent per year school enrollment growth and the effects of welfare reform as tribal members lose State benefits and return to their reservations.

--40,000 economically disadvantaged adults and 26,000 dislocated workers would be denied employability services and training.

--VA Medical Care would be denied to 60,000 veterans.

-- The CR would effectively preclude meeting the President's goal to clean up 900 Superfund sites by the year 2000.

- By blindly applying an across-the-board freeze, this CR would undermine our ability to respond to problems that are peculiar to 1998 -- e.g., preparing for the Decennial Census and correcting the government's computers for the year 2000 transition.

- Such an automatic CR would make it very unlikely that a Foreign Operations bill could be enacted into law. Funding at a level $1.4 billion below the request would undermine America's global leadership.

- It would undermine core functions of government.

  -- Many of the 1,000 new border patrol agents being hired this year would have to be RIFed, and the proposal to hire another 500 in FY 1998 would be blocked.

  -- The FAA would be unable to hire the additional 500 air traffic controllers, 258 aviation safety inspectors, and 173 security personnel proposed in the FY 1998 budget, and the number of existing air traffic controllers would decline to the lowest level since 1988. Aviation safety inspections also would be reduced.

  -- Reduced IRS tax law enforcement would result in $350-$500 million in lost revenues.

  -- The proposed increase of 544 FBI agents would be blocked, and planned prison activations would be curtailed.

  -- Social Security processing time for initial disability claims could increase by roughly 24 days (+18 percent) beyond the currently-projected 135 days -- and about 31,000 fewer appeals decisions (-5 percent) may be reached.

Talking Points

Brownback/Lott D.C. Plan

May 15, 1997

- Based on what we know about the plan, it: (1) contains tax cuts we can't afford, and (2) doesn't address the structural problems in the District's relationship with the Federal Government.

  – The tax cuts in the plan are much like the tax cuts proposed by Delegate Norton several months ago.

    – We already have said that we can't afford tax cuts of that magnitude.

  – The structural problems in the District's relationship with the Federal Government are a key reason for why the District is in its current predicament.

    – Any plan that is serious about helping the District must address these structural problems.

- The President's D.C. Plan, which has the support of the Mayor and the D.C. City Council, contains tax relief that we can afford, and takes steps to address the structural problems in the District's relationship with the Federal Government.

  – It would provide the District with about $300 million in grants and tax incentives to encourage business investment and increase development in the District.

  – It would increase the Federal share of the District's Medicaid reimbursements, assume the District's unfunded pension liability, and assume financial and administrative responsibility for the District's prison system.

- Overall, the President's plan would provide $800 million in financial benefits over five years for the District, and growing amounts after that.

Late Term Abortion
May 15, 1997

BACKGROUND: You were asked yesterday how the President feels about receiving a letter from 10 former Presidents of the Southern Baptist Convention criticizing your position on late term abortion.

- Last June, the President received a letter from several former presidents of the Southern Baptists Convention criticizing the veto of the late term abortion bill.

- The President responded to their letter on June 7, 1996. (See attached.) In it, he says, "Let me be clear. I do not contend that this procedure, today, is always used in circumstances that meet my standard. The Procedure may well be used in siutations where a woman's serious health interests are not at risk. I do not support such uses, I do not defend them, and I would sign appropriate legislation banning them."

Drafted: MEGlynn

DRAFT

May 14, 1997
(Senate)

H.R. 1122 - Partial-Birth Abortion Ban Act of 1997
(Solomon (R) NY)

H.R. 1122 contains the same serious flaws as H.R. 1833, an identical bill that was passed during the 104th Congress and vetoed by the President on April 10, 1996.

The President will veto H.R. 1122 for the reasons he expressed in his veto message of April 10, 1996, which is attached.

* * * * * * * * * * *

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release April 10, 1996

TO THE HOUSE OF REPRESENTATIVES:

I am returning herewith without my approval H.R. 1833, which would prohibit doctors from performing a certain kind of abortion. I do so because the bill does not allow women to protect themselves from serious threats to their health. By refusing to permit women, in reliance on their doctors' best medical judgment, to use this procedure when their lives are threatened or when their health is put in serious jeopardy, the Congress has fashioned a bill that is consistent neither with the Constitution nor with sound public policy.

I have always believed that the decision to have an abortion generally should be between a woman, her doctor, her conscience, and her God. I support the decision in Roe v. Wade protecting a woman's right to choose, and I believe that the abortions protected by that decision should be safe and rare. Consistent with that decision, I have long opposed late-term abortions except where necessary to protect the life or health of the mother. In fact, as Governor of Arkansas, I signed into law a bill that barred third trimester abortions, with an appropriate exception for life or health.

The procedure described in H.R. 1833 has troubled me deeply, as it has many people. I cannot support use of that procedure on an elective basis, where the abortion is being performed for non-health related reasons and there are equally safe medical procedures available.

There are, however, rare and tragic situations that can occur in a woman's pregnancy in which, in a doctor's medical judgment, the use of this procedure may be necessary to save a woman's life or to protect her against serious injury to her health. In these situations, in which a woman and her family must make an awful choice, the Constitution requires, as it should, that the ability to choose this procedure be protected.

In the past several months, I have heard from women who desperately wanted to have their babies, who were devastated to learn that their babies had fatal conditions and would not live, who wanted anything other than an abortion, but who were advised by their doctors that this procedure was their best chance to avert the risk of death or grave harm which, in some cases, would have included an inability to ever bear children again. For these women, this was not about choice -- not about deciding against having a child. These babies were certain to perish before, during or shortly after birth, and the only question was how much grave damage was going to be done to the woman.

I cannot sign H.R. 1833, as passed, because it fails to protect women in such dire circumstances -- because by treating doctors who perform the procedure in these tragic cases as criminals, the bill poses a danger of serious harm to women. This bill, in curtailing the ability of women and their doctors to choose the procedure for sound medical reasons, violates the constitutional command that any law regulating abortion protect both the life and the health of the woman. The bill's overbroad criminal prohibition risks that women will suffer serious injury.

more

(OVER)

That is why I implored Congress to add an exemption for the small number of compelling cases where selection of the procedure, in the medical judgment of the attending physician, was necessary to preserve the life of the woman or avert serious adverse consequences to her health. The life exception in the current bill only covers cases where the doctor believes that the woman will die. It fails to cover cases where, absent the procedure, serious physical harm, often including losing the ability to have more children, is very likely to occur. I told Congress that I would sign H.R. 1833 if it were amended to add an exception for serious health consequences. A bill amended in this way would strike a proper balance, remedying the constitutional and human defect of H.R. 1833. If such a bill were presented to me, I would sign it now.

I understand the desire to eliminate the use of a procedure that appears inhumane. But to eliminate it without taking into consideration the rare and tragic circumstances in which its use may be necessary would be even more inhumane.

The Congress chose not to adopt the sensible and constitutionally appropriate proposal I made, instead leaving women unprotected against serious health risks. As a result of this Congressional indifference to women's health, I cannot, in good conscience and consistent with my responsibility to uphold the law, sign this legislation.

WILLIAM J. CLINTON

THE WHITE HOUSE,
April 10, 1996.

# # #

EXECUTIVE OFFICE OF THE PRESIDENT
COUNCIL OF ECONOMIC ADVISERS
WASHINGTON, D.C. 20502

May 16, 1997

MEMORANDUM FOR MICHAEL MCCURRY

FROM: JEFFREY A. FRANKEL

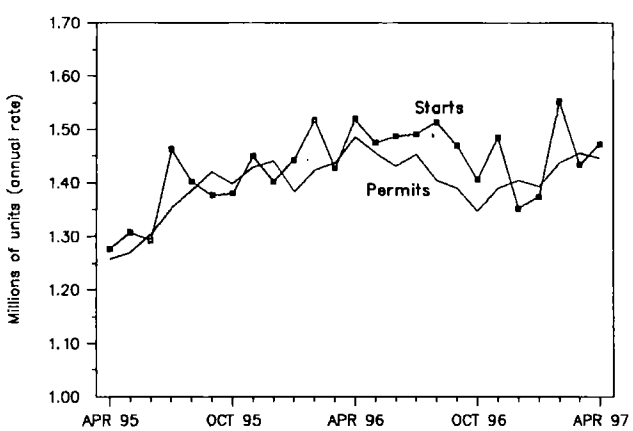
SUBJECT: March Housing Starts, Commerce Department Release, Friday, 8:30 a.m.

Housing starts and permits were both maintained at fairly high levels in April. Housing starts rose 3 percent to an annual rate of 1.473 million units, while permits edged down 1 percent to 1.446 million units. Both figures were a bit above market expectations.

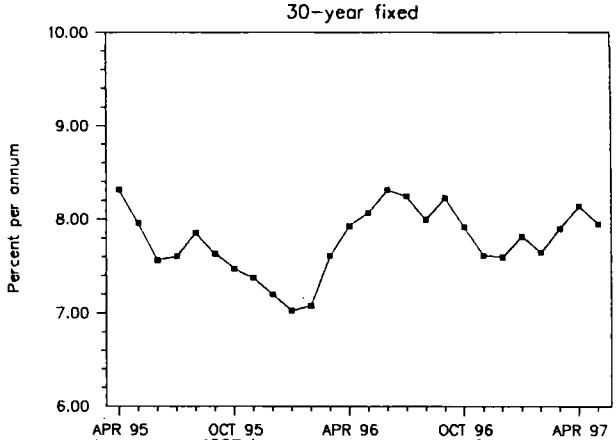
- Most of the April increase in starts was in the volatile multifamily category.
- The decline in total permits was entirely accounted for by a drop in multifamily permits. The single-family category rose.

Starts and permits were both somewhat higher thus far in 1997 relative to their levels in the fourth quarter of 1996--foreshadowing continued moderate increases in residential construction.

HOUSING STARTS AND BUILDING PERMITS



MORTGAGE COMMITMENT INTEREST RATE
30-year fixed



Note.--May 1997 is average through May 15.

EXECUTIVE OFFICE OF THE PRESIDENT
COUNCIL OF ECONOMIC ADVISERS
WASHINGTON, D.C. 20502

'97 MAY 16 AM8:52

May 16, 1997

MEMORANDUM FOR WHITE HOUSE SENIOR STAFF

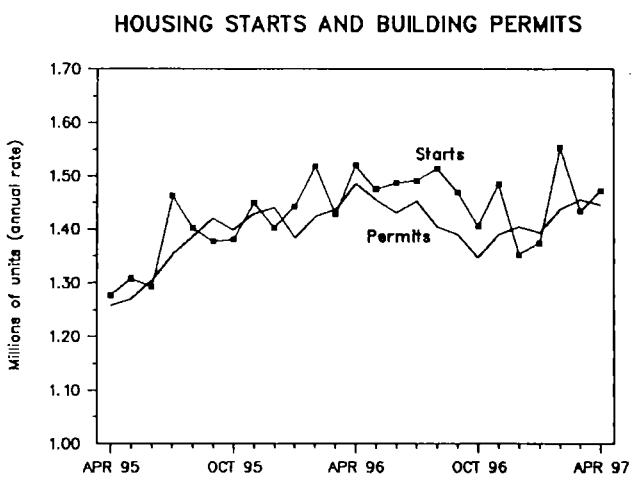
FROM: JEFFREY A. FRANKEL

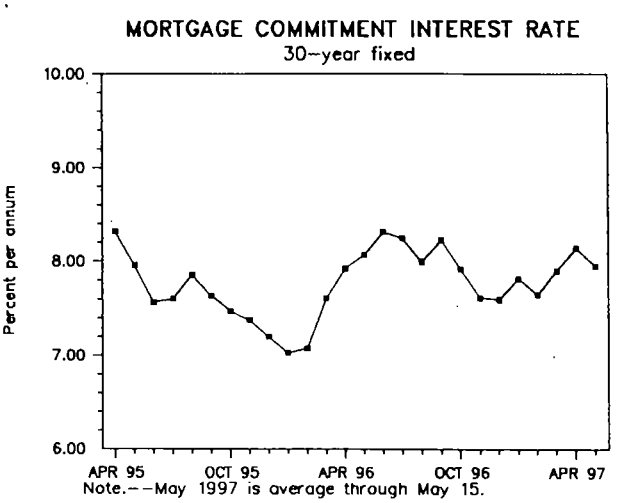
SUBJECT: March Housing Starts, Commerce Department Release, Friday, 8:30 a.m.

Housing starts and permits were both maintained at fairly high levels in April. Housing starts rose 3 percent to an annual rate of 1.473 million units, while permits edged down 1 percent to 1.446 million units. Both figures were a bit above market expectations.

- Most of the April increase in starts was in the volatile multifamily category.
- The decline in total permits was entirely accounted for by a drop in multifamily permits. The single-family category rose.

Starts and permits were both somewhat higher thus far in 1997 relative to their levels in the fourth quarter of 1996--foreshadowing continued moderate increases in residential construction.





IAEA

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release May 16, 1997

STATEMENT BY THE PRESIDENT

Strengthened International Safeguards

On May 15, the international community took a major step toward significantly reducing the danger that any nation can secretly acquire a nuclear arsenal. Last September, in my speech at the United Nations, I called on the international community to strengthen the Nuclear Nonproliferation Treaty and improve our ability to identify and isolate those states that seek to violate its rules. In the most dramatic strengthening of nuclear inspections in the last quarter-century, the International Atomic Energy Agency (IAEA) and its member states have agreed in Vienna to develop strong new tools to assist in tracking the use and location of nuclear materials around the world.

During the last four years, we have made significant progress in curbing the proliferation of nuclear weapons and ending the dangerous legacy of Cold War weapons stockpiles. But as the clandestine efforts of nations such as Iraq to acquire nuclear weapons have made clear, we must reinforce our ability to find and stop secret nuclear weapons programs. Only in the aftermath of the Persian Gulf War were we able to discover the full scope of Iraq's activities and intentions.

The strengthened safeguards system adopted by the IAEA will give international nuclear inspectors greater information and access to nuclear and related facilities worldwide. By accepting a new legally-binding protocol, states will assume new safeguards obligations that will make all their nuclear activities more transparent -- including by allowing inspections at all suspicious sites, not just at declared sites.

I urge all nations to adopt as soon as possible appropriate protocols to their own safeguard agreements or to make other legally-binding arrangements that will put this new system of safeguards in place. And I call on all nations that have not already signed the Nuclear Nonproliferation Treaty to do so without delay.

Reducing the threat of nuclear and other weapons of mass destruction is one of our highest obligations. Since I took office, we have made the Nuclear Nonproliferation Treaty permanent, dramatically cut existing nuclear arsenals under the START treaties, and ratified the Chemical Weapons Convention that will outlaw poison gas forever. I look forward to working with the Senate as we seek ratification of the Comprehensive Nuclear Test Ban Treaty, and as we seek congressional approval of this protocol and other arms control measures. Together, we must continue our efforts to provide the American people with real and lasting security.

# # #

ZAIRE

Q: **Where are Mobutu and Kabila?**

A: **President Mobutu left Kinshasa by air this morning. We cannot confirm his exact destination at this time.**

We understand Mr. Kabila departed Cape Town for Lubumbashi this morning.

Q: **What is to happen next?**

It is difficult to predict what will happen next. However, with the departure of Mobutu from Kinshasa and with the ongoing engagement of the government of South Africa and UN/OAU envoy Mohamed Sahnoun, we continue to believe that a peaceful transfer of power is possible. This is our immediate and most important objective.

The United States continue to fully support an inclusive transitional government leading to multi-party elections.

We continue to plan ways in which the U.S. can advance the democratic process.

Q: **Outcome of Mandela-Kabila meeting? Where do Mobutu-Kabila talks stand?**

South African President Mandela met with Mr. Kabila yesterday. We understand Kabila has issued a communique advising president Mobutu that he has until Monday to respond to the rebel alliance insistence that he turn over power.

We are not aware of plans in the works for new talks. We would refer you to the Government of South Africa for further information.

Q: **What is the situation in Kinshasa and with the rebel movement toward it?**

A: **Kinshasa is largely calm but expectant. A general strike that began Wednesday appears to have ended. Markets are open and vehicular and pedestrian traffic are near normal.**

We have seen some unconfirmed reports of looting by armed forces personnel on the outskirts of the city.

We have received reports that alliance forces are at the Nsele River approximately 40 M from Kinshasa.

Q: Is there still commercial transport out of Kinshasa?

A: Ferry service was interrupted by a ferryworker's strike over wage issues yesterday. However, as of 10:30 local time today, ferry service had resumed.

Some international flights have been diverted to Brazzaville.

Q: Are there plans to draw down more USG people?

A: We have already drawn down to a core element of 25 key staff members. We are not making any further reductions at this time.

Q: Did the U.S. offer Kabila $10 million to hold elections?

A: No, the U.S. made no such offer.

Q: What has Special Presidential Envoy Howard Wolpe been doing? Where has he been and with whom has he met?

A: Special envoy Wolpe was in Dar es Salaam for meetings with Julius Nyefere and others involved in the Burundi peace process.

He made a trip to Lubumbashi to meet alliance leader Laurent Kabila.

He is en route back to Washington having stopped in Rome for further consultations on Burundi.

Q: Has Ambassador Richardson spoken with Mobutu or Kabila within the last two days?

A: No. (Note to briefer. Ambassador Richardson is trying to contact Kabila and South African Deputy President Thabo Mbeki May 16.)

CFE FLANK AGREEMENT

CFE Treaty Implications

- We are pleased that the Senate approved the CFE Flank Agreement unanimously (100-0) and in a timely manner. The United States has thus met the May 15 deadline for approval.

- This agreement will ensure the continued integrity of the CFE Treaty and its flank regime, which provides for strict limits on conventional forces in sensitive areas, such as the Caucasus region. This agreement will facilitate negotiations now underway to adapt the CFE Treaty more broadly that will take account of the changes in Europe since CFE signature in 1990.

- [If asked: Nearly all the 30 CFE countries have approved the agreement. We hope that all approvals will be provided by today, so that the agreement can enter into force on time.]

Description of Documents Released

- The letter to the Senate or "signing" statement makes clear the President's position on several of the Conditions on the Senate's resolution of ratification, particularly with respect to his Constitutional authorities.

- The President also provided several certifications to the Congress, as required by the Resolution of ratification. These are both with respect to CFE flank matters, and an ABM MOU on succession.

ABM MOU on Succession (Condition 9)

- As the President said in his signing statement, Condition 9 to the Resolution of Ratification, which requires submission to the Senate of any agreement governing ABM Treaty succession, is a matter of particular concern. This is because it addresses a matter reserved to the President under our Constitution but also because it is substantively unrelated to the Senate's review of the CFE Flank Document.

- As the signing statement goes on to say, it is clearly within the President's authorities to determine the successor States to a treaty when the original Party dissolves, to make the adjustments required to accomplish such succession and to enter into agreements for this purpose. Throughout our history the executive branch has made a large number of determinations concerning the succession of new States to the treaty rights and obligations of their predecessors.

- The ABM Succession MOU negotiated by the United States effectuated no substantive change in the ABM Treaty requiring Senate advice and consent.

- Nonetheless, in light of the exceptional history of the ABM Treaty and in view of the President's commitment to agree to seek Senate approval of the Demarcation Agreements associated with the ABM Treaty, the President has, without prejudice to the legal principles involved, certified, consistent with Condition (9), that he will submit any agreement concluded on ABM Treaty succession to the Senate for advice and consent.

QUADRENNIAL DEFENSE REVIEW/NATIONAL SECURITY STRATEGY

- The QDR's origins go back to the 1995 Report of the Commission on Roles and Missions (CORM), which was chaired by John White, now the Deputy Secretary of Defense.

- The CORM concluded that there was a need for each administration to fundamentally reexamine defense needs at the outset of a new term in order to provide a road map for defense efforts in the years ahead. The rapid rate of change in the world since the Cold War's end -- even since our last major review of defense strategy, the 1993 Bottom-Up Review (BUR) -- highlights the relevance of conducting the QDR.

- The requirement for a QDR was subsequently incorporated in the Military Force Structure Review Act, which was included as part of the National Defense Authorization Act for FY 1997.

- This legislation also directed the creation of the National Defense Panel (NDP), to assess the QDR and conduct an independent assessment of the defense plan through 2010 and beyond. The QDR will be formally released on May 19; the NDP reports to Congress by December 15.

- By design, the QDR is a comprehensive examination of America's defense needs. The review is looking at potential threats, strategy, force structure, readiness, military modernization, defense infrastructure, and other elements of the defense program.

- It is a collaborative effort between the Office of the Secretary of Defense and the Joint Staff, with full participation from the Military Services and the Commanders in Chief (CINCs). It reflects the efforts of both uniformed and civilian members of the Department of Defense.

- The release of the QDR on Monday is not the end of the process. It will provide a DoD blueprint for Congress to study, in concert with the NDP's report, as the Administration and Congress seek to better shape our military to respond to the challenges of the twenty-first century

- An updated U.S. defense strategy was formulated as the first step of the QDR and provided the conceptual foundation for the rest of the review. The QDR was developed in parallel with and draws on the President's 1997 National Security Strategy Report, which we released today.

- Understand that Secretary Cohen planned to have breakfast this morning with top congressional defense leaders to discuss the QDR.

If asked:

- As the QDR entered its final stages, the President was briefed twice by Secretary Cohen and General Shalikashvili on its conceptual underpinnings and principal force structure and programmatic recommendations. Some final details are being worked out, but the President has approved the basic elements of the report.

SAUDI ARABIA

Bin Ladin

- His message and his methods are reprehensible.
- The U.S. has military forces in the Persian Gulf to protect its vital interests.
- Host governments, including the Saudi leadership, share these interests and are our valuable allies.
- Terrorist threats are not going to force us to abandon our interests or our friends in the region.
- In the meantime, we are taking every step to protect our forces in the area from terrorist attack. Our units in Saudi Arabia are already on high alert.

Khobar Bombing

Q: Is the suspect in Canada being interviewed? Is he cooperating with the U.S.? Is he coming to the U.S., etc.?

A: This is an ongoing criminal investigation.

It would be inappropriate for us to comment on such details.

I refer you to the Justice Department."

Q: Are we getting cooperation from Syria on the Khobar bombing investigation?

A: The investigation into the Khobar bombing is ongoing. We do not comment on investigations in progress.

Regarding Syria, I'm not going to discuss the details of our diplomatic exchanges with other governments, particularly when they involve a matter under investigation.

Q: Are the Saudis helping? What have we learned from the suspect detained by Canada?

A: As I've said before, we have gotten cooperation from the Saudis and we've been assured at the highest levels of the Saudi Government that more cooperation will be forthcoming.

As has been reported, Canada has detained an individual who may have information about Khobar. I'd refer you to the FBI for any comment on that.

Q: But the Canadians charged this guy with participating in the bombing and the papers they filed indicate he has links to Syria and Iran. Do you concur with the Canadian assessment of his culpability? Does this mean we're going to finally take action against Iran? Will it be military action?

A: Canada did make some specific allegations in the papers the Canadian government filed with its own courts. As you know, we, too, have an investigation ongoing.

At this time in our own investigation, it is neither necessary nor appropriate to make specific public charges or allegations. The FBI, the agency in our government that is in charge of this investigation and the agency that has been working with Canada, will follow all leads and will take them to their appropriate conclusion.

We are treating this as a criminal, law enforcement investigation. I'm not going to speculate about the outcome of the investigation or any actions that outcome might require.

Q: So you're ruling out any military action against Iran based on the clear and convincing evidence Canada's authorities have submitted to their courts?

A: I'm declining to speculate on the outcome of the case. Nothing more, nothing less.

FAST TRACK

- Committed to getting fast track through the Congress.
- Will continue to work with Congress to pass fast track authority.
- High level Administration officials have been meeting with key members on both sides of the aisle to push this legislation forward.
- Hopeful that we will succeed.

Q: It has been reported that the President is planning to delay his request for fast track authority to accommodate the budget process. Is that true? Does this signal Administration retreat on fast track? Has Gephardt scared the President off?

A: Not at all. The President is still firmly committed to seeking fast track authority to open foreign markets. It is critical if we want to continue creating good jobs for American workers.

Every President since Ford has had fast track authority for key periods, and the reasons for it now are more compelling than ever. Over 11 million U.S. jobs now depend on exports, and these jobs pay 13-16 percent more than the average U.S. job. Today, 95 percent of the world's consumers live outside the U.S., and the vast majority of those consumers live in the emerging and fastest growing markets of Latin America and Asia. We simply must continue to open these markets for U.S. exports if we are to succeed in the global economy.

We cannot afford inaction. If we are not seizing opportunities to break down trade barriers and open foreign markets, we can be sure other countries will act -- to the benefit of their companies and their workers.

The United States has nothing to fear. We are the most competitive large economy in the world as judged by independent experts. But our ability to define the nature of our trade relationships will in significant measure determine our leadership role in the next century. Fast track authority is the most important factor determining these relationships.

As you know, we have been consulting with Congress to develop bipartisan support for this legislation. We think that is the best way to build a strong foundation for this effort. We will continue to consult with Congress as to the substance, tactics and timing of the fast track initiative.

Q: It has been reported that the Administration is weighing the dropping of labor and environmental goals from fast track trade authority legislation, a move certain to infuriate labor unions. Is this true?

A: As we have stated before, our goal is to build the broadest possible support for the fast track legislation. To that end, Ambassador Barshefsky and others have been consulting actively with members of Congress representing all points of view on this subject, and with all interested parties, including organized labor. We will continue to do so with the goal of enacting legislation that receives broad support.

COURT RULING ON IMMIGRATION LAW

Background: A federal judge in Miami issued a temporary restraining order halting the deportation of Nicaraguans and other immigrants affected by a provision of the new immigration law that would have the effect of making them ineligible for "suspension of deportation."

- Refer questions regarding the judge's ruling to INS.

- As President said last week, while strongly support immigration law, believe there are unduly harsh, unanticipated consequences.

- Especially true for individuals who have resided in the US for years under temporary status and for whom deportation would mean severe disruption to families, children.

- Administration remains committed to working closely with Congress over coming months to seek to address these issues in a humane way.

RUSSIA/NIS

Current

Rybkin Comments that Duma Will Not Ratify START II Because of NATO enlargement

- **At Helsinki summit, President Yeltsin made clear his firm commitment to press Duma to ratify START II -- without conditions.**

- **START II ratification in both U.S. and Russia's best interests -- provides for stabilizing reductions in strategic forces, reduced costs, and opens the door to negotiations on further reductions in "START III," as agreed in Helsinki.**

- **For these reasons, to both countries advantage to bring START II into force and move on to negotiate deeper cuts in START III.**

[If asked: Why not just "leap frog" START II and negotiate START III?]

- **We have no intention of setting aside START II and moving ahead instead with the conclusion of a "START III."**

- **The ratification of START II by Russia remains an essential prerequisite to further reductions in nuclear forces.**

- **Presidents Clinton and Yeltsin agreed to just such an approach at Helsinki two months ago in the Helsinki Joint Statement, which states that "once START II enters into force, the United States and Russia will immediately begin negotiations on a START III."**

NATO-Russia Agreement

(see above under NATO-Russia)

- NATO and Russia announced they reached agreement -- on final draft of document defining terms of new partnership between NATO and Russia.

- NAC met in Brussels to review document. (FYI: text ad ref to NATO capitals under silence procedure -- due to be discussed, approved by Friday, May 16.)

If asked about Paris summit

- Russians expressed interest in late May NATO-Russia summit to sign NATO-Russia document. French have expressed interest in hosting NATO-Russia summit to sign document. We believe document should be signed at highest political level and welcome French invitation. (FYI: "official" invitation still to be issued -- would expect that to occur AFTER NAC approves text -- that should happen Friday (5/16) in Brussels.)

General

NATO-Russia (expanded)

- Plans for NATO enlargement proceeding on schedule -- Madrid summit on track; will issue first invitations to prospective new members at July 8-9 meeting.

- Enlargement part of broader effort to build comprehensive European security system, which includes strong NATO-Russia relationship. Going forward in way that does not threaten any nation's security, enhances stability in Europe.

  In Helsinki, President and Yeltsin disagreed over enlargement but agreed to work together to build cooperative NATO-Russia relationship.

- See Russia as partner of NATO in shaping more secure, stable and undivided Europe. That is good for United States, Russia and Europe.

Denver Summit of the Eight

- Denver meeting will be Denver Summit of Eight; will build on increased Russian involvement; Yeltsin to arrive and depart with others; will be one press conference by leaders of the Eight.

- Seven will still discuss economic, financial matters; expect this to be small part of agenda.

ISRAEL

AID FOR JORDAN

Q: Can you confirm stories in the Israeli press that the U.S. plans to cut $50 million in aid from Israel and Egypt, in order to give it to Jordan?

A: We don't have any specifics.

As you know we've been doing all we can to assist the parties to get the peace process get back on track. We are looking at ways we might assist those nations who are willing to take risks for peace.

For some time now, the President has been seeking ways to provide substantial assistance to Jordan. King Hussein has taken genuine risks for peace; he deserves support.

We are still examining ways we might do that. No final decisions. We've been in close consultation with the Israelis and others in the region about this.

GUN AND ISRAELI DIPLOMAT

Q: Do you have any comment on the Israeli diplomat bringing his gun to a White House tour?

A: No. I understand that matter is being handled in the normal law enforcement and diplomatic channels.

ISRAELI AGENT

If asked about press reports accusing U.S. Government official of being an Israeli agent:

- As a matter of practice we do not comment on intelligence matters.

If pressed:

- We do not comment on intelligence matters.

Q: Have you been in touch with the Israeli Government about this matter?

A: This is an intelligence matter; I'm not going to comment on any aspect of it.

NATO-RUSSIA DRAFT ACCORD

- From the beginning of this Administration, President Clinton set as a key foreign policy goal the achievement of a peaceful, stable, undivided and democratic Europe.

- In March in Helsinki, Presidents Clinton and Yeltsin discussed the future of European security. They agreed on the importance of building a cooperative relationship between NATO and Russia.

- Wednesday in Moscow, NATO Secretary General Solana and Russian Foreign Minister Primakov reached agreement on the text of a NATO-Russia document, called the NATO-Russia Founding Act.

- The Act provides the basis for an enduring partnership between NATO and Russia, a partnership giving Russia a historic chance to secure its rightful place in Europe.

- The Act defines the terms of a fundamentally new and sustained relationship -- in which NATO and Russia will consult and coordinate regularly and, where appropriate, act jointly -- as NATO and Russia are working together in Bosnia today.

- We applaud the hard work of Mr. Solana and Mr. Primakov, and of many others. The NATO-Russia relationship is a key element of the security architecture that we are building for Europe for the 21st century.

- Its new relationship with Russia is part of NATO's effort, in the aftermath of the Cold War, to adapt to new circumstances and meet new challenges.

- NATO remains the bedrock of Euro-Atlantic security and will retain all of its prerogatives.

- In just a few weeks, NATO will invite the first new members to join the Alliance, as full members with all rights and responsibilities of membership.

- Enlargement will extend the benefits of the stability and security that Western Europe has enjoyed for decades to Central and Eastern Europe.

- Some doubted we could proceed with enlargement and a new relationship with Russia in parallel. But through steady, consistent leadership, the United States, in a truly bipartisan fashion, is in fact building a better Europe, without lines, without gray zones, without secret deals, but with hope and confidence.

LASER INCIDENT

M/V KAPITAN MAN Incident

Background: On Friday, April 4, 1997, a Canadian military helicopter was illuminated by a suspected laser device aboard the Russian merchant ship M/V KAPITAN MAN. At the time of the incident, the M/V KAPITAN MAN was in US territorial waters approximately 5 nautical miles northwest of Port Angeles, Washington. The Canadian helicopter was on a routine maritime patrol flight with a US Navy observer embarked. After the incident, M/V KAPITAN MAN continued on to a routine port call in Tacoma, Washington.

On Saturday the Canadian pilot of the helicopter and the US observer, a US Navy Lieutenant assigned as a liaison officer to the Canadian Maritime Pacific Command, sought medical attention for eye pain. The examining physician diagnosed their condition as consistent with the damage caused by laser burns. The eye damage they suffered is expected to be non-permanent. Photographs of the M/V KAPITAN MAN taken by the Canadian helicopter could be interpreted as indicating that a laser-type device may have been pointed at the helicopter from the bridge of the vessel (one photo shows a bright red spot of light but not the devise from which the light originates).

On Monday morning, April 7, 1997, the US Coast Guard notified the Master of M/V KAPITAN MAN in writing that the vessel was being detained in port for a Coast Guard inspection to determine if hazardous materials or conditions were present on the vessel. The Coast Guard inspection commenced at about 8:30 p.m. EST and lasted approximately two hours. The inspection team searched for the laser device, interviewed the vessel's officers and crew, and inspected the ship's logs. The Master and crew of the vessel were cooperative, opening all compartments that the inspection team desired to inspect. No laser device was found, there was no evidence that an installed device had recently been removed, and the officers and crew claimed they did not have a laser device aboard the vessel and had not shined one at the Canadian helicopter.

The Coast Guard inspection team departed the M/V KAPITAN MAN at about 1:30 a.m. EST April 8th, and the Coast Guard released the vessel from detention.

Q: What is the condition of the injured men?

A: The initial evaluation by Canadian military physicians was that the eye damage would be non-permanent. The two men were then taken to Brooks Army Medical Center in Texas for further examination and evaluation. Physicians there concurred in the Canadian physicians' evaluation.

Q: Why was a Canadian military helicopter flying around a ship in U.S. territorial waters?

A: The Canadian helicopter was on a routine maritime surveillance patrol in the Strait of San Juan de Fuca, which lies between the United States and Canada. The M/V KAPITAN MAN was in the inbound traffic lane, which lies on the U.S. side of the Strait. Our two nations work closely together to ensure the safety and security of shipping in the Strait.

Q: Why was a U.S. Navy officer in the Canadian helicopter?

A: The U.S. Navy lieutenant is a liaison officer assigned to the Canadian Maritime Command Pacific. The U.S. and Canadian armed forces work closely together in many areas, including maritime patrol and reconnaissance. The U.S. Navy lieutenant's presence on the Canadian helicopter was a routine part of his liaison duties.

Q: On what grounds was the Russian ship detained?

A: The U.S. Coast Guard has statutory authority under the Ports and Waterways Safety Act and the Magnuson Act to inspect vessels in U.S. ports and waters for hazardous materials or conditions, and to detain vessels for this purpose.

Q: Who conducted the inspection? Did Canadian officials participate?

A: The inspection was conducted by the U.S. Coast Guard. They were assisted by a Russian linguist for crew interviews and U.S. military personnel to aid in identifying any laser-type devices that might have been found. No Canadian officials participated.

Q: Did the U.S. Government notify the Russian Government of this incident?

A: We informed the Russian Government of the incident and that the M/V KAPITAN MAN had been detained by the U.S. Coast Guard for inspection.

Q: How did the Russian Government react to our actions?

A: The Russian Consulate in Seattle offered their services to assist the Coast Guard in their inspection of the ship. The Coast Guard expressed willingness to conduct the inspection with a Russian consular officer present. The Russian Consulate in Seattle elected not to participate. The Russian Government has indicated that it will cooperate in our investigation of this incident.

Q: If no laser device was found on the Russian ship and the crew denied shining a laser at the Canadian helicopter, how do you explain the eye damage suffered by the two men?

A: I am not going to speculate on possible causes of their injuries. The Department of Defense is continuing to investigate the incident.

Q: Why was the Russian ship released?

A: The Coast Guard inspection team reported that they had satisfied the purpose of the inspection, which was to determine if hazardous materials or conditions were present on the vessel. The inspection team found no hazardous materials or conditions, and the Coast Guard informed the Master of the M/V KAPITAN MAN that the order detaining his vessel had been canceled.

For use only if asked:

Q: If the Russian ship did point a laser at the helicopter, would it be a violation of the ban on blinding laser weapons?

A: Until we have a great deal more information, we could not say whether the system that was used would be prohibited under the 1996 Protocol on Blinding Laser Weapons. The Convention on Conventional Weapons protocol on Blinding Laser Weapons prohibits only the employment of "laser weapons specifically designed, as their sole combat function, to cause permanent blindness to unenhanced vision, that is to the naked eye or to the eye with corrective eyesight devices." Laser systems that are not covered by the Protocol are widely used by the armed forces of many nations, including those of the United States, for purposes such as detection, targeting, range-finding, and communications.

Q: Has the protocol on blinding laser weapons entered into force?

A: No, but signatory states have taken on an obligation to respect its terms to "the fullest extent possible" pending its entry into force." The CCW Protocol on blinding laser weapons was signed on May 3, 1996 and requires the ratification of twenty countries. It was submitted to the Senate for advice and consent to ratification on January 7th of this year. Although Protocol IV has not yet entered into force, the Final Declaration adopted by all CCW parties at the conclusion of the conference at which Protocol IV was adopted stated that all parties "solemnly declare ... their desire that all states, pending entry into force, respect and ensure respect of the substantive provisions of Protocol IV to the fullest extent possible."

Q: Does the U.S. Government plan to protest this incident to the Russian government?

A: As I said, our investigation continues; once we have determined exactly what happened, we will consider further appropriate actions. I should note that the Russian government has been responsive and cooperative in this matter.

MEXICO

Background: The U.S.-Mexico Interparliamentary Union, which meets annually, is meeting in Sante Fe this weekend. They had hoped to swing through DC to see POTUS but we couldn't get it on the schedule.

- President is very pleased he was able to meet separately with political party leaders during his visit to Mexico, which gave him the opportunity to hear their views on the current situation in Mexico.

- He looks forward to learning about the Sante Fe meeting from the U.S. Co-Chairs, Senators Hutchison and Dodd.

IRAN

IRAN AND LIBYA SANCTIONS ACT (ILSA) -- BALAL PROJECT

Q: In today's Wall Street Journal article, "U.S. Oil Firms Attend Conference in Iran" it says that Iranian officials have reached an agreement with a British oil company to develop an offshore field. The project could cost $140 million or more, but would likely be designed to avert U.S. reprisals. Does this deal violate ILSA?

A: We have seen reports about a possible contract award for development of Iran's Balal oilfield project, and are seeking additional information. We will not discuss specific projects until determinations of sanctionable activity are made.

We are reviewing all projects which may be relevant to the application of ILSA. ILSA is the law, and we will apply it fully.

(Note to Briefer: According to press reports on May 9, the parties reportedly awarded the contract are Bow Valley Energy of Calgary, Alberta, Canada, and an engineering firm called Pell Frischmann, which may be British or Swiss or have a mixed corporate nationality. The WSJ article of May 12 referred to the contract going to a "British oil company." It is likely, though not certain, that this was a reference to Pell Frischmann.)

Q: What is the State Department reaction to the announcement of a contract award on an Iranian oil project to a Canadian/British consortium?

A: We have seen reports about a possible contract award for the Balal project, and are seeking additional information.

Q: Isn't this project, the Balal field, one of those the Department listed in the Federal Register? Doesn't that mean this is a sanctionable deal?

A: The Balal project was among those we listed in the Federal Register as having been publicly tendered in the oil and gas sector in Iran. As the notice indicated, conclusions about sanctions should not be drawn from a project's inclusion on or absence from the list.

We are reviewing all projects which may be relevant to the application of ILSA. We will not discuss specific projects until determination of sanctionability are made.

Q: Some say the Administration is backing off the imposition of ILSA sanctions or granting automatic waivers because of the "deal" last month with the EU. Can you comment?

A: As we have said before, the U.S. made no commitment, legal or other, to grant waivers to European firms for activities in Iran or Libya. ILSA is the law, and we will apply it fully.

EARTHQUAKE

Background: With regard to U.S. response to Iranian earthquake, in the past we have provided aid to the victims of other Iranian earthquakes. For example, in 1990 when Iran was hit with a quake of the same magnitude, we gave Iran $800,000 in cash and kind (blankets) donations. In last February's earthquake (which was not nearly as devastating as this one), we provided $25,000 in aid.

The International Federation of the Red Cross is asking for $8.2 million in emergency aid. State is proposing a $100,000 donation . We and Democracy (Rich Ragan) believe that is appropriate figure.

Q: Is the U.S. going to provide any humanitarian aid for the Iranian earthquake victims?

A: This is a humanitarian tragedy.

The International Federation of the Red Cross has issued an appeal for emergency aid. We are determining an appropriate donation which we can make to this appeal.

State announced Monday that the USG would be making a $100,000 donation through NGOs.

TURKISH INCURSION INTO IRAQ

Q: What is your reaction to the incursion of Turkish forces into northern Iraq today to attack PKK strongholds?

A: We understand that the Turkish military has launched an operation against PKK forces in northern Iraq. Based on information available so far, this action appears similar to Turkish operations that have taken place in the past.

The U.S. supports the right of Turkey to defend itself against the terrorist PKK, which uses northern Iraq as a staging ground to mount attacks into Turkey.

At the same time, we have repeatedly stressed that operations of this sort must be limited in scope and duration, and that adequate safeguards must be taken to protect the lives and property of the civilian population.

This message was repeated today in Ankara and we have been assured by the Turkish government that this operation will be conducted with these concerns in mind.

TRIPS AND VISITORS

- Ukrainian President Leonid Kuchma will be in Washington May 14-16 to conduct the inaugural meeting of the U.S.-Ukraine Binational Commission with Vice President Gore. He will meet with President Clinton during his visit. *(FYI: POTUS meeting scheduled for Friday 5/16 at 4:15pm)*

- President has invited NATO Secretary General Solana to meet at White House on May 19.

- President will travel to Netherlands May 28 for U.S.-EU Summit and Marshall Plan commemoration event. President has accepted invitation to stop in London to meet with Prime Minister Blair.

- President Kiro Gligorov of the Former Yugoslav Republic of Macedonia in Washington June 17 for working visit with the President.

- Denver Summit June 20-22.

- POTUS will travel to Denmark in July in conjunction with the July 8-9 NATO Summit in Madrid.

- President's visits to Brazil, Argentina and Venezuela rescheduled to October 12-17.

- APEC Summit in Vancouver, Canada November 24-25.

Visit of President Aliyev of Azerbaijan

Background: The President wrote Aliyev Friday, inviting him to visit Washington, "perhaps in late July or August." Amb Kauzlarich delivered the letter to Aliyev on Saturday, who promptly had the part regarding the invitation read to the Azeri press.

- POTUS has invited Aliyev to visit Washington; date TBD, possibly in the late summer.

CHINA

MFN

Q: What is the Administration position on a short, e.g., 3 or 6 month, extension of China's MFN status?

A: The Administration supports the current approach of unconditional renewal of MFN for one year. We share the concerns of those in Congress who want to express support for continuation of Hong Kong's current way of life and freedoms. However, it should be understood that a short-term extension would create uncertainty and damage confidence in Hong Kong, just at the time it most needs to maintain its strength and vitality. That is why residents of Hong Kong and their elected representatives overwhelmingly favor unconditional MFN for China.

Q: *[If asked]* Will the President renew China's waiver of MFN status this year?

A: The Administration supports the current approach of unconditional renewal of MFN for one year.

(FYI: We have not made decision re veto -- don't want to suggest we think we will lose. We would like permanent MFN, but we also want that suggestion to emerge from the Hill, not us.)

Q: Can you clarify whether Martin Lee has called for a permanent extension of MFN or just one year?

A: Martin Lee publicly said he supports unconditional one year renewal. In addition, Hong Kong Governor Chris Patten has written the President and Congressional leadership supporting the full and unconditional extension of China's MFN status as an essential ingredient for maintaining confidence in Hong Kong.

(FYI: Privately, he told some in Congress a short renewal might be a good idea.)

Q: Did top Chinese officials approve plans to buy influence/is it continuing?

A: Number of allegations have appeared in the newspapers. As you know, on-going investigation; because issue is law enforcement matter, dissemination of information limited to protect the investigation. Under the circumstances, not appropriate for me to comment.

Q: Effect on U.S. policy

A: As we have said in the past, should allegations of illegal activity/ funneling campaign contributions prove true, would be a serious matter and take appropriate action. Both the Vice President and the Secretary of State have communicated that message to senior Chinese officials. Since the investigation is on-going, it would premature to speculate on just what response would be appropriate.

Q: Should AG share more info with you?

A: As have said in the past, difficult balancing question between national security and law enforcement concerns.

Q: How come FBI briefing intelligence committee and not you?

A: Not aware of the content of any briefing to the Hill.

MIDDLE EAST PEACE PROCESS

DENNIS ROSS MEETINGS

Q: Can you update us on the Ross Mission in the Middle East?

A: Ambassador Ross continues to consult with leaders in the region on efforts to restore negotiations. He met with Israeli FM Levi today (Wednesday).

He will participate in a meeting of Israeli and Palestinian officials Wednesday evening in Tel Aviv, at which they will discuss issues related to re-starting their negotiations.

(FYI only: Ross now expected to return to U.S. Friday night.)

Q: Can you confirm that Israeli Foreign Minister Levi will have meetings at the White House during his visit to Washington on Friday.

A: National Security Adviser Berger will meet the Foreign Minister, after he meets with Secretary Albright at the State Department.

Q: Some commentators have accused the Administration of not taking on the responsibility it should to save the Middle East peace process, even if that means putting some pressure on Israel to compromise. What are you doing?

A: At a time when the peace process is experiencing serious difficulties, there is a temptation to look for quick fixes or easy answers to explain the lack of progress.

That's not our approach. President Clinton has made it clear since the beginning of his Administration that he is committed to helping the parties to make peace after five decades of war and violence.

The President and Secretary Albright and are in regular and constant contact with Arab and Israeli leaders in order to do everything we can to get the negotiations back on track. The talks we have had over the past two months, including two meetings with Prime Minister Netanyahu, have been for the purpose of developing an approach which will move the process closer to our goal of a comprehensive peace.

For these efforts to succeed, two things are necessary: Zero tolerance for terror, including a 100% effort to prevent it, and a readiness by both sides to take steps that build confidence in the integrity of the negotiating process.

We understand the urgency of moving ahead, but we're not going to be rushed. We need to make sure that both sides are ready to take the steps necessary for credible negotiations.

BRAC

- There have been four rounds of base closures and realignments since 1988. To date, we have contracted our base structure by 18 percent. During the same period, we have reduced the size of U.S. military personnel by 33 and 1/3 percent. Procurement spending has been reduced by almost 70 percent from its peak before the end of the Cold War.

- When the current BRAC round -- the last one authorized by legislation -- is completed in 2001, the contraction in the base structure will be about 21 percent, which still lags behind the one-third reduction in the force.

- The Pentagon has been looking at this in connection with the Quadrennial Defense Review (QDR). The Pentagon has concluded that we are paying for more infrastructure than we need. Secretary Cohen is considering whether we should seek additional base closures. Budget pressures and the requirement for robust modernization dictate that we look for ways to reduce the base structure.

- Additional BRAC rounds would require legislation. We will need to work with the Congress on this issue.

KOREA

Korean War POW/MIA's

Q: What actions are you taking to account for Korean War POW/MIA's and what comment do you have on the report that an American serviceman, Charles Robert Jenkins, who defected in the mid-60's is alive? Does Mr. Jenkins want to come home and have you taken steps to bring him back to the United States?

A: First, on the POW/MIA accounting issue. We have had a series of bilateral talks with North Korea to launch a program of accounting for American service personnel lost in the Korean War. We have received 172 sets of remains ('92-'93) and recently concluded a joint recovery operation that resulted in the identification of one serviceman. Unfortunately talks last week in New York did not result in any agreement for additional joint recovery operations or initiation of archival research, an important component to making any accounting effort successful. We will continue to pursue this humanitarian issue with North Korea until we are satisfied we have done all that is possible to find the answers so many Americans who lost loved ones in the War still seek.

Regarding recent reports about Americans living in North Korea, I can say that the Defense Department has received similar reports, which we believe to be mostly hearsay. We are aware, however, of possibly four Americans who defected to North Korea in the 1960's and appear to be living there of their volition. Sgt. Jenkins, Ms. Harrell's brother, may be one of these defectors. We have asked North Korea to allow us to interview Americans believed to be living in North Korea, but have received no assurances. Nor has the North made any comment about the number or names of the defectors.

Finally, we will pursue the question of POW/MIA accounting as well as our efforts to gain access to Americans living in the North independent of other issues being discussed with the North Koreans, including the four party talks.

Food Aid/Four Party Talks

Q: Have the U.S. and South Korea linked the provision of food aid to North Korea to the acceptance by Pyongyang of the four party peace talks?

A: We have not linked food aid to the four party talks. We have provided some $25 million in humanitarian assistance to North Korea this year. South Korea has participated in the international food appeal as well.

Defector

Q: Does North Korea possess nuclear weapons as reported by the recent defector?

A: Have long believed that North Korea might possess nuclear ambitions. That's why we negotiated the framework agreement in 1994 that froze North Korea's nuclear program, placed it under international safeguards, and will eventually dismantle it.

Not sure the defector's allegations add anything to our knowledge about North. ROK has agreed to provide us access to him so that we can make independent evaluation.

We always are alert to the possibility that conflict could erupt on the peninsula. We, U.S. Forces Korea and out South Korean allies are vigilant in monitoring the military situation in the North. Our forces in combination with the South are the best deterrent to a North Korean attack.

BURMA

Q: Why did you wait so long to invoke Cohen-Feinstein sanctions?

A: We have been watching closely events in Burma to determine whether conditions of the law have been met.

As indicated in the President's [Secretary's] statement, the regime has perpetrated a range of abuses over the past seven months, which have had the cumulative effect of triggering the requirements of the Amendment.

Q: What would it take to lift the sanctions?

A: We would expect to see progress by the Burmese authorities on critical human rights and democracy issues, which include the lifting of restrictions on Aung San Suu Kyi and the political opposition, respecting the rights of free expression, assembly and association, and undertaking a dialogue on Burma's political future that includes leaders of the NLD and the ethnic minorities.

[Note: Lifting of the sanctions could be accomplished in a number of ways, including through a waiver provision in the law, which requires a Presidential determination that application of sanctions would be contrary to the national security interests of the United States.]

Q: What are Aung San Suu Kyi's views on sanctions?

A: We are reluctant to attempt to characterize Aung San Suu Kyi's position on sanctions; rather we would encourage you to refer to her many public statements on this issue.

Q: Why are sanctions appropriate for Burma but not for China?

A: Our values and goals in the area of human rights promotion are constant, but our approach from one country to another can and does vary based on our judgment on what may be effective.

In case of Burma, there is a stronger international consensus on the need to bring pressure to bear upon the government. For example, the European Union has imposed a visa ban and restricted trade preferences, and all members of the UN General Assembly and Human Rights Commission have joined consensus in resolutions critical of Rangoon. Thus, our action on Burma is part of a collective effort to pressure the regime, and may encourage other governments to take stronger actions. Moreover, given the relatively high degree of repression and state control over aspects of civic and economic life in Burma [i.e., greater than in China], a policy of engagement with Rangoon is less likely to bring about positive change over time.

BOSNIA

Train and Equip Program (NYT)

- The international Train and Equip program is successfully helping to establish a stable military balance in Bosnia, which is one of the keys to establishing a lasting peace in the region. The recently announced delivery order of 116 refurbished howitzers and 21 heavy equipment transporters from U.S. Army excess stocks to Bosnia is part of the ongoing program to meet the defense requirements of the Federation, as identified shortly after Dayton, and within the parameters of the Bosnia arms control agreements.

- The T&E program continues to facilitate concrete progress in the formation of joint Federation defense structures that will be critical to strengthening the Bosniak-Croat Federation. The latest step forward in this regard, announced in Sarajevo last week, are the agreements between Presidents Izetbegovic and Zubak on a joint Federation Military Strategy and on key commands.

Tudjman Letter

- The President and Croatian President Franjo Tudjman have exchanged letters on our overall bilateral relationship. In his response, the President reiterated our support in principle for Croatia's PFP membership while noting that there is a lot of work to be done together in implementing Dayton/Erdut agreements before we get there.

Problems with Dayton Implementation

- Implementation of Dayton and bringing long term peace and reconciliation to Bosnia remains a long term process and much work remains to be done. Nevertheless, we should not lose sight of how far we've come.

- Only 18 months ago, the bloodiest conflict in Europe since World War II continued to rage in Bosnia. Today, the market massacres, sniper alleys, and grim campaigns of ethnic cleansing are over; since Dayton, we have maintained a secure peace, separated and demobilized the former warring parties, held successful national elections, created new national institutions that are beginning to govern, and made real progress toward the difficult long term challenges of political reconciliation and economic reconstruction.

- More recently, the parties agreed on a new central bank and common currency. So we continue to see progress on a day-to-day basis but our work in Bosnia is not yet done.

- The Dayton process brought peace to Bosnia and remains the best hope for long-term stability and reconciliation. We continue to reexamine our implementation efforts and look for ways to more effectively bring about the conditions needed for a self-sustaining peace. But it is the Bosnian parties themselves who bear primary responsibility for fulfilling the vision of the Dayton Accords.

War Crimes Verdict

- We welcome the historic verdict by the International Criminal Tribunal convicting Dusan Tadic of crimes against humanity. There can be no peace without justice in Bosnia and this conviction is an important step toward that goal.

- With this conviction and the recent delivery of indicted war criminal Zlatko Aleksovski to the Hague, it is clear we are making slow progress on war crimes. We will not be satisfied, however, until all indicted war criminals stand trial at the Hague.

War Criminals

- We continue to remain deeply concerned with the slow progress on war crimes front in Bosnia. We continue to press the parties to fulfill their obligations to turn over indicted war criminals. We are also examining a variety of ways we can help the Tribunal to bring indicted war criminals to justice. We have made no decisions on how to assist the Tribunal. We are reviewing many different options.

If pressed about sending teams of special police or commandos to arrest war criminals:

- We have been examining several options to assist and enhance the ability of the Tribunal to bring indicted war criminals into custody. One option may be to establish some sort of capability to execute the court's arrest warrants. We are studying the feasibility of these options but have made no decisions yet.

Radovan Karadzic

- Karadzic was removed from office and remains banned from any public or political role as agreed by Republika Srpska. We continue to monitor the situation and will insist that Republika Srpska live up to their agreement. We remain concerned about his potential influence and will not be satisfied until he is brought to justice in the Hague.

Supplemental Amendment for Date Certain Withdrawal from Bosnia (passed by Senate)

- We strongly urge that this legislation not be further pursued. President's senior advisors would recommend a veto to the bill if an amendment is adopted that would mandate a date certain for withdrawal of U.S. forces from Bosnia — even a date of June 1998, when SFOR's mission is scheduled to end.
- An amendment requiring a withdrawal by a date certain — with no regard for the situation on the ground or prospects for self-sustaining peace — would seriously restrict the flexibility of our military commanders in completing their mission and jeopardize the secure environment needed for civilian implementation.

- We continue to believe SFOR's mission (18 months) should provide sufficient time to establish the conditions to maintain security and stability without an outside military presence. We have no desire or plan to extend the mission beyond mid-1998, but we should not set an arbitrary deadline that would call into question our commitment to implementation of the Dayton Accords, our reliability as a NATO ally, and our commitment to peace and stability in Europe.

SFOR Mission Duration

- We continue to believe that SFOR's mission should be completed in 18 months. 18 months should give sufficient extra time needed to establish conditions to maintain security and stability without an outside military presence.

NORTHERN IRELAND

IRA Approved Off-Duty Policeman's Murder?

- Do not have any official confirmation of this press report.

- Understood that different group, INLA, claimed responsibility for this brutal murder.

BRITISH ELECTION -NI RESULTS

Background: Clear that Gerry Adams has won back the West Belfast seat he lost to the SDLP in 1992. That was expected. The biggest news is that Sinn Fein strategist Martin McGuinness has won a seat too, defeating hard-line unionist and DUP candidate Willy McCrea in spite of splitting the nationalist vote with an SDLP candidate. It looks like the UUP (mainstream unionists) will either keep 9 seats or get 10.

- Important election in Northern Ireland, fought on completely different issues than in rest of UK.

- If asked reaction to SF seats: Hope party leaders will conclude that democracy works, offers only way forward to just and lasting settlement in Northern Ireland. Time to take gun out of Irish politics forever and get down to work.

PEARSON DEPORTATION

Background: DOJ has decided to appeal the lower court's ruling that Brian Pearson is eligible to stay in the U.S. Pearson served time for an IRA bombing (of a military/ policy barracks--no one injured) before coming to the U.S.

- This decision was made by the Department of Justice on legal grounds. Questions concerning the case should be referred to DOJ.

- If asked: This is a deportation case; our policy toward Northern Ireland was not at issue. That policy is clear --we strongly condemn IRA terrorism and will continue to support efforts to achieve a just and lasting peace in Northern Ireland.

MITCHELL RESIGNATION AS SAPASS FOR ECONOMIC INITIATIVES IN IRELAND

[Background: It has not been made public yet but Senator Mitchell has submitted a letter to POTUS resigning his position as Special Advisor to the President and Secretary of State for Economic Initiatives in Ireland -- a position he has held since late 1994. Ideally, we would prefer to announce it at same time his successor is named, which will take a few weeks.]

- Yes, Senator Mitchell has decided to give up position as Special Advisor to President and Secretary of State for Economic Initiatives in Northern Ireland. Will of course continue as chair of Belfast peace talks; in fact, understand his decision to resign the economic job based on need to devote his time to the talks.

- We are moving to select a successor to Senator Mitchell to oversee Administration support for economic initiatives. Creating jobs through investment and trade is key to underpinning Northern Ireland peace process over long term.

CONTINUED IRA VIOLENCE

- Strongly condemn continued IRA violence in Northern Ireland and in Britain, urge immediate, unequivocal cease-fire.

- Belfast peace talks (now in recess until June) have best chance of long-term success if they are inclusive (that is, if Sinn Fein participates) but that can only happen after IRA cease-fire.

ON WHETHER IRA NEEDS TO DISARM BEFORE JOINING TALKS

- U.S., like British and Irish governments, have accepted the report issued last year by Senator Mitchell and his colleagues, which suggested decommissioning of arms in parallel with talks.

GULF WAR ILLNESSES

What is your reaction to the findings in the Presidential Advisory Committee (PAC) interim letter report that (1) there was information even prior to the Gulf War raising cause for concern about chemical weapons storage at Khamisiyah; and (2) that there was "substantial mismanagement and lack of communication" between the military and intelligence community on this information?

- Important here at the outset to note that we are where we are today -- with all of the recent and continuing document releases -- because of the President's direction to get out all of the facts, and DOD and CIA's commitment to carry out that direction...
- DOD and CIA have already stated for the record that their handling of Khamisiyah-related information should have been better, and they are both committed to capturing the appropriate "lessons learned"...
- Moreover, both agencies currently have their IG staffs investigating the related issues, and their reports are expected this summer...

Why was there, in the PAC's words, "no serious [executive branch] effort to examine the possibility of chemical warfare agent exposure of U.S. troops at Khamisiyah until late 1995" when there were documents available raising this concern by December 1991?

- No question that the recently-released documents should have been identified and released much earlier; this figured prominently in the President's decision in JAN 97 to extend the PAC he established in MAY 95 in order to provide independent oversight of the ongoing process...
- These documents are being identified and released now in response to the President's direction to get out all of the facts...
- As to why these documents did not come to light earlier, the various ongoing IG and other investigations at DOD and CIA should help us to understand what happened...

The PAC found that there is no single entity integrating the data for a comprehensive assessment of the government-wide response to Khamisiyah; the PAC also questioned how individual accountability will be addressed. What is the White House view?

- First, the PAC's recommendation that a "presidential-level" entity to integrate intelligence community "lessons learned" is consistent with the Administration's commitment to take full advantage of the Gulf War experience to improve our preparedness and planning for future deployments -- this recommendation will be carefully considered when the President receives the PAC's interim letter report and the accompanying agency responses...
- DOD and CIA have asked former SEN Warren Rudman to advise both agencies on the GWI problem. SEN Rudman is well-qualified to undertake a review of all investigative findings, and his efforts will enhance our ability to integrate the intelligence "lessons learned"...
- With respect to accountability, our understanding is that there is no evidence to date of individual misconduct. If and when any such evidence comes to light, the DOD and CIA IG and other investigators tackling the many issues involved would document and refer that evidence to their respective agency heads as a matter of course...

The PAC believes that an EPA-type approach would be appropriate for the long-delayed Khamisiyah modeling effort and that veterans deserve to learn the results of a full-range of modeling scenarios (including worst-case events). What is your reaction?

- DOD and CIA recently formed a joint modeling team to take this work forward to conclusion as rapidly as possible, with the projected completion date of 21 JUL 97...
- The PAC's assessment that EPA-type modeling may be useful or even more appropriate will need to be evaluated by the joint DOD/CIA team...
- In terms of targeted notification letters, DOD has already sent out letters to those personnel within 50 kilometers of Khamisiyah, and will conduct additional notifications if necessary...
- Most important here is that the issue of notification has no bearing on the eligibility of veterans for physical examinations, health care, and compensation -- and DOD and VA have strongly encouraged all Gulf War veterans to take full advantage of the available programs...

Is DOD using the Privacy Act as a "shield" to block the PAC's "unfettered access" to the critical information they need?

- Our understanding is that earlier this year DOD lawyers noted Privacy Act legal concerns about certain information being provided to the PAC in response to their requests...
- We have confirmed that the Privacy Act does have application and have been informed that the required legal steps are being taken to obtain the consent of individuals providing information for release of that information to the PAC...

Is the PAC likely to be extended again given the many problems still remaining?

- The PAC has a critical role to play -- the White House is relying on the PAC's expertise and independent assessments to enhance program quality across the full spectrum of government activity related to Gulf War illnesses...
- Any discussion of extending the PAC would be premature at this juncture given the many initiatives currently underway and the amount of time remaining before the end of the initial extension period (31 OCT 97)...

What about the statement in the recent CIA white paper that the CIA briefed the NSC staff in JAN 96 on the Khamisiyah evidence?

- The CIA white paper (and one of the accompanying documents containing briefing slides) reflects the classified CIA brief the NSC staff received in JAN 96.
- During the briefing -- which focused on the CIA's declassification initiative and ongoing study of potential exposures -- the staff was told that information had come to light about the possibility of chemical munitions storage and agent release at the Khamisiyah facility. This was briefed as preliminary information, and the NSC staff noted at the close of the brief that CIA needed to pursue this possibility aggressively together with DOD.
- Subsequent CIA and DOD efforts to investigate this concern eventually led to the JUN 96 DOD announcement of Khamisiyah.

The intelligence community admits making mistakes in its handling of the Gulf War illnesses investigation, and the many recently-declassified documents clearly should have come out much sooner. With much of the related activity occurring during George Tenet's tenure at CIA, does the Director-designate retain the President's full confidence?

- Absolutely.
- The CIA has contributed a tremendous amount to our knowledge about chemical weapons in the Gulf War theater and specifically about exposure incidents that might be related to undiagnosed Gulf War illnesses.
- George Tenet is fully supportive of the President's commitment to get out all the facts, and has increased the level of resources devoted to the Gulf War illnesses problem when new information indicated the need to do so.

What has the Administration done for Gulf War veterans who are sick?

- Through the dedicated efforts of DOD and VA personnel, veterans are receiving the care they need for Gulf War illnesses, whether diagnosed or undiagnosed.
- Overall, to date -- (1) DOD & VA toll-free help lines; (2) 80,000+ free medical exams; (3) 26,000+ compensation claims approved; (4) special legislation paying disability for Gulf veterans with undiagnosed illnesses, with an extension of the presumptive period for undiagnosed illness compensation forthcoming soon; (5) thousands of pages declassified; and (6) 90+ federally-sponsored research projects completed or underway.

THE WHITE HOUSE

Office of the Press Secretary

For immediate release May 16, 1997

PRESIDENT NAMES MICKEY IBARRA AS ASSISTANT TO THE PRESIDENT AND DIRECTOR OF INTERGOVERNMENTAL AFFAIRS AT THE WHITE HOUSE

The President today announced his intention to appoint Mickey Ibarra to serve as Assistant to the President and Director of Intergovernmental Affairs at the White House.

Mickey Ibarra, of Salt Lake City, Utah, is currently Manager of International Relations at the National Education Association (NEA). Previously, Mr. Ibarra served as NEA's Political Manager, where he was responsible for campaign strategy development, federal candidate support, political outreach, and state policy affairs. Mr. Ibarra's assignments have included work with groups such as the National Governors' Association, the National Conference of State Legislatures, the U.S. Conference of Mayors, the National Association of Counties, and the Education Commission of the States.

A former classroom teacher in Utah, Mr. Ibarra has been serving the nation's educators for sixteen years as a staff member for state and national education associations. He has worked to encourage education employees around the nation to become politically active at the local and state levels and has helped organize Congressional Contact Teams which linked local educators with members of the U.S. House and Senate. In addition, Mr. Ibarra was selected by Hispanic Business Magazine in 1995 and 1996 as one of "The 100 Most Influential Hispanics in the U.S."

In announcing the appointment, President Clinton said: "I am delighted that Mickey has agreed to join our White House staff. His strong commitment to excellence and teamwork will be a model for others to follow. In addition, his understanding and appreciation of the important role of local and state officials will serve the nation well."

Mr. Ibarra received a B.A. degree from Brigham Young University and an M.A. from the University of Utah.

-30-30-30-