Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	From: Wendy Wendler, National Public Affairs Coordinator, To: Hillary Rodham Clinton, Re: Gulf War Children Cases at Dallas / Book Tour [partial] (1 page)	2/14/96	b(6)
002. fax	From: David Hamburg, To: Melanne Verveer (12 pages)	3/20/95	b(6)
003. note	Main Issue to Resolve at 1:00 Meeting [partial] (1 page)	nd	b(6)
004a. letter	From: Hillary Rodham Clinton, To: Dr. Joyce Lashof (1 page)	3/15/97	Personal Misfile
004b. letter	From: Joyce, To: Mrs. Clinton (3 pages)	4/6/97	Personal Misfile

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2014-0159-S
sb305

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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

I-GULF WAR File

February 14, 1996

TO: HRC

FROM: Kelly Craighead

RE: Dallas Follow-up

Kathy Nealy was with you during the receiving line in Dallas when you met the two mothers affiliated with the Desert Storm Justice Foundation. The names, addresses and phone numbers for both women are listed below.

Wendy Wendler, the National Public Affairs Director for the Foundation is sending some additional information regarding these two women plus, information regarding other families the Foundation is in contact with that share similar stories. Likewise, Eric will set aside the information we received from Wendy, Denita and Shana at the bookstore, as soon as he receives it from the Navy Yard. Until then, Wendy has faxed a copy of the "Life" article featuring Shana Clark. Just as a side note, during my conversation with Wendy she raised an issue regarding Denita Dorsey's husband which sounds rather peculiar. I will mention it to Melanne. Should you wish to follow-up on your meetings in Dallas, you might consider touching base with Melanne first.

Denita Dorsey (and her son Dominique)
8849 Fair Oaks Crossing #2028
Dallas, TX 75243
214-342-9414

Shana Clark (and her daughter Kennedi)
P.O. Box 866755
Plano, TX 75086
214-424-2211

Wendy Wendler
P.O. Box 59798
Dallas, TX 75229-1798
214-357-6593

Let me know if I can help in any other way.

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DESERT STORM JUSTICE FOUNDATION, INC.
A Not-For Profit Corporation
P.O. Box 16182, Oklahoma City, OK 73113-2182, 405-348-1722 [NEW ADDRESS]

2/14/96

TO: Hillary Rodham Clinton
ATTEN: Kelly Craighead, Trip Director
202-456-2518, FAX# 202-456-5340
FR: Wendy Wendler, Nat'l. Public Affairs Coordinator
PO Box 59798, Dallas, TX 75229-1798
214-357-6593, FAX# 214-357-0807
RE: Gulf War Children Cases @ Dallas/Book Tour

Thanks for the timely follow-up from the 1st Lady's Office. Enclosed is the Life article you requested re the Clark family.

It's wonderful that the 1st family is taking a personal interest in these concerns, which in a sense is true to the military tradition of "taking care of our own". There was a 3rd family at the bookstore last Friday:

001 (b)(6) 001

(b)(6) 276-1269). All of them, plus several other Gulf Children, are being helped here by the Scottish Rite Hospital (214-521-3168).

Shana & Denita are being flown to Seattle next week for a live talk show about these conditions (ABC Affiliate there), probably re 5th Anniversary angle.

The bizarre story about Denita's husband Darren being "missing" at a VA Medical Center since June '95, is coming to a head here; So Mrs. Clinton's involvement lends this young woman crucial support.

Let me know if I can assist you again — Wendy


SPECIAL INVESTIGATION
LIFE
The Tiny Victims of Desert Storm
Has Our Country ABANDONED THEM?
Gulf War veteran U.S. Army Sgt. Paul Hanson and his son, Jayce, age three
OVEMBER 1995/$3.95
72440 10099 2

The Way We Live

64

How to have **a great midlife crisis** Become a cabaret singer.

LIFE 60 Years

116

Nov. 1995 LIFE

In the '30s, bathing suits made a big splash. In the '70s we took the leap to platform shoes. A fond look back at 60 years of **fads in fashion**.

Features

NOVEMBER 1995 LIFE

Journey

92

The **iron dragon** takes passengers through the splendors of the African veld—and back into another time.

Face to Face

100

A profound commitment to human rights drives **Jimmy Carter** to solve the world's problems. But that's not his only motive.

LIFE Special

46

Why are the children of Gulf War vets afflicted with such devastating maladies? And why isn't our government taking care of them—the **tiny victims of Desert Storm**?

LIFE

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nted in U.S.A.

Nov. 1995

EDITOR'S NOTE

DEREK HUDSON

Behind the lens again (far left), photographer Hudson shoots the team that got the Gulf War babies' story told: left to right, reporter Briggs; senior editor Robert Sullivan and contributing editor Kenneth Miller, who wrote the piece.

The Kids Are Not All Right

Last year, rookie LIFE reporter Jimmie Briggs took on a tough assignment: investigating a mysterious spate of birth defects among the children of Gulf War veterans. Briggs interviewed some 50 scientists, veterans' advocates and federal officials, and collected a towering stack of documents. And with Derek Hudson, a Paris-based Briton whose "Facing Vietnam" appeared in our June issue, he visited nearly a dozen families.

Those encounters could be wrenching—like the first time Briggs saw Jayce Hanson, pictured on our cover. "Jayce shimmied up to me on his bottom, pushing along a Donald Duck toy, and broke into a beautiful smile," says Briggs. "I was horrified by his condition—and amazed by his courage and strength."

Briggs initially doubted that the children's woes had begun in the Gulf. "But whatever had harmed them," he says, "I felt I had to get their stories told." You'll find those stories in "The Tiny Victims of Desert Storm" (page 46)—along with some hard questions about the risks of high-tech war, the holes in the American health-care safety net, and our duties toward the volunteers who fight our battles.

You might want to tell your representatives in Congress how you feel about these issues. And if you think you or your child has a Gulf War–related illness, you can register with the Veterans Administration at (800) 749-8387, the Pentagon at (800) 796-9699 or the Association of Birth Defect Children at (800) 313-ABDC.

Managing Editor

LIFE ONLINE

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http://pathfinder.com/Life/lifehome.html
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LIFE SPECIAL

Nov. 1995
LIFE

THE TINY VICTIMS OF DESERT STORM

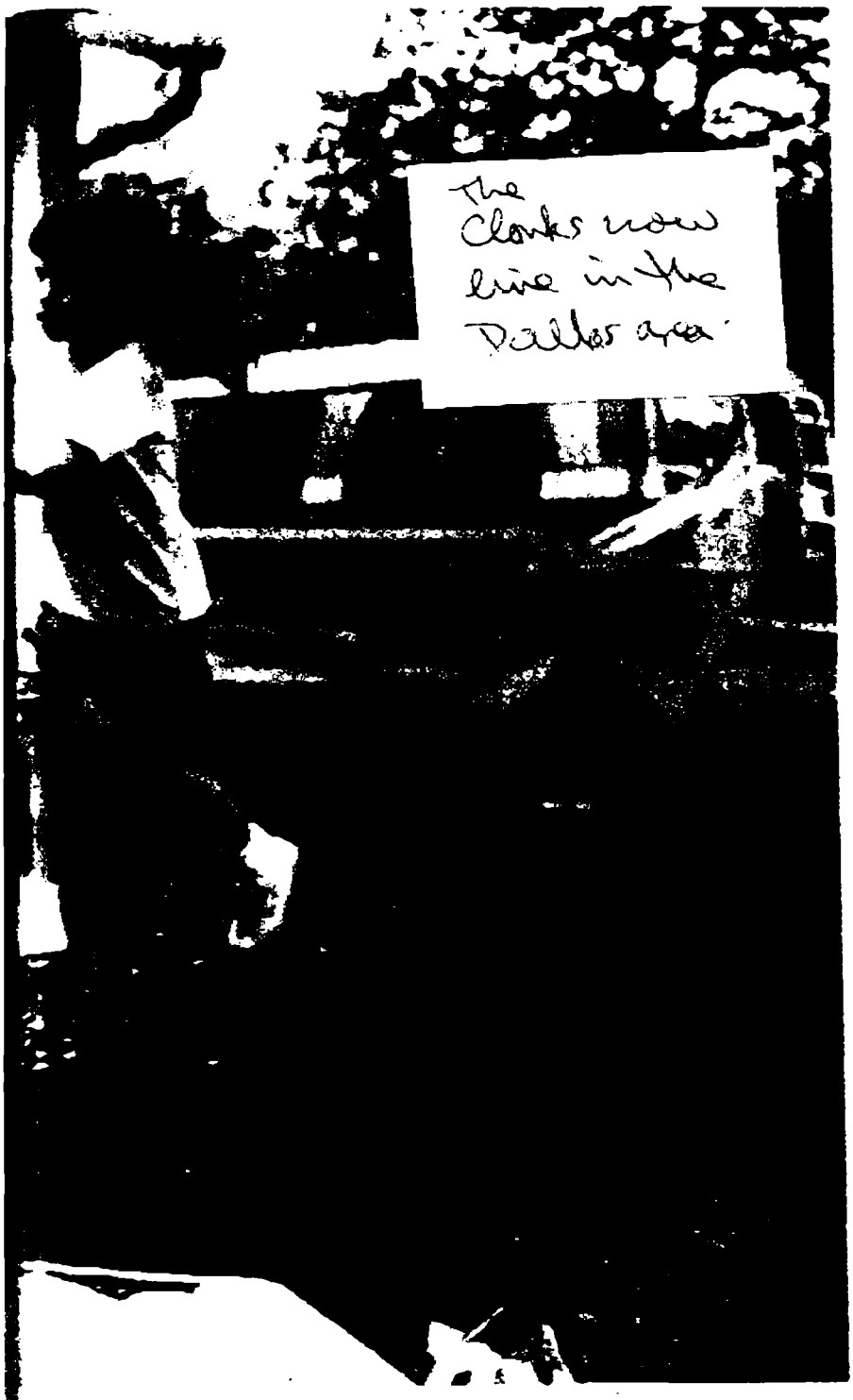
When our soldiers risked their lives in the Gulf, they never imagined that their children might suffer the consequences—or that their country would turn its back on them.

Joyce Hanson's birth defects may stem [illegible]. Now, the Hansons face official stonewalling—and a frightening future.

Photography by **Derek Hudson** Text by **Kenneth Miller** Reporting by **Jimmie Briggs**

"He gets ear infections constantly, but he never really cries. You know how most

LIFE 11/95



JAYCE

Flying kites with his sister, Amy, he displays a fierce determination. "He's a problem solver," says his father, Paul. Jayce suffers from a syndrome similar to that of the thalidomide babies of the 1950s. But his mother, Connie, took no drugs.

From outside, the evil that has invaded Darrell and Shana Clark's home is invisible. Set on a modest plot in a San Antonio subdivision, equipped with a doghouse and a swimming pool, the house is a shrine to the pursuit of happiness – a ranch-style emblem of the good life Darrell and 700,000 other U.S. soldiers fought for in the Persian Gulf four years ago.

Inside, the evil shows itself at once. It has taken up residence in the body of the Clarks' three-year-old daughter, Kennedi.

On a Saturday afternoon, Darrell and Shana huddle in their paneled living room. They are in their mid-twenties, robust and suntanned, but their eyes are older. Kennedi toddles about, pretending to snap pictures. You see the evil's imprint when she lowers the toy camera: Her face is grotesquely swollen, sprinkled with red, knotted lumps.

Kennedi was born without a thyroid. If not for daily hormone treatments, she would die. What disfigures her features, however, is another congenital condition: hemangiomas, benign tumors made of tangled blood vessels. Since she was a few weeks old, they have been popping up all over – on her eyelids and lips, in her throat and spinal canal. Laser surgery shrinks them, but they return again and again. They distort her speech, threaten her life. And, inevitably, they draw the stares of strangers. "When people see her," says Shana, "they say, 'Ooh, what happened to your baby?'"

Neither Shana nor her husband can answer that question conclusively, but they suspect that Kennedi's troubles have their or-

children scream when they get earaches? Maybe he's immune to pain." —CONNIE HANSON

LIFE 11/95

Jayce is remarkably agile. He can feed himself marshmallows (above) or shimmy quickly across a floor. But learning to walk on prosthetic legs (far right) is terribly difficult without arms to use for balance. Jayce's mother, Connie (right), holds up a mirror to help him with coordination. A devout Christian, she faces her family's troubles stoically. "I accept what God has given us," she says, "and try to make the best of it."

"[The veterans] need to keep the pressure on because . . . the companies who stand

to be found liable will be in there lobbying." —ADM. ELMO ZUMWALT JR.

gins in the Gulf, where Darrell served as an Army paratrooper. During operations Desert Shield and Desert Storm, he faced a mind-boggling array of environmental hazards. Like an estimated 45,000 of his comrades, he has developed symptoms—in his case, asthma and recurring pneumonia—linked to an elusive affliction known as Gulf War syndrome. And like a growing number of Gulf War veterans, some of whom remain apparently healthy, he has fathered a child with devastating birth defects.

Researchers have been probing Gulf War syndrome since late 1991, when returning soldiers reported a spate of mysterious maladies. Conclusions have been slow to arrive. Last June the federal Centers for Disease Control (CDC) confirmed that Gulf vets were unusually susceptible to a dozen ailments—from rashes to incontinence, hair loss to memory loss, chronic indigestion to chronic pain. But in August a Pentagon study concluded that neither the vets nor their loved ones showed signs of any "new or unique illness." Veterans' advocates disputed that finding, as did the National Academy of Sciences' Institute of Medicine, which declared that the report's "reasoning . . . is not well explained." And while there is, as yet, no absolute proof that Gulf vets' babies are especially prone to congenital problems, patterns of defects have begun to emerge—patterns unlikely to result from chance alone.

During the past year, LIFE has conducted its own inquiry into the plight of these children. We sought to learn whether U.S. policies put them at risk and whether the nation ought to be doing more for them and their families. We also aimed to determine whether, as some scientists and veterans allege, the military's own investigation is deeply flawed.

The future of this country's volunteer armed forces—institutions dependent on citizens' willingness to serve, and therefore on their trust—may rest on the answers to such questions. Certainly, soldiers expect to forfeit their health, if necessary, in the line of duty. But no one expects that of a soldier's kids.

Lea' Arnold was not born to a soldier, but she might as well have been. Her father went to the Gulf as a civilian helicopter mechanic with the Army's 1st Cavalry Division. On a Wednesday morning, Lea' lies naked in her parents' bed, in a small house off a gravel road in Belton, Tex. A nurse looms over her, brandishing a plastic hose.

"Don't hurt me," wails Lea'.

"I'm not going to hurt you, sweetie," says the nurse. "You need to peepee."

As the nurse administers the catheter, Lisa Arnold—a sturdy woman who carries her sadness on broad shoulders—tells the story of her

LIFE 11/95

V

"When people see her they say, 'What happened to your baby?'" —SHANA CLARK

KENNEDI

"Adults are liken children as far as staring," says mom Shana. Kennedi's dad, Darrell, tested positive for radiation exposure, but his testes are dissected, no link to her condition can be proved.

daughter's birth. "The doctor said, 'Well, she's got a little problem with her back.' They let me hold her for a minute, and then they took her to intensive care." Lea' had spina bifida, a split in the backbone that causes paralysis and hydrocephalus, or water on the brain. She needed surgery to remove three vertebrae. "They told us that if she lived the next 36 hours, she'd have a pretty good chance of surviving. Those 36 hours . . . it's kind of indescribable what that's like."

Three years later, Lea' has grown into a redhead like her mother, with the haunted face of a medieval martyr. She cannot move her legs or roll over. A shunt drains fluid from her skull. "She tells me every night that she wants to walk," says Richard Arnold, a soft-spoken ex-Marine.

Richard, who had fathered two healthy children before he went to war, was working for Lockheed in the Gulf. But he bunked in the desert with the troops—and that meant swallowing, inhaling and otherwise absorbing some very dicey stuff. According to a 1994 report by the General Accounting Office, American soldiers were exposed to 21 potential "reproductive toxicants," any of which might have harmed them as well as their future children. They used diesel fuel to keep down sand. They marched through smoke from burning oil wells. They doused themselves with bug sprays. They handled a toxic nerve-gas decontaminant, ethylene glycol monomethyl ether. They fired shells tipped with depleted uranium (see box below). Other teratogens—materials that cause birth defects—may have been present too. One possibility is that desert winds bore traces of Iraqi poison gas (see box, page 54).

Some physicians who have treated Gulf vets believe they may be suffering from a general overload of chemical pollutants—and that their body fluids are actually toxic. (Indeed, many veterans' wives are sick. A few complain that their husbands' semen blisters their skin.) "It was a toxic environment," says Dr. Charles Jackson, staff physician for the Veterans Administration Medical Center in Tuskegee, Ala. Other doctors, while agreeing that chemicals or radiation may have caused birth defects, think the vets' ills came from a germ—an unknown Iraqi biological warfare agent, perhaps, or some form of leishmaniasis, a disease carried by sand flies.

Government scientists generally discount these theories. "The hard cold facts" are simply not there, says Dr. Robert Roswell, executive director of the Persian Gulf Veterans Coordinating Board. But one hypothesis elicits even his respect. "The one argument that does deserve further study [concerns] the combination of pyridostigmine bromide with pesticides."

Pyridostigmine bromide—or PB—is a drug usually prescribed to sufferers of myasthenia gravis, a degenerative nerve disease. But animal experiments have shown that pretreatment with PB may also provide some protection from the nerve gas soman. The U.S. military therefore gave the drug to most Americans in the Gulf. Darrell Clark, for instance, took it, and Richard Arnold—now racked with chronic joint pain—probably did. "I took everything the First Cavalry took."

The Defense Department may have been taking a big chance with PB. In earlier, small-scale safety trials, Air Force pilots ➤➤

[illegible] EXPOSURE [illegible] DEPLETED URANIUM CAUSE ILLNESS?

Allied tanks and airplanes fired a new kind of ammunition in the Gulf War: shells jacketed with depleted uranium, a waste product from nuclear reactors. When such a shell hits an enemy tank, it heats up, incinerating the vehicle's crew. In a 1993 report, the General Accounting Office concluded that while troops using such ordnance were unlikely to receive a radiation dose exceeding Nuclear Regulatory Commission limits, "the Army has not effectively educated its personnel in the hazards of DU contamination and in proper safety measures appropriate to the degree of hazard." And the safety of even low-level radiation exposure remains a subject of scientific debate. For troops salvaging shrapnel-pocked equipment, or working in areas filled with the dust and debris of tank battles, the risk may have been especially high. Nearly a million DU-tipped shells were fired during the war. Says Paul Sullivan, president of the Gulf War Veterans of Georgia: "We're talking about tons and tons of radioactive wastes floating around."

"There's a stark pattern of Defense Department recklessness." —SEN. JAY ROCKEFELLER

Indeed, the truth may not be as simple as "at least three percent" implies. On a blazing Saturday afternoon, flanked by his parents, three-year-old Cedrick Miller is dangling his feet in an apartment-complex pool in San Antonio. Flossy-haired and shy, he looks younger than his age. Cedrick was born with his trachea and esophagus fused; despite surgery, his inability to hold down solid food has kept his weight to 20 pounds. His internal problems include hydrocephalus and a heart in the wrong place. But it's clear from one look that something else is awry.

Cedrick suffers, like Casey Minns, from Goldenhar's syndrome. The left half of his face is shrunken, with a missing ear and a blind eye. His mother, Bianca, says that when a prenatal exam showed the defects, "everything we'd hoped for just crashed. What had Cedrick done to deserve this?"

Steve Miller, a former Army medic, thinks chemicals damaged his sperm. He believes statistical evidence is at hand. "With Goldenhar's," he says, "we have clustering."

Clustering is the term epidemiologists use when an ailment strikes one group of people more than others—and the phenomenon can be a key indicator that something more than chance is causing birth defects. The Association of Birth Defect Children says it has found the first cluster of defects in the offspring of U.S. Gulf veterans: 10 babies with severe Goldenhar's syndrome, a condition that usually strikes one in 26,000, according to ABDC executive director Betty Mekdeci. (Another case has surfaced in Britain, where 600 vets complain of Gulf-related illness.) The ABDC, which has gathered data on 163 ailing Gulf War babies so far, is tracking four more possible clusters—of victims of hypoplastic left heart syndrome, of atrial-septal heart defect, of microcephaly and of immune-system deficiencies. Significantly, not one of the parents in the ABDC survey has a family history of these types of birth defects. Or as Mekdeci puts it, "There have been no relatives with funny ears."

The difficulty in proving conclusively whether clusters are occurring is that no one—not Mekdeci, not the Pentagon—knows how many babies have been born to Gulf vets. The Defense Department's own survey of 40,000 birth outcomes, initial results of which are due in late October, is the largest study yet, but far from complete since it relies on data only from military hospitals. The Pentagon's Dr. Joseph says the forthcoming report will include "by far the best and most comprehensive information available." Maybe it will, but many still question whether Defense Department scientists are really seeking the hard answers. Earlier this year Dr. Joseph told LIFE that, although trained as a pediatrician, he was entirely unfamiliar with "Goldhavers or Gold Heart—whatever." It's precisely that kind of response that enrages veterans with afflicted babies.

Along with the ABDC and Defense Department surveys, more than 30 other studies of Gulf vets and their children ▶▶

"Just about our whole world is centered around Lea'," says Lisa Arnold. Huge medical bills—and the unwillingness of insurance companies to cover preexisting conditions—force the family to live in poverty to qualify for Medicaid.

"Everything we hoped for just crashed. Why us? Why Cedrick?" BIANCA MILLER

CEDRICK

His five-year-old sister, Larissa, must be careful when they play together: A fall could dislodge the shunt in his head and lead to brain damage. Cedrick's handicaps have left his parents, Steve and Bianca, terrified of having more children.

had reported serious side effects, including impaired breathing, vision, stamina and short-term memory. (Many soldiers would experience such symptoms during the Gulf War.) Even more alarming, PB was known to *worsen* the effects of some kinds of nerve gas (see box, page 56). Nonetheless, as war threatened, the Pentagon persuaded the Food and Drug Administration to waive its prohibition on testing a drug for new purposes without the subjects' "informed consent." FDA deputy commissioner Mary Pendergast defends that ruling: "You can't have your troops being the ones to decide whether they'll take some step to keep themselves healthy."

If PB did cause lasting problems, the reason could be the way it interacts with bug spray. In 1993, James Moss, a scientist with the U.S. Department of Agriculture, found that when cockroaches are exposed to PB along with the common insect repellent DEET—used in the Gulf—the toxicity of both chemicals is multiplied. Moss says he pursued his experiments in spite of orders to stop. His contract wasn't renewed when it expired last year, and the researcher claims he was blackballed. (USDA Secretary Dan Glickman says Moss's "temporary appointment" was up and Moss knew it.) Since Moss's study, two others—one by the Pentagon itself, the second by Duke University—have found neural damage in rats and chickens exposed to another chemical cocktail, this one a mixture of PB, DEET and permethrin, an insecticide. Permethrin, however, was probably used by no more than 5 percent of U.S. soldiers in the Gulf.

Pentagon officials deny that any PB-DEET mixture could have caused birth defects in male Gulf vets' children. "I'm not aware that a male can be exposed to a chemical agent, and then two years later his sperm creates a defect," says Dr. Stephen Joseph, assistant secretary of defense for health affairs. But some chemicals, such as mustard gas, have been shown to affect sperm production for even longer periods. Clearly, further research is needed to determine whether a PB-and-bug-spray combo can behave the same way.

Army Sgt. Brad Minns is pretty sure he didn't take PB, but he did take a vaccine meant to save his life if Iraq resorted to germ warfare. He fears that this medication caused his chronic fatigue—and that his Gulf War service ultimately blighted his baby's life at the root.

In their bungalow at Fort Meade, Md., Brad and his wife, Marilyn, list their son's tribulations. Casey was born with Goldenhar's syndrome, characterized by a lopsided head and spine. His left ear was missing, his digestive tract disconnected. Trying to repair his scrambled innards, surgeons at Walter Reed Army Medical Center damaged his vocal cords and colon, say Brad and Marilyn. (Ben Smith, a spokesman for Walter Reed, says, "A claim has been filed by the family, and until it's resolved [the case] is in the hands of the lawyers.") Now 26 months old, Casey speaks in sign language. His parents feed him and remove his wastes through holes in his belly. Otherwise, he's a regular kid, tearing about the sparsely decorated room, shoving pens, hooks, scraps of paper into his mouth. Marilyn follows, tugging them out again.

"He's a little terror," says Brad, with the weariest of smiles. ➤➤

[illegible] AND [illegible] GASES PRESENT, OR NOT?

In 1975 a landmark Swedish study concluded that low-level exposure to nerve and mustard gases could cause both chronic illness and birth defects. The Pentagon denies the presence of such chemicals during the Gulf War. But the Czech and British governments say their troops detected both kinds of gas, presumably released during allied bombing of Iraqi chemical plants. And veterans' advocate Paul Sullivan recently obtained 11 pages of a secret Defense Department log revealing that U.S. chemical alarms went off repeatedly during the war. Pentagon spokesmen blame those alarms on faulty equipment and note that there have been no reports of massive Iraqi gas deaths near the bombed factories. But former congressional investigator Jim Tuite speculates that gases were blown straight upward, then settled miles away as fallout. And, he says, Iraqis are suffering health problems "similar to what we're seeing in our veterans." Ironically, much of Iraq's chemical arsenal was made by U.S. companies—80 of which face a class-action suit by 2,000 ailing vets.

> "A lot of the parents have had anxieties about coming forth."
>
> —DR. SHARON COOPER, Womack Army Medical Center

CASEY with organs out of place, he suffered further in surgery, says father, Brad. Now Casey's chest has stopped growing, leading to fear that he may need an operation at point to re function in his lungs.

A military policeman posted mainly at an airfield in Saudi Arabia, Brad, along with 150,000 other American soldiers, took a vaccine—on his commander's orders—against weapon-borne anthrax. A second vaccine, against botulism, was administered to 8,000 soldiers. A staff report issued last December by the Senate Committee on Veterans' Affairs concluded that "Persian Gulf veterans were . . . ordered under threat of Article 15 or court-martial, to discuss their vaccinations with no one, not even with medical professionals needing the information to treat adverse reactions from the vaccine." The Senate report noted that the particular botulinum toxoid issued "was *not* approved by FDA." Other details from the survey: Of responding veterans who had taken the anthrax vaccine, 85 percent were told they could not refuse it, and 43 percent experienced immediate side effects. Only one fourth of the women to whom it was administered were warned of any risks to pregnancy. Of all responding personnel who had taken the antibotulism medicine, 88 percent were told not to turn it down and 35 percent suffered side effects. None of the women given botulinum toxoid were told of pregnancy risks. "Anthrax vaccine should continue to be considered as a potential cause for undiagnosed illnesses in Persian Gulf military personnel," said the report in one of its summations. And in another: "[The botulism vaccine's] safety remains unknown."

In a conference room at the Womack Army Medical Center in Fort Bragg, N.C., Melanie Ayers is addressing a support group for parents of Gulf War babies. "Sometimes," she says, "I wish I'd gone into a corner and stayed naive." Pixie-faced and preternaturally energetic, Ayers, 30, dates her loss of innocence to November 1993, when her five-month-old son died of congestive heart failure. Michael, who was conceived after his father, Glenn, returned from action as a battery commander in the Gulf, sweated constantly—until the night he woke up screaming, his arms and legs ice-cold. His previously undetected mitral-valve defect cost him his life.

After Michael's death, Melanie sealed off his bedroom; she tried to close herself off as well. But soon she began to encounter "a shocking number" of other parents whose post-Gulf War children had been born with abnormalities. All of them were desperate to know what had gone wrong and whether they would ever again be able to bear healthy babies. With Kim Sullivan, an artillery captain's wife whose infant son, Matthew, had died of a rare liver cancer, Melanie founded an informal network of fellow sufferers.

Surrounded by framed photos of decorated medics and nurses, a dozen of those moms and dads have come to share their worries, anger and grief. Kim is here. So is Connie Hanson, wife of an Army sergeant; her son, Jayce, was born with multiple deformities. Army Sgt. John Mabus has brought along his babies, Zachary and Andrew, who suffer from an incomplete fusion of the skull. The people in this room have turned to one another because they can no longer rely upon the military.

"A lot of the parents have had anxieties about coming forth with their concerns," says Dr. Sharon Cooper, the Womack ➤➤

[illegible] BROMIDE [illegible] THAN HELP?

Whether or not it proves to have caused birth defects, the way pyridostigmine bromide was used in the Gulf was highly questionable. For one thing, its effectiveness against the nerve gas soman may have been undermined by bad planning. U.S. troops (and those of several allied countries) took PB as a pretreatment for exposure to soman. But by itself, PB does nothing—it only helps the antidote to soman work better once exposure has occurred. Atropine is one of two chemicals used in the antidote, but the dose of atropine contained in U.S. personnel antidote kits was inadequate, according to a December 1994 report by the Senate Committee on Veterans' Affairs. Worse, says the report, experiments show that PB makes animals *more* vulnerable to some nerve agents, such as sarin (the gas used in this year's Tokyo subway attacks). As it happened, sarin was one of the gases detected by chemical monitors during Desert Storm. The Pentagon says these detections were unreliable, but if there were even minute traces of sarin on the battlefield, PB may have exacerbated its effects.

"They told us that if she lived the next 36 hours, she'd have a pretty good chance

Center's director of pediatrics. Cooper is one military official who, rather than taking an adversarial stance, is dedicated to helping Gulf veterans and their families cope. Many vets speak of Army physicians who dismiss physical ailments as symptoms of stress, even as fabrication. They cite an internal report by the National Guard, leaked to the press last year, which revealed that hundreds of Gulf vets had been wrongly discharged as a money-saving measure—let go with a supposedly clean bill of health, although ongoing medical problems entitled them to remain in the service for treatment. A second report, issued by the GAO earlier this year, scores the Veterans Administration for being routinely tardy with its payments to ailing vets. "When you send a veteran off to do dangerous work, I think his complaints deserve respect," says West Virginia Sen. Jay Rockefeller. "The phrase I've used is 'reckless disregard.' There's a stark pattern of Defense Department recklessness."

For vets with afflicted babies, the runaround can be just as bad. Military doctors often ignore signs of inborn disorders, say Gulf War parents, or refuse to discuss them frankly. And when they do talk about birth defects, the doctors—and Pentagon bureaucrats—are quick to cite a statistic that drives these parents wild: At least 3 percent of American babies are born with abnormalities. To which Melanie Ayers responds, "I'd like to put my child's picture in front of them and say, 'Glance at that once in a while to make sure you're telling me the truth.'"

LEA'

Spina bifida cripples her legs. Her upper body is so weak that she can't push herself in a wheelchair on carpeting. To strengthen her bones, she spends hours in a contraption that holds her upright. Brothers Nathan (in tree) and Joey, both born before the war, are healthy. "The boys care a lot about Lea'," says her mom, Lisa. "Every time she goes to the hospital, their schoolwork suffers."

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ce of surviving. Those 36 hours . . . it's kind of indescribable what that's like." —LISA ARNOLD

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end

> "A millionaire couldn't care for these kids." —LISA ARNOLD

are under way. One that is no longer ongoing, by the Senate Banking Committee, folded last year when committee chair Don Riegle retired. Of the 400 sick vets who had already answered committee inquiries, a startling 65 percent reported birth defects or immune-system problems in children conceived after the war.

Although Riegle is gone, there are a few others in Washington fighting for afflicted Gulf War families. One is Rockefeller, but in recent months he has lost clout. After last year's GOP landslide, he was ousted as chairman of the Veterans' Affairs Committee, which produced the 1994 report on PB and vaccine use in the Gulf. The new chair, Alan Simpson (R–Wyo.), plans no action "until the hard science is in," says an aide.

Then there is Hillary Rodham Clinton, the point person for an administration that, by pushing through a 1994 law mandating benefits for vets with symptoms, has cast itself as a friend of Gulf War syndrome sufferers. On August 14, at the opening session of the presidential advisory committee on the syndrome, she declared, "Just as we relied on our troops when they were sent to war, we must assure them that they can rely on us now."

Whatever White House fact finders discover, there's no guarantee that Gulf War babies will get government help. As it stands, a soldier's children receive free medical care only as long as a parent remains in the service. For parents who return to civilian life, the going can be grim. Moreover, the government's record on earlier military health grievances is hardly reassuring. Soldiers unwittingly used in radiation experiments in the 1950s, for instance, had to fight the VA for compensation until the 1980s. And Vietnam veterans claim that scientists manipulated evidence to hide the ravages of Agent Orange. "The CDC actually skewed the data," says retired Navy Adm. Elmo Zumwalt Jr., who blames his son's fatal cancer on the defoliant. Vietnam vets won a $180 million settlement from Agent Orange manufacturers, but not until 1984. Gulf vets, says Zumwalt, "need to keep the pressure on, because in the case of Agent Orange—and I'm sure it'll occur with Desert Storm syndrome—the companies who stand to be found liable for any harmful effects will be in there lobbying."

A few Desert Storm families have been relatively lucky—the Clarks, for instance, whose daughter has been granted free treatment through November of 1996, thanks to an Air Force doctor who recommended her as a subject for study. But others have been denied insurance coverage for "preexisting conditions." They are being driven into poverty; some join the welfare line so Medicaid will help with the impossible burden. "You could be a millionaire, and there's no way you could take care of one of these children," says Lisa Arnold.

Betty Mekdeci thinks Congress should set up a special insurance fund for families like the Arnolds. "The very least we owe these folks is to provide them with a guarantee of care," she says. "I'd be glad to pay the extra taxes to do it."

"I'm angry, frustrated and sad," says Darrell Clark. "It's unfortunate that no one will speak up and say, 'Maybe we made a mistake. How can we help you get on with your lives?'"

Packed into an airplane-shaped swing at his grandmother's house in Charlottesville, Va., Jayce Hanson is getting on with his life as best he can. A cherubic, rambunctious blond, he's the unofficial poster boy of the Gulf War babies—seen by millions in *People*. Jayce is the center of attention here, too, as his father pushes the swing and a photographer snaps his picture. But since his last major public appearance, he has undergone a change: His lower legs are missing.

Now three years old, Jayce was born with hands and feet attached to twisted stumps. He also had a hole in his heart, a hemophilia-like blood condition and underdeveloped ear canals. Doctors recently amputated his legs at the knees to make it easier to fit him with prosthetics. "He'll say once in a while, 'My feet are gone,'" says his mother, Gonnie, "but he's been a real trouper."

During the war, Paul Hanson breathed heavy oil smoke; he stopped taking PB pills early, because they made him dizzy. Now he suffers regularly from headaches, nausea, tightness in the chest. Still, he is optimistic for his son.

"Jayce is very bright," says Paul. "He doesn't realize his limitations. But when he grows up and says, 'Why am I not like everybody else?' we'd like to be able to explain it to him."

An airplane swing lets Jayce free.

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Sandy

Thanks I had asked you to look for this — it's the 1st thing I got from HRC on Gulf War — I finally found it — I kept a copy but you should put this in your Gulf War stuff — BC

I - Gulf War

THE PRESIDENT HAS SEEN
8-17-97

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THE WHITE HOUSE

WASHINGTON

February 10, 1995

SIDENT

FROM: THE FIRST LADY

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

Background Information:

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

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

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

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warfare; pesticides; microwaves; and special paints and solvents. An alternative explanation is post-traumatic stress disorder or stress.

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

VA and DOD Registries

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

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

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

NIH Workshop on Persian Gulf War Illnesses

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

They issued a report that concluded that Gulf War veterans were suffering from undiagnosed illnesses of unknown origins, but

that there was no single entity that could be reasonably called "Gulf War Syndrome." They recommended that more research be done.

Recent Reports

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

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

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

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

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

vaccines (as required by law), and that the vaccines and drugs were used in such a way that they probably would not have provided adequate protection against biological or chemical weapons.

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

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

My meetings with DOD, VA and HHS

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

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

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

Meeting with Veterans' Service Organization Representatives

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

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

Veterans and Their Family Members

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

One recurring theme is that doctors at the individual VA facilities minimize the seriousness of the patients' symptoms, are not particularly well informed about Gulf War illnesses, and sometimes even ignore the law that requires VA to provide free medical care to these veterans. For example, the President of the Gulf War Veterans of Massachusetts wrote on February 9, 1995:

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

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

Lack of Effective Treatment

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

In cases where VA and DOD medical facilities have been unable to effectively treat Gulf War veterans, many veterans have sought care in the private sector. Some Gulf War veterans have complained that the VA and DOD facilities are too conservative in their treatments. The countervailing point of view is that

private sector doctors are taking advantage of the desperation of Gulf War veterans, by selling useless or even dangerous diagnostic tests or treatment.

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

Compensation

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

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

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

Working as a Team With VA, DOD and HHS

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

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

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

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

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

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

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

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

A. DoD Press Conference:

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

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

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

B. President (and Secretary Brown) Announces:

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

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

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

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

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

<u>Blue Ribbon Panel</u>

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

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

cc: Leon Panetta

Withdrawal/Redaction Marker
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. fax	From: David Hamburg, To: Melanne Verveer (12 pages)	3/20/95	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Pam Cicetti
OA/Box Number: 19439

FOLDER TITLE:
Gulf War Illness - Miscellaneous

2014-0159-S
sb305

RESTRICTION CODES

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

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

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

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

b(1) National security classified information [(b)(1) of the FOIA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Susan Powter
SHOW

Hilary Rodham Clinton
White House Office
1600 Pennsylvania Ave.
Washington , D.C. 20500

2/1/95

Dear Mrs. Clinton,

My name is Nancy Lamfers and as a producer for the Susan Powter Show I was exposed to an issue that I believe deserves your immediate attention. Enclosed you will find a video tape of our show which dealt with veterans and their families ravaged by the Gulf War Syndrome. I, like most Americans, was ignorant of the terribly frightening ramifications of this deadly plague which was unleashed by Saddam Hussein during the Gulf War. Even more disconcerting is the flagrant disregard for the ailing Veterans, active duty service personnel and their families who are suffering with this disease (or myriad of diseases), by the Veterans Administration and others who are charged with their care. It is a sad commentary on the state of this country when our leaders find it more important to offer financial aid to our economically incompetent neighbors to the south while our hero's, who risked their lives (and unknowingly their families lives), to protect this country, are left to suffer and die agonizing deaths because their treatment would be "too costly". Where are our priorities? Shame on every man and woman in this country who learns the truth about this and refuses to take action. I promise you this is not going to just go away. The ugly truth cannot be kept from the people any longer. We supplied the biologics to Iraq in the first place...our leaders disregarded the warnings of other nations of the unavoidable dangers of downwind contamination of U.S. and allied troops if we bombed nuclear, chemical and biological targets. If you really want to champion a health care issue, Mrs. Clinton, I do hope you will consider this one. It would be a noble effort and frankly, it has been the women of this country...the wives and mothers of the sick service men and women, who are on the front lines now. They need a leader, the question is; Are you woman enough to take the job. I, for one, believe you are.

Sincerely,

Nancy A. Lamfers
Producer

2220 COLORADO AVENUE, SANTA MONICA, CALIFORNIA 90404 - 310-315-4350 FAX 310-264-7835

THE SECRETARY OF VETERANS AFFAIRS

WASHINGTON

MAR 9 1995

COPY

Letters to the Editor
The Washington Post
1150 15th Street, NW
Washington, DC 20071

On March 6, I attended President Clinton's address to the Veterans of Foreign Wars, and I saw the event differently than was reported in the Post the next day ("Clinton Woos Lukewarm Veterans").

The VFW members stood and greeted the President when he was introduced -- twice. They were both respectful and responsive. But, more important than a difference in perception, there are some things your writer just got flat wrong.

This administration has not changed its approach to veterans. I have been an advocate for veterans in this town for 20 years. I have never seen an administration more intent on reaching out to veterans than the Clinton administration. This President has repeatedly looked for ways to improve veterans' health care and benefits delivery within the constraints the administration inherited. That has been the case from his first day in office.

Veterans have been afforded unprecedented access to the President and his cabinet over the past two years.

He extended the list of disabilities associated with exposure to herbicides used in Vietnam, and he added more treatment centers for veterans with Post Traumatic Stress Disorder.

Chronically disabled Persian Gulf veterans with undiagnosed illnesses are being compensated while we search for a cause and a cure for their disabilities.

Homeless veterans, women veterans and minority veterans are being served now as never before, because of the actions of President Clinton.

For the first time in my memory, veterans know why the decisions that affect them are made, and they have direct input to the policy process.

The approach President Clinton changed was one of benign neglect that we have seen for far too long from far too many administrations.

The assertion that the First Lady initially favored proposals that "would have sharply scaled back the separate health care system for veterans" is absolutely wrong.

From the beginning of the health care reform debate Mrs. Clinton made sure that VA was represented at every level of discussion. She fought hard for an expanded role for VA, not a scaled back one. Sadly, Congress ignored those recommendations, and today sick veterans are suffering because of it.

President and Mrs. Clinton believe sincerely in the debt the nation owes to the men and women who defended it. They are dedicated and understanding advocates for veterans' health and benefit issues. I am proud to serve in this administration, and veterans are fortunate that they finally have a White House which will protect veterans' interests.

Sincerely,

Jesse Brown

Jesse Brown

March 8, 1995

Letters To The Editor

As a subscriber to your paper and a member of the Veterans of Foreign Wars I must take exception to the recent article "Clinton Woos Lukewarm Veterans" in the March 7, 1995 edition. After reading the article, I have to wonder if the author and I were in the same room. From the tone of the story, the reader would get the impression the President was not well received at the VFW conference. The exact opposite is true.

As President Clinton entered the hall he was greeted with a standing ovation by the standing room only crowd. During his address to the members of the Veterans of Foreign Wars, his speech was interrupted numerous times by applause. At the end of his remarks he was given another standing ovation. He then introduced the First Lady who was also greeted with a thunderous round of applause.

During his term, President Clinton has proven to the veterans of this country that he is a strong advocate for them. His speech to the VFW and the veterans' reaction to it is one example of the high esteem that many of us have for President Clinton. I would hope the next time the Washington Post covers a Presidential address to a veterans' service organization the writer reports the facts as they happen.

Sincerely,

Thomas S. Keefe

Thomas S. Keefe
8 Crisswell Court
Sterling, Va.
20165
(703) 430-7852
(202) 219-9116

cc: Melanne

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release January 18, 1994

EXECUTIVE ORDER

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ADVISORY COMMITTEE ON HUMAN RADIATION EXPERIMENTS

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

Section 1. Establishment. (a) There shall be established an Advisory Committee on Human Radiation Experiments (the "Advisory Committee" or "Committee"). The Advisory Committee shall be composed of not more than 15 members to be appointed or designated by the President. The Advisory Committee shall comply with the Federal Advisory Committee Act, as amended, 5 U.S.C. App. 2.

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

Sec. 2. Functions. (a) There has been established a Human Radiation Interagency Working Group, the members of which include the Secretary of Energy, the Secretary of Defense, the Secretary of Health and Human Services, the Secretary of Veterans Affairs, the Attorney General, the Administrator of the National Aeronautics and Space Administration, the Director of Central Intelligence, and the Director of the Office of Management and Budget. As set forth in paragraph (b) of this section, the Advisory Committee shall provide to the Human Radiation Interagency Working Group advice and recommendations on the ethical and scientific standards applicable to human radiation experiments carried out or sponsored by the United States Government. As used herein, "human radiation experiments" means:

(1) experiments on individuals involving intentional exposure to ionizing radiation. This category does not include common and routine clinical practices, such as established diagnosis and treatment methods, involving incidental exposures to ionizing radiation;

(2) experiments involving intentional environmental releases of radiation that (A) were designed to test human health effects of ionizing radiation; or (B) were designed to test the extent of human exposure to ionizing radiation.

Consistent with the provisions set forth in paragraph (b) of this section, the Advisory Committee shall also provide advice, information, and recommendations on the following experiments:

(1) the experiment into the atmospheric diffusion of radioactive gases and test of detectability, commonly referred to as "the Green Run test," by the former Atomic Energy Commission (AEC) and the Air Force in December 1949 at the Hanford Reservation in Richland, Washington;

(2) two radiation warfare field experiments conducted at the AEC's Oak Ridge office in 1948 involving gamma radiation released from non-bomb point sources at or near ground level;

(3) six tests conducted during 1949-1952 of radiation warfare ballistic dispersal devices containing radioactive agents at the U.S. Army's Dugway, Utah, site;

(4) four atmospheric radiation-tracking tests in 1950 at Los Alamos, New Mexico; and

(5) any other similar experiment that may later be identified by the Human Radiation Interagency Working Group.

The Advisory Committee shall review experiments conducted from 1944 to May 30, 1974. Human radiation experiments undertaken after May 30, 1974, the date of issuance of the Department of Health, Education, and Welfare ("DHEW") Regulations for the Protection of Human Subjects (45 C.F.R. 46), may be sampled to determine whether further inquiry into experiments is warranted. Further inquiry into experiments conducted after May 30, 1974, may be pursued if the Advisory Committee determines, with the concurrence of the Human Radiation Interagency Working Group, that such inquiry is warranted.

(b)(1) The Advisory Committee shall determine the ethical and scientific standards and criteria by which it shall evaluate human radiation experiments, as set forth in paragraph (a) of this section. The Advisory Committee shall consider whether (A) there was a clear medical or scientific purpose for the experiments; (B) appropriate medical follow-up was conducted; and (C) the experiments' design and administration adequately met the ethical and scientific standards, including standards of informed consent, that prevailed at the time of the experiments and that exist today.

(2) The Advisory Committee shall evaluate the extent to which human radiation experiments were consistent with applicable ethical and scientific standards as determined by the Committee pursuant to paragraph (b)(1) of this section. If deemed necessary for such an assessment, the Committee may carry out a detailed review of experiments and associated records to the extent permitted by law.

(3) If required to protect the health of individuals who were subjects of a human radiation experiment, or their descendants, the Advisory Committee may recommend to the Human Radiation Interagency Working Group that an agency notify particular subjects of an experiment, or their descendants, of any potential health risk or the need for medical follow-up.

(4) The Advisory Committee may recommend further policies, as needed, to ensure compliance with recommended ethical and scientific standards for human radiation experiments.

(5) The Advisory Committee may carry out such additional functions as the Human Radiation Interagency Working Group may from time to time request.

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

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

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

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

(b) The Advisory Committee shall terminate 30 days after submitting its final report to the Human Radiation Interagency Working Group.

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

WILLIAM J. CLINTON

THE WHITE HOUSE,
January 15, 1994.

# # #

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Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. note	Main Issue to Resolve at 1:00 Meeting [partial] (1 page)	nd	b(6)

COLLECTION:
Clinton Presidential Records
First Lady's Office
Pam Cicetti
OA/Box Number: 19439

FOLDER TITLE:
Gulf War Illness - Miscellaneous

2014-0159-S
sb305

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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

b(1) National security classified information [(b)(1) of the FOIA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

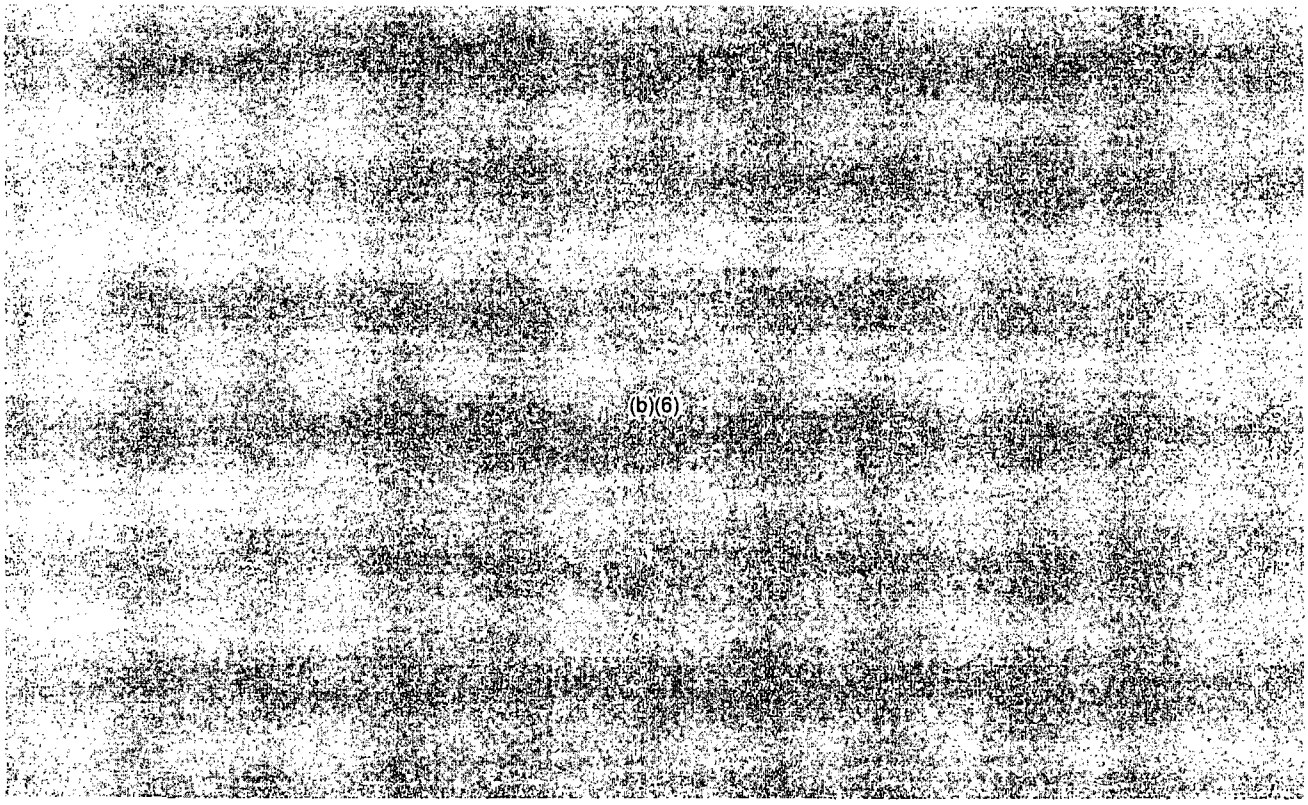
MAIN ISSUES TO RESOLVE AT 1:00 MEETING

1. Presidential Commission v. Advisory Committee

There will be pressure to make it an Advisory Committee that reports to the Cabinet Secretaries. I think the lack of support from the Departments indicates this Committee should **report to the President (especially if you're on it).**

2. "Terms of Reference"; What the Advisory Committee will do

Ken Kizer wants the panel to focus more narrowly on environmental toxins, leaving out the oversight of VA medical care and compensation. **We think it should be a broad mandate**, including access to care, research, and issues regarding biological and chemical weapons.



003

F

TALKING POINTS ON GULF WAR VETERANS' ILLNESSES

-- This Administration will leave no stone unturned in its efforts to determine the causes and to provide care for Gulf War veterans who are ill.

-- As the President said last week, "We must listen to what the veterans are telling us, and respond to their concerns. Just as we relied on these men and women to fight for our country, they must now be able to rely on us to try to determine what happened to them in the Gulf and to help restore them to full health."

-- When I was in Congress, I fought to help Vietnam veterans exposed to Agent Orange. This Administration's handling of Gulf War Veterans' illnesses has been totally different from how Agent Orange was handled.

-- This problem predates this Administration. Since coming into office, we've taken unprecedented steps to help these veterans. Let me give you some examples:

-- First, in 1993 and again in 1994, the President signed legislation to give veterans free medical care for illnesses they think are related to being in the Gulf.

-- Second, for the first time ever, because of legislation the President supported and signed, VA is now allowed to compensate veterans suffering from undiagnosed illnesses.

-- Third, we have more than 30 research projects already underway to determine the causes of these illnesses. Last week, the President announced that we will spend up to $13 million more on new research on Gulf War veterans' illnesses this year.

-- Fourth, DOD is now declassifying and making available to the public all information about the potential causes of these illnesses.

-- Finally, as you know, the President is establishing a Presidential Advisory Committee to review and provide recommendations on the full range of U.S. government efforts related to this problem.

IF ASKED ABOUT A COVER-UP REGARDING THE USE OF CHEMICAL WEAPONS:

-- There has been no cover-up. But there still are unanswered questions about what is causing the illnesses. We are doing everything we can to get to the bottom of these illnesses.

GULF WAR VETERANS ILLNESSES
PRESS QUESTIONS AND ANSWERS

1. Was the Advisory Committee a response to the "60 Minutes" story?

No. Since late last year, we have been considering the possibility of an Advisory Committee to help ensure that our response to these veterans is as comprehensive and effective as possible. We have worked hard, from the very beginning of this Administration, to provide priority medical care and compensation to veterans who are ill, and we've spent millions of dollars already, and will spend up to $13 million more this year, on research aimed at determining the causes of their illnesses.

2. Is DOD covering up evidence of the use of chemical or biological weapons?

There has been no cover-up. But there still are unanswered questions about what is causing the illnesses of Gulf War veterans. We are continuing to look at this -- we've not let up in our search.

3. What about the charges that the Defense Department withheld information from Senator Riegle?

There is no basis for the charge that DOD tried to hide logs in response to Senator Riegle's March 1994 request. In its "initial interim" response to the request, the Department described the search being conducted throughout DOD and noted that Central Command had, after one search, found no documents meeting the description in the request. DOD invited Senator Riegle to "provide a more specific description" of the documents sought, and offered to "repeat the search using the new description." Senator Riegle's office did not respond to this offer.

The whole reason the logs are in the public now is that last June, DOD announced it would declassify all material related to the potential causes of Gulf War veterans' illnesses. Thus far, the Department has reviewed more than 400 linear feet of records as part of its effort to declassify and release these records.

4. Deputy Secretary of Defense Deutch told "60 Minutes" that there was no "widespread" use of chemical weapons. Does DOD now believe that there was some use of CW?

We have not been able to confirm any reports of the use of chemical or biological weapons. We want to stress, however, that we are continuing to look at this and other possible causes.

5. What about the detection of chemical agents by Czech detection teams?

There were three incidents in which Czech units reported detecting chemical agents in Saudi Arabia. We have pursued these reports aggressively, including going to Czechoslovakia and

examining the equipment that was used. There has been no independent corroboration of these reports. But we are continuing to look into this.

6. What about Michael Johnson, who was awarded a medal for positively identifying suspected chemical agents?

Michael Johnson was given a medal. However, at the time they gave him the medal, his immediate superiors were unaware of the fact that the material which he had identified as a suspected chemical agent was actually nitric acid, which is used in.....(rocket fuel?).

7. What about the soldier who was exposed to mustard agent while searching Iraqi bunkers?

Mustard agent was identified on the soldier's clothing and equipment during initial tests in the field. However, subsequent laboratory tests of his clothing, equipment and urine proved negative. Moreover, when the bunker was later searched, only boxes of soap powder were found.

8. Do you believe there could have been repeated low-level exposures to chemical agents?

Low-level exposure to chemical agents has a whole array of symptoms, some of which have been studied, some of which are not adequately studied. We are continuing to look at this and other possibilities.

9. How can you be sure the experimental drugs and vaccines given to the troops didn't make them sick?

Pyridostigmine bromide is a treatment that protects troops against the possible use of chemical agents. At the beginning of the war, policymakers believed that Iraq would use chemical weapons and that it was important to provide this protection. Could it have made them sick? Some of the $8-13 million in new research that the President announced last Monday will be used to look into this very question -- the effect of this drug, particularly when combined with other environmental exposures like pesticides. We won't know the answer to this question for sure until some of this research is completed.

10. Are birth defects among children of Gulf War veterans related to Persian Gulf service?

Results of a small study conducted by the Mississippi Health Department in conjunction with the Centers for Disease Control showed no increase in birth defects among children born to Persian Gulf veterans in two National Guard Units. But this issue requires extremely careful review. Some of the new research announced last Monday will look into this question.

11. *Do you believe that there is such a thing as "Gulf War Syndrome?"*

There is no question that we have thousands of Gulf War veterans who are ill. They have symptoms. They deserve compassionate and full medical care. As the President said last Monday, "Just as we relied on these men and women to fight for our country, they must now be able to rely on us to try to determine what happened to them in the Gulf and to help restore them to full health."

12. What about veterans who say they are getting a run-around and that you don't take them seriously?

We have worked hard to ensure that everyone who served in the Gulf gets the medical care that they need for their illnesses. That's why the President signed legislation to provide free medical care for veterans with illnesses that may be related to service in the Gulf. That's why he supported and signed legislation to provide disability benefits to Gulf War veterans with undiagnosed illnesses. That's why we have more than 30 different research projects on Gulf War veterans' illnesses already underway, and will spend up to $13 million more on research this year.

13. Why has it taken so long to help these sick veterans and their families?

What these veterans and their families want is to get well and to find out what made them sick. Many of these illnesses are complicated and difficult to diagnose. Despite the government's research efforts -- and there are more than thirty research projects underway -- we have not yet been able to determine the causes of all the veterans' illnesses. But until we do, we are taking unprecedented steps to compensate these veterans even when we can't diagnose their illnesses, and DOD and VA have special, priority care programs to make sure they get the treatment they need.

14. Who is going to be on this Presidential Advisory Committee?

As the President indicated in his speech to the VFW last Monday, a number of distinguished scientists, doctors, veterans and others will be asked to serve on the Committee. We are not in a position to release any names today.

15. Why do this? You have had other panels. What is different or better than previous panels?

This will be an independent Presidential Advisory Committee, reporting through the Secretaries of VA, Defense and HHS to the President on the full range of U.S. government activities related to the illnesses of Gulf War veterans.

Previous expert panels have been more short term or had a more narrow focus.

-- For example, an NIH Workshop met for only three days; the Lederberg panel convened by the Defense Department focused only on DOD issues; the Institutes

of Medicine panel is making recommendations about the types of research and data collection and coordination that are needed. No panel has looked at research, treatment, access to information and the full range of issues surrounding Gulf War veterans illnesses.

The Presidential Advisory Committee the President announced last Monday will also have a broader mandate than the Persian Gulf Coordinating Board, which was established in January 1994 and is comprised of officials from DOD, VA and HHS.

The Depts. of Defense and Veterans Affairs have made unprecedented efforts to diagnose and treat these illnesses and to compensate veterans who are disabled by them. The President thinks this Presidential Advisory Committee will help ensure that our response to these veterans is as comprehensive and effective as possible.

16. What will the Presidential Advisory Committee do?

Make sure we are doing everything possible to provide effective medical care to those who are ill.

Make sure we are effectively coordinating research and other efforts aimed at determining the causes of their illnesses.

Make sure that information about these issues is made publicly available regularly and as soon as possible.

DISCUSSION DRAFT

STRATEGY TO PRE-EMPT 60 MINUTES

The general tone of any of these announcements must not be defensive or accusatory. WE ARE CONCERNED that there are problems, and we are already making efforts to address those problems.

A. DoD Press Conference:

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

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

3. IF POSSIBLE: DoD announces that they have withdrawn a request for a permanent waiver of informed consent for the use of experimental drugs. [They may still request such waivers on a case by case basis].

B. President (and Secretary Brown) Announces:

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

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

3. IF POSSIBLE: In response to requests from veterans groups, the VA will analyze data from PGW veterans who have died, and CDC will work with them to evaluate whether the number of deaths or diagnoses are unusual.

4. The VA will include information about ill spouses and children on the PGW Health Registry starting this summer(?); it is already including information about birth defects, miscarriages, and still births. This will help provide information about whether an unusually large number of these problems are occurring. Dr. Ken Kizer is in charge.

Melanne Verveer File

Jay Rockefeller
has submitted
this to the POST -
don't know if they'll
run it

DIANA M. ZUCKERMAN

202 Hart Building
U.S. Senate
Washington, DC 20510
(202) 224-2074

4703 DeRussey Parkway
Chevy Chase, MD 20815
(301) 652-0674

EDUCATIONAL BACKGROUND

Yale Medical School, Post-doctoral fellow in epidemiology/public health, 1979-80.

Ohio State University, Psychology, M.A. 1975; Ph.D., 1977.

Smith College, B.A., Psychology, 1968-72.

LEGISLATIVE AND POLICY EXPERIENCE

Director, Health Policy Staff, Senate Veterans' Affairs Committee — 1993-present

Establish Senate legislative and hearing priorities to reform and improve health and mental health services and research for the VA, which runs the largest medical system in the U.S. Write speeches, articles, press releases, and Congressional reports. Work with media. Manage Committee health staff and issues, initiate and oversee General Accounting Office (GAO) reports. Represent Chairman Jay Rockefeller at meetings with the White House, Federal agencies, members of Congress and their staff, VA Medical Center officials, advocacy organizations, university deans and faculty, and veterans.

Director of the Office of Policy, Planning, and Legislation — 1993
Center for Mental Health Services, HHS

Associate Director of the mental health services agency of the U.S. Department of Health and Human Services. Responsible for fiscal planning and program priorities for this $385 million agency; established and managed new office; developed initiatives to prevent mental illness among children; and worked with Congress, other Federal agencies, experts in the field, and advocates to improve services to prevent and treat mental illness.

Senior Policy Analyst/Investigator, U. S. House of Representatives — 1985-93

Analyzed and investigated programs of the U.S. Departments of Health and Human Services, Education, and Veterans Affairs, and the National Science Foundation for the Subcommittee on Human Resources and Intergovernmental Relations. Developed 23 congressional hearings; wrote 12 congressional reports, legislation, articles, and speeches; worked with media; supervised staff; initiated and supervised studies by the GAO; and represented Chairman (Rep. Ted Weiss, 1985-92; Rep. Donald Payne, 1992) at meetings with members of Congress and their staff, administration officials, and advocates. Initiated and managed investigations that influenced health and research policies in the U.S. and abroad. Evaluated management problems within Federal agencies, and developed strategies to improve Federal policies and programs.

Legislative Assistant, Rep. Pat Williams, U. S. Congress 1983-84

Developed and evaluated legislation pertaining to health care and social services. Wrote speeches and position papers, and represented Rep. Williams in meetings with Congressional staff, advocates, and policy-related experts.

ADMINISTRATIVE, RESEARCH, AND OTHER PROFESSIONAL EXPERIENCE

Director, Seven College Study, Harvard University 1980-83

Developed, designed, analyzed, and published results of a study of the impact of programs and policies on the goals and well-being of 9,000 students. Managed staff and study on seven campuses; developed the budget; designed surveys; wrote articles; and gave speeches.

Post-doctoral Fellow in Epidemiology, Yale Medical School 1979-80

Statistically analyzed, interpreted, and published the results of three research projects: social factors influencing the mortality of the elderly poor, treatment for depression, and medical care for victims of domestic violence.

Project Director, Psychology Department, Yale University 1978-79

Directed, designed, analyzed, and published results of a nationally-recognized research project that evaluated and modified television's impact on children. Supervised staff, trained public school teachers, and co-authored two books and several articles.

Assistant Professor, Psychology Department, Vassar College 1977-78

OTHER RELEVANT SKILLS AND EXPERIENCE

Publications, Speeches, and Media: Author of 4 books, 30 articles, and 13 Congressional reports in the areas of health, mental health, scientific research, social policy, and education. Wrote and presented 50 speeches and papers for national and international conferences and professional meetings, and state and county meetings. Interviewed on TV talk shows, national news programs, radio, and by print media.

Consultant: Conducted research and program evaluations for medical schools, hospitals, and public schools regarding domestic violence, discrimination, and educational equity.

Psychologist: Fellow of the American Psychological Association; Member of Board of Professional Affairs 1990-92. Psychotherapist for children, adults, and families 1974-80.

AWARDS AND HONORS

Received scholarships, fellowships, research grants, and awards in health and public policy.

JOHN D. ROCKEFELLER IV
WEST VIRGINIA

United States Senate

WASHINGTON, DC 20510-4802

December 20, 1994

Dear Erskine,

I am writing to ask you to make every possible effort to consider Dr. Diana Zuckerman for a position in the Administration.

Diana has been a key member of my health staff, in charge of health care reform and related legislation and policy issues for the Senate Veterans' Affairs Committee. Since I will no longer be chairing that committee, I am committed to assisting her find a position in the Administration where she can continue putting her many skills and her experience to use.

Diana has worked at a senior level on a range of health and social issues in the Senate and the House for most of the last 11 years. She was Director of Policy, Planning and Legislation for the Center for Mental Health Services at HHS before joining my staff last year. Prior to coming to Capitol Hill, she was a university faculty member and researcher in the fields of psychology and epidemiology at Harvard, Yale, and Vassar.

I believe that Diana's combination of skills from academia and Capitol Hill qualify her for a variety of policy positions.

Diana is an energetic, creative individual who welcomes challenges and focuses on producing results. She would bring those same abilities to whatever area of the Administration needs her kind of background and interests, ranging from welfare reform to reinventing government to health care policy. She tells me that her goal is to find a position where she can tackle difficult problems and find solutions that will improve public policy and serve this Administration.

Diana would especially like to be considered for the Consumer Product Safety Commission, a role in welfare reform or health issues at HHS or the White House, or other political positions that focus on domestic social policy.

I deeply appreciate any direction and assistance you can provide to enable Diana to make a contribution where it is needed.

Thank you very much, and warm holiday wishes to you.

Sincerely,

John D. Rockefeller IV

Mr. Erskine Bowles
Deputy Chief of Staff
1st Floor West Wing
The White House
Washington, D.C. 20500

cc: Ms. J. Veronica Biggins

Erskine, as you can understand Diana is very important to me. She really led the whole Persian gulf vets Gulf War Syndrome investigation that was my main "achievement" as Veterans Committee chairman.

Thanks Erskine.

Sen. Rockefeller's staff report

103D CONGRESS
2d Session

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IS MILITARY RESEARCH HAZARDOUS TO VETERANS' HEALTH? LESSONS SPANNING HALF A CENTURY

A STAFF REPORT PREPARED FOR THE

COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE

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IS MILITARY RESEARCH HAZARDOUS TO VETERANS' HEALTH? LESSONS SPANNING HALF A CENTURY

I. INTRODUCTION

During the last 50 years, hundreds of thousands of military personnel have been involved in human experimentation and other intentional exposures conducted by the Department of Defense (DOD), often without a servicemember's knowledge or consent. In some cases, soldiers who consented to serve as human subjects found themselves participating in experiments quite different from those described at the time they volunteered. For example, thousands of World War II veterans who originally volunteered to "test summer clothing" in exchange for extra leave time, found themselves in gas chambers testing the effects of mustard gas and lewisite.[1] Additionally, soldiers were sometimes ordered by commanding officers to "volunteer" to participate in research or face dire consequences. For example, several Persian Gulf War veterans interviewed by Committee staff reported that they were ordered to take experimental vaccines during Operation Desert Shield or face prison.[2]

The *goals* of many of the military experiments and exposures were very appropriate. For example, some experiments were intended to provide important information about how to protect U.S. troops from nuclear, biological, and chemical weapons or other dangerous substances during wartime. In the Persian Gulf War, U.S. troops were intentionally exposed to an investigational vaccine that was intended to protect them against biological warfare, and they were given pyridostigmine bromide pills in an experimental protocol intended to protect them against chemical warfare.

However, some of the studies that have been conducted had more questionable motives. For example, the Department of Defense (DOD) conducted numerous "man-break" tests, exposing soldiers to chemical weapons in order to determine the exposure level that would cause a casualty, i.e., "break a man."[3] Similarly, hundreds of soldiers were subjected to hallucinogens in experimental programs conducted by the

[1] Veterans at Risk: The Health Effects of Mustard Gas and Lewisite, Pechura, C.M. & Rall, D.P. (Eds.) Institute of Medicine, National Academy Press, Washington, DC, 1993, p. 65

[2] In a survey of 150 Persian Gulf War veterans conducted by Committee staff, 15 of 17 military personnel receiving botulinum toxoid in the Gulf war were told they could not refuse the vaccination; 54 of 73 military personnel receiving pyridostigmine were told they could not refuse the drug

[3] Veterans at Risk, op. cit., p. 36

DOD in participation with, or sponsored by, the CIA.[4,5] These servicemembers often unwittingly participated as human subjects in tests for drugs intended for mind-control or behavior modification, often without their knowledge or consent. Although the ultimate goal of those experiments was to provide information that would help U.S. military and intelligence efforts, most Americans would agree that the use of soldiers as unwitting guinea pigs in experiments that were designed to harm them, at least temporarily, is not ethical.

Whether the goals of these experiments and exposures were worthy or not, these experiences put hundred of thousands of U.S. servicemembers at risk, and may have caused lasting harm to many individuals.

Every year, thousands of experiments utilizing human subjects are still being conducted by, or on behalf of, the DOD. Many of these ongoing experiments have very appropriate goals, such as obtaining information for preventing, diagnosing, and treating various diseases and disabilities acquired during military service. Although military personnel are the logical choice as human subjects for such research, it is questionable whether the military hierarchy allows for individuals in subordinate positions of power to refuse to participate in military experiments. It is also questionable whether those who participated as human subjects in military research were given adequate information to fully understand the potential benefits and risks of the experiments. Moreover, the evidence suggests that they have not been adequately monitored for adverse health effects after the experimental protocols end.

Veterans who become ill or disabled due to military service are eligible to receive priority access to medical care at VA medical facilities and to receive monthly compensation checks. In order to qualify, they must demonstrate that their illness or disability was associated with their military service. Veterans who did not know that they were exposed to dangerous substances while they were in the military, therefore, would not apply for or receive the medical care or compensation that they are entitled to. Moreover, even if they know about the exposure, it would be difficult or impossible to prove if the military has not kept adequate records. It is therefore crucial that the VA learn as much as possible about the potential exposures, and that the DOD assume responsibility for providing such information to veterans and to the VA.

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[4]Testimony of Deanne Siemer, general counsel, Department of Defense, hearing before the Subcommittee on Health and Scientific Research, Committee on Human Resources, U.S. Senate, "Human Drug Testing by the CIA, 1977," September 20-21, 1977, pp. 157-168.

[5]Testimony of Sidney Gottlieb, M.D., former CIA agent, hearing before the Subcommittee on Health and Scientific Research, Committee on Human Resources, U.S. Senate, "Human Drug Testing by the CIA, 1977," September 20-21, 1977, pp. 169-217

IV. Staff Recommendations

A. FDA SHOULD DENY THE DEPARTMENT OF DEFENSE REQUEST FOR A "BLANKET WAIVER" TO USE INVESTIGATIONAL DRUGS WITHOUT INFORMED CONSENT IN CASE OF WAR OR THREAT OF WAR.

If investigational drugs are deemed necessary for protection or treatment, a waiver of informed consent should be sought only on a case-by-case basis. While the military might order individuals to take an investigational drug or use an investigational device if it is clearly safe and potentially efficacious, under no circumstances should the DOD fail to inform individuals about the known short-term and long-term risks prior to its administration.

In 1990, DOD applied to FDA for a waiver of informed consent, claiming they would provide warnings orally and in writing regarding the risks of pyridostigmine, even though they would not give soldiers the choice of whether or not to take it. According to reports from various sources, including DOD's own study, DOD did not fulfill its promise. In addition, DOD personnel apparently distributed these drugs to civilians without any warnings. These failures and broken promises should be sufficient to persuade FDA to reject the DOD request for a blanket waiver, and should be taken into consideration any time DOD applies for a waiver of informed consent. In addition, FDA should investigate these problems and work with DOD to prevent similar problems in the future.

In addition, third-party or "deferred" consent should not be considered unless the individual receiving the drug is physically or mentally incompetent to make an informed decision on his/her behalf. If the DOD fails to obtain the necessary waivers, or fails to adequately inform those receiving the investigational products, DOD should be required to provide a written explanation to the appropriate congressional committees.

B. FDA SHOULD REJECT IND AND NDA APPLICATIONS FROM DOD THAT DO NOT INCLUDE DATA ON WOMEN AND LONG-TERM FOLLOWUP DATA.

When DOD submits an IND (investigational new drug) application or NDA (new drug application) to FDA for any product that they plan to use, they should always be required to include women in their research, since it is likely that the product will be used by women. On the basis of that requirement, FDA should reject the currently pending NDA for pyridostigmine's use as an antidote enhancer, which was submitted to FDA in early 1994.

At a Senate briefing in November 1994, Dr. Ruth Merkatz, FDA's Associate Commissioner for Women's Health, stated that FDA will always require data on women in future drug approval applications, if the product under review is intended for use by women. However, Dr. Merkatz was not specific about whether this policy would apply to DOD.

In addition to data on women, it is increasingly clear that drugs can have long-term adverse reactions that are not immediately obvious. Given the responsibility of the Federal Government to provide medical care to veterans who were harmed during military service, DOD and FDA need to ensure that the VA and the public are aware of any potential long-term adverse reactions of any medical products that are given to military personnel.

In the case of pyridostigmine, a drug that DOD wants to have the authority to use in future conflicts in the Persian Gulf and elsewhere, FDA should immediately urge DOD to conduct the kinds of research that is needed to prove its safety for future military use, including research on its potentially toxic effects when combined with insecticides and other chemical agents that are commonly used by military personnel.

C. CONGRESS SHOULD AUTHORIZE A CENTRALIZED DATABASE FOR ALL FEDERALLY FUNDED EXPERIMENTS THAT UTILIZE HUMAN SUBJECTS.

Currently, the U.S. Department of Agriculture maintains a database which can identify the number of research grants awarded for studying various species, such as beef and dairy cattle, poultry, sheep, swine, and others.[166] However, a database which identifies the types of human subjects does not exist.

Congress should authorize a database which would provide crucial information on federally funded research utilizing human subjects. Included in this database should be the amount of Federal dollars spent on various research efforts and the type of human subjects utilized, such as women, minorities, children, prisoners, military personnel, and others.

Annual reports from the data collected should be provided to Congress. Such information would enable legislators to understand better the use of human subjects in federally sponsored research.

D. CONGRESS SHOULD MANDATE ALL FEDERAL AGENCIES TO DECLASSIFY MOST DOCUMENTS ON RESEARCH INVOLVING HUMAN SUBJECTS.

Information involving human subjects in military research, which remains classified for purported reasons of national security, needs to be reevaluated and declassified whenever possible. All Federal agencies should scrutinize classified information and make information available which might benefit individuals who participated in such research.

E. CONGRESS SHOULD REESTABLISH A NATIONAL COMMISSION FOR THE PROTECTION OF HUMAN SUBJECTS, WITHOUT A TERM LIMIT, WHICH HAS THE AUTHORITY TO INVESTIGATE POTENTIAL VIOLATIONS OF HUMANS SUBJECTS' RIGHTS IN FEDERALLY FUNDED RESEARCH.

A National Commission should standardize Federal regulations (45 CFR 46), and consider adding military personnel as a vulnerable population. Policies for the conduct of research in war or for the purposes of national security should receive greater public debate. No

[166] Phone interview, Patrick Casula, Office of Grants and Program Systems, U.S. Department of Agriculture, October 12, 1994

existing regulations governing military personnel should be finalized without such public dialogue.

Congress should provide authorization and appropriations for the National Commission, and require annual reports on potential violations of human subjects' rights. The administrative body of the Commission should consist of nine members, three appointed by the majority party in Congress, three appointed by the minority party in Congress, and three appointed by the executive branch.

F. THE DEPARTMENT OF VETERANS AFFAIRS AND THE DEPARTMENT OF DEFENSE SHOULD IMPLEMENT REGULAR SITE VISITS TO REVIEW THE PERFORMANCE OF INSTITUTIONAL REVIEW BOARDS.

DOD and VA authorized site visits should include an evaluation of military and VA research onsite, and a random sample review of actual research and medical records, interviews with human subjects, and signed consent forms to assure investigator compliance. A mechanism should be in place whereby human subjects can express concern over perceived or actual violations of the informed consent contract. This mechanism should allow human subjects to register complaints to a regulatory agency and the National Commission, rather than solely the investigator of the research project. All military personnel and veterans involved in research should receive a copy of the "Experimental Subject's Bill of Rights."[167]

G. THE FERES DOCTRINE SHOULD NOT BE APPLIED FOR MILITARY PERSONNEL WHO ARE HARMED BY INAPPROPRIATE HUMAN EXPERIMENTATION WHEN INFORMED CONSENT HAS NOT BEEN GIVEN.

The U.S. Supreme Court has interpreted the Feres Doctrine to mean that soldiers "injured in the course of activity incident to service" may not sue the Government for compensation.[168] However, when inappropriate experimentation has resulted in suffering for military personnel, this interpretation stands in violation of established ethical standards, including the Nuremberg Code, the Declaration of Helsinki, and the "Common Rule." Congress should not apply the Feres Doctrine for military personnel who are harmed by inappropriate experimentation when informed consent has not been given.

The U.S. Supreme Court mentioned the Nuremberg Code in *United States v. Stanley* in 1987. James Stanley, an Army serviceman, volunteered to test the effectiveness of protective clothing and equipment against chemical warfare in February 1958.[169] In the process, he unknowingly received LSD as part of an Army study to determine the effects of the drug on humans. Although Stanley suffered from periods of incoherence and memory loss for years, he

[167] "Summary of Findings and Recommendations, Review of the Office of Health and Environmental Research Program, Protection of Human Research Subjects," Subcommittee of the Health and Environmental Research Advisory Committee, U.S. Department of Energy, May 1994.

[168] [redacted] G.J. & Grodin, M.A. "The Nazi Doctors and the Nuremberg Code," Human Rig[redacted]uman Experimentation, Oxford University Press, 1992, p. 209

[169] Ibid., pp. 212-214.

only learned in 1975 that he had participated in the LSD study when the Army solicited his cooperation in a followup study. Having been denied compensation for injury by the Army, Stanley filed under the Federal Tort Claims Act. Justice Antonin Scalia wrote the opinion for the Court, split 5 to 4.[170] Justice Scalia wrote that permitting Stanley to sue the Army would disrupt the Army itself and "would call into question military discipline and decision-making." However, Justice Sandra Day O'Connor, writing for herself as one of the dissenting judges, stated that the Feres doctrine bar

> "surely cannot insulate defendants from liability for deliberate and calculated exposure of otherwise healthy military personnel to medical experimentation without their consent, outside of any combat, combat training, or military exigency..."[171]

Justice O'Connor also commented on the Nuremberg Code in her writing, stating that voluntary consent of the human subject is absolutely essential, even for the U.S. military. It was, after all, the U.S. military who played an instrumental role in the criminal prosecution of the Nazi officials who experimented with human beings during World War II.

[170] *United States v. Stanley*, 107 S. Ct. 3054 (1987), cited in "The N[redacted]urs and the Nuremberg Code," Human Rights in Human Experimentation, An[redacted]. & Grodin M.A., Oxford University Press, 1992, pp. 212-214.

[171] Ibid

Gulf vets want to know what's killing babies

BY KAREN GARLOCH
Knight-Ridder/Tribune News Service

Another Persian Gulf War baby from Fort Bragg, N.C., died a week ago. But a study released Wednesday concludes that Persian Gulf War veterans are no closer to finding out whether wartime exposures to oil fires, pesticides and chemicals are causing health problems for them and their children.

Despite intense publicity and concern, the federal government has failed to coordinate meaningful research into potential health problems of Persian Gulf veterans, according to the Washington-based Institute of Medicine.

The private, nonprofit institute urged the government to stop piecemeal research and focus on scientifically sound projects, including a large-scale study that veterans have demanded.

"We're not very close to having satisfactory scientific answers to whether people suffered adverse effects from serving in the Gulf War," said David Savitz, an epidemiologist at the School of Public Health at the University of North Carolina at Chapel Hill who participated in the study.

"There's no sort of a master plan to ensure that the best science will be done. In the absence of that, how could you expect it all just to fall into place?"

Military families across the country are frightened that they have "Gulf War syndrome" — unexplained, chronic symptoms that have struck thousands of veterans. And they're worried that it is being passed on to their children.

Of the 700,000 troops who served in the 1990-91 war, more than 45,000 are listed with two registries. Not all are sick, but many report symptoms, including rashes, nausea, headaches, depression, memory loss, respiratory and heart problems, cancer and birth defects.

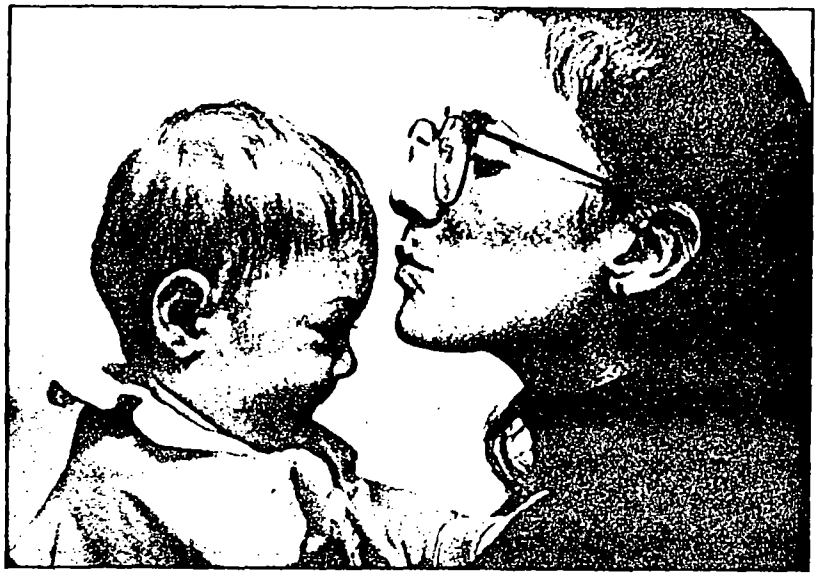
In congressional hearings, veterans have complained that they were carelessly exposed to toxic substances, including pesticides, anti-nerve-gas medicines and smoke from oil fires.

Congress asked the institute, an arm of the National Academy of Sciences, to review the government's Persian Gulf War research. Halfway through its three-year investigation, the institute issued recommendations that it said couldn't wait.

Although dozens of studies of Persian Gulf War vets are under way, the institute said many are redundant or poorly designed. There also are gaps in research areas.

"There needs to be a broader overview that targets the most affected groups," Savitz said.

The institute's report criticized the lack of a single, comprehensive data bank listing all



Knight-Ridder/Tribune Photo Service

ANOTHER BABY DIES — Army Capt. Lisa Burton, a veteran of the Persian Gulf War, plays with her daughter Grace in November 1994. Grace died Jan. 2. Burton worries that Grace's death was related to her service in the war.

veterans of the war and where they served.

Researchers should evaluate the health effects of exposure to lead, absorbed through the lungs from the smoke of raging oil-well fires and of diesel stoves used to heat tents, the institute said. It also recommended studying the interaction of two pesticides and an anti-nerve-gas medicine.

But it disputed widespread allegations that soldiers were exposed to chemical warfare, saying it "could find absolutely no reliable intelligence and no medical or biological justification for any of these purported claims."

Whatever the causes of Gulf War syndrome, military families just want some answers.

Grace Burton's death Jan. 2 further saddened and enraged parents at Fort Bragg, where 10 children of Persian Gulf War veterans have died since the war ended.

"It's an absolutely needless, tragic death," said Melanie Ayers, of Fayetteville, N.C., whose 5-month-old son also died of a heart defect that she believes was caused by her husband's exposure to chemicals during the war.

Ayers, who has been keeping a tally of Persian Gulf War babies with health problems, said Grace, 11 months, was the fourth baby she knew with hypoplastic left heart syndrome, an abnormality that keeps the left side of the heart from pumping blood through the body.

She was born Jan. 27, 1994, and doctors performed open-heart surgery when she was 8 days old. She had a second operation in September and would have had another this year. Grace's mother, Army Capt. Lisa Burton, said she took anti-nerve-gas pills and was exposed to oil-fire smoke during the war.

Ayers said Grace had gotten a cold and an ear infection over the holidays. She developed pneumonia.

"We all presumed that if anything happened, it would be her heart," Ayers said. "Because of her condition, she was exceedingly susceptible to other problems."

Ayers, who has a healthy 3-year-old daughter, wants other children, but worries that they might have problems like her son's heart defect, which was undetected before he died.

Ayers said Grace was "our miracle baby. To me, she was hope."

Hartford Courrant

Medical claims for gulf war ailments most often denied

By THOMAS D. WILLIAMS
Courant Staff Writer

Nearly two-thirds of Persian Gulf War veterans who claim ailments from the war are being denied government medical coverage, federal figures show.

The denial rate, released this month by the U.S. Department of Veterans Affairs, is drawing criticism from veterans' advocates who say the agency is failing soldiers who risked their lives for their country.

"The claims process at the VA has collapsed, and it is a failure," said Paul Sullivan, president of Gulf War Veterans of Georgia. "It is outrageous that so many veterans are improperly denied, and that the vets wait up to two years to be denied."

But Secretary of Veterans Affairs Jesse Brown has said his department has been laboring to care for veterans and for the first time in history has helped get medical treatment for veterans with undiagnosed illnesses.

Since the war ended four years ago, 46,983 veterans have filed medical claims, Ken McKinnon, a veterans' department spokesman, said Friday. In all, 696,000 U.S. service people participated in the war.

The department ruled that 14,895 claims were connected to military service but 27,192 were not, McKinnon said. An additional 4,896 claims are pending.

McKinnon said several thousand claims that involve environmental hazards will be reconsidered under a federal law passed in October. It mandates treatment for gulf war veterans with undiagnosed illnesses.

McKinnon said there were 5,487 environmental sickness claims, of which 2,877 are completed and 2,610 are pending.

Only 472 veterans, or 16 percent, who claimed environmental illnesses were approved.

Sullivan said all of the nearly 47,000 cases of veterans who made medical claims should be reconsidered in light of recent congressional findings.

An inquiry by the staff of U.S. Sen. Donald W. Riegle Jr., D-Mich., found that gulf war soldiers became sick from exposure to Iraqi chemical weapons and most likely biological weapons. The Senate's veterans' committee recently found that a nerve-gas pill and biological vaccines made some soldiers sick, and that the military did not keep adequate medical records to help veterans when they filed claims.

Sullivan said the veterans' department is denying many claims because of those missing military records, as well as sketchy or missing records of soldiers' exposure to oil well fires, biological or chemical weapons, and pesticides.

Richard Haines, director of Gulf Veterans International Inc., which has collected donations from 20 states to help veterans, agreed. "If they had conducted tests for toxicity and done their homework on the effects of [toxins], most of those claims could have been approved," he said.

"They are declining the claims because the previous regulation required the injury or illness to have begun in the war theater and campaign," Haines said. "If they understood the true nature of the illness, it would be a logical explanation that this illness would have delayed effects."

Sullivan and Haines said the Defense Department and the veterans' department have failed to compare totals of all dead gulf veterans, as well as those suffering from cancers, heart and neurological diseases, with the death and disease totals of other similarly aged populations.

This study could prove, said Sullivan, that many more veterans have gulf war illnesses than the veterans' department and the Defense Department are willing to acknowledge.

PERSIAN GULF WAR SYNDROME

In the years following the brief but intense 1991 Persian Gulf War, a significant number of U.S. troops who saw service in this conflict have reported chronic, often serious illnesses in themselves and in their families. Disturbing questions have also been raised about birth defects in the children of Persian Gulf veterans. These young soldiers left for the Gulf in peak physical condition and returned suffering; it is hard to believe that their subsequent illnesses are unrelated to their service in Desert Shield/Desert Storm.

As the ranking member of the Senate's Committee on Veteran Affairs, I, for the past three years, have been aggressively pursuing the facts to help explain the numerous illnesses being reported by Gulf War veterans. A recent ally in this investigation has been the Presidential Advisory Committee on Gulf War Veteran's Illnesses. This Presidential Committee was established in August of 1995 to help us get to the bottom of this complex issue. Through the creation of this Advisory Committee, President Clinton demonstrated his enormous commitment to helping suffering Gulf War veterans and their families. Slowly, we are unravelling the medically and scientifically complex issues associated with Gulf War veterans' illnesses. And much more remains to be done.

We know, for example, that our Gulf War veterans were subjected to a wide variety of risk factors during Desert Shield/Desert Storm. Some speculate that exposure to chemicals released from burning oil wells may be a factor. Some recent studies by scientists at Duke University indicate that vaccinations soldiers received to protect them against biological and chemical weapons like anthrax and botulism toxin may be the cause of some of the ailments. The drug pyridostigmine bromide was prescribed to troops in an effort to lessen the effects of nerve gas agents should they be exposed during the conflict but these vaccines were not properly tested, administered or tracked by the Pentagon when they were given to the troops. Some soldiers also were exposed to pesticides, used to control insect-born diseases including the tropical disease leishmaniasis. At first, there was massive reluctance within the government to aggressively pursue these mystery illnesses. But prodding from the Congress and the White House has resulted in more action. After serious foot dragging, the Congress have forced the Pentagon and Veterans Administration to study some of the possible health consequences from exposure to these toxins, particularly when combined. And the President's Commission prompted the Pentagon to finally admit knowledge of at least one unit's exposure to chemical weapons fallout.

There were reports of credible detections of chemical warfare agents by coalition forces during the war which the Department of Defense received but sadly ignored. Subsequent investigations by

the Congress and the Administration have reported that U.S. troops also may have been exposed to chemical agents during postwar efforts to destroy Iraq's weapons of mass destruction. Due to the poor handling of the reports and a very disturbing Pentagon failure to alert the soldiers and their doctors about the exposures, we are just now beginning to study and understand the extent of our troops' exposures to chemical warfare agents. Consequently, we are now looking at what chronic effects, if any, might be expected from exposure to low levels of chemical warfare agents, research long overdue considering the changing nature of warfare.

To be sure, the battlefield is a very difficult place to conduct medical research or gather health data. Much of the data we need to link particular risk factors to reported illnesses is lacking. We simply do not have the extensive data required that tell us exactly what troops were exposed to what risk factors because of poor record keeping by the military bureaucracy. Therefore, we may never know for sure why some of our Gulf War veterans are sick.

Certainly, finding causes and cures after the fact with so many possible toxins and combinations of chemicals to examine is terribly difficult. The magnitude of the challenge makes the Pentagon's sluggish response and failure to honestly share information about exposures profoundly disappointing. Our troops deserve better from their commanders. I am also extremely troubled by actions taken by the Agriculture Department after one of their contract researchers unearthed a potential tie between some of the pesticides used in the Gulf and the symptoms reported by soldiers. The contract was terminated and the researcher admonished for his initiative. Our troops deserve better from their government.

I know that the President is determined to unravel the causes of Gulf War veterans' illnesses and to provide effective medical care to those who are ill. Our military and veterans affairs researchers are among the best trained doctors and scientists in the world, and they work with outstanding colleagues in academia, industry, and other parts of the government. The Pentagon and the Veterans Administration must be pressed to bring all their resources to bear to repair their mistakes from the Gulf and better protect our troops in future conflicts. In the meantime, we need to make certain that we provide the best counsel and care available to veterans already suffering from the effects of exposure during their service in the Persian Gulf.

Melanne Verveer

This is the intro of the draft Gulf war report. Note quote - Also Newsweek article

CHAPTER 1: INTRODUCTION

> *Caring for veterans is not a national option or a partisan program. It is a national tradition and a national duty. . . . There are thousands of veterans . . . who served their country in the Gulf War and came home to find themselves ill. . . . Just as we relied on these men and women to fight for our country, they must now be able to rely on us to try to determine what happened to them in the Gulf and to help restore them to full health. We will leave no stone unturned.*
>
> *-- President Clinton*
> *March 6, 1995*

Approximately 697,000 men and women served in Operations Desert Shield/Desert Storm (table 1-1) from August 1990 to June 1991. Americans who fought the Gulf War differed from any force in U.S. history: there were more racial and ethnic minorities, more women, more parents, more individuals—activated members of the Reserves and National Guard—uprooted from civilian jobs.

During the war, U.S. troops suffered 148 combat deaths and 145 deaths due to disease or accidents, and 467 individuals were wounded. Even in the face of these relatively low casualty rates, national leaders anticipated some post-conflict health concerns and initiated programs to address them. The first programs focused on helping veterans readjust to civilian life and cope with the stresses of war. Lessons learned from the Vietnam era prompted officials in the Department of Defense (DOD) and the Department of Veterans Affairs (VA) to provide counseling services (from family therapy to treatment for post-traumatic stress disorder) throughout the war and through the return stateside.

Despite these efforts, some men and women began to experience debilitating illnesses soon after returning from the Gulf. Commonly reported symptoms included fatigue, muscle and joint pain, memory loss, and/or severe headaches. When several Gulf-deployed members of an Indiana Army National Guard unit reported these symptoms in early 1992, DOD sent in a research team to conduct an epidemiologic study; the team found no evidence of an outbreak of disease. VA contemporaneously established a health registry where Gulf War veterans could report their symptoms. Reports came in, but answers about the nature and cause of the illnesses remained elusive.

THE GOVERNMENT'S INITIAL RESPONSE

Well aware of the problems generated by mishandling Vietnam veterans' health concerns, the government took several actions, including the following, to address questions about health and Gulf War service:

- VA and DOD established medical programs to identify and treat Gulf War veterans' illnesses.

- Congress and the Executive branch worked together to provide disability compensation for veterans whose illnesses could not be diagnosed.

- VA and DOD joined with the Department of Health and Human Services (DHHS) to conduct research on the prevalence, nature, and possible causes of Gulf War veterans' illnesses.

By early 1995, the clinical evaluation programs had enrolled more than 49,000 veterans and the research portfolio included more than 30 studies. Many medical and scientific experts—from inside and outside the government—had reviewed the government's efforts (figure 1-1). Still, a substantial number of Gulf War veterans did not have the answers they sought—about what kind of illnesses they had, about exposures in the Gulf region that might have made them sick, or about the strength of the country's commitment to its veterans.

To make sure the government was doing all it could as quickly as it could to get answers, President Clinton issued Executive Order 12961 on May 26, 1995, to establish the Presidential Advisory Committee on Gulf War Veterans' Illnesses (appendix A). For the first time, a single body would conduct an independent, open, and comprehensive review of all facets—risks, diagnosis, treatment, and research—related to health issues and Gulf War service.

THE ADVISORY COMMITTEE

Securing a healthy future for Gulf War veterans is important to all Americans. As First Lady Hillary Rodham Clinton noted at the Committee's first meeting in Washington, DC, on August 14-15, 1995, "We owe them that much, and more." The President charged the Committee to review the full range of government activities relating to Gulf War veterans' illnesses, including:

- research,
- coordinating efforts,
- medical treatment,
- outreach,

- reviews conducted by other governmental and non-governmental bodies,
- risk factors, and
- chemical and biological weapons (appendix B).

The Committee—a 12-member panel made up of veterans, scientists, health care professionals, and policy experts (appendix C)—has been directed to issue its findings and recommendations to the President through the Secretaries of Defense, Health and Human Services, and Veterans Affairs.

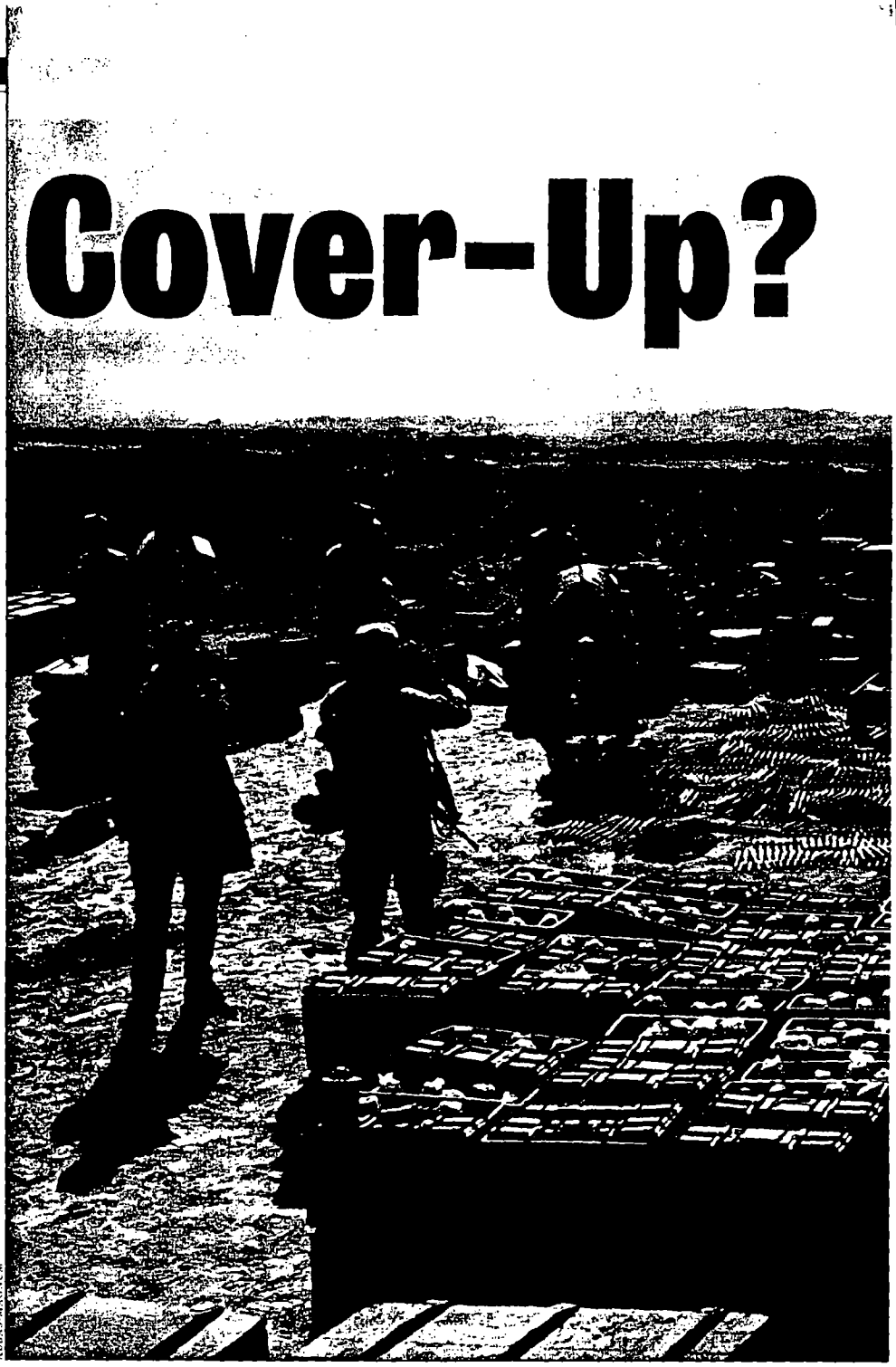
The President made clear his belief that only an open government is a responsive government. The Committee has operated under the Federal Advisory Committee Act, conducting its business in open meetings and providing the opportunity for comment from members of the public at each event. Additionally, the Committee received written submissions for consideration throughout its process.

With the assistance of a full-time staff and consultants (appendix D), the Committee held ten full Committee meetings and eight focused panel meetings around the country from August 1995 through November 1996 (appendix E). We heard invited testimony at each meeting, and transcripts of our proceedings, and other relevant information, were posted on the Committee's homepage on the World Wide Web. Staff held inhouse consultations, received briefings, conducted literature surveys, interviewed veterans, and reviewed government records throughout our tenure.

On February 15, 1996, we delivered our *Interim Report*. In accordance with our mandate, this *Final Report* is being delivered by December 31, 1996.

A Gulf Cover-Up?

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



ABBAS-MAGNUM

By John Barry and Russell Watson

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

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

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

The CIA said there were serious flaws in the Eddingtons' theory. The evidence they cited had already been studied by experts inside and outside the government, without convincing them that U.S. troops had been attacked with poison gas. And so far, the weight of the scientific evidence is that nerve gas does not cause the ailments reported by many veterans.

The CIA claims it did not impede the Eddingtons' investigation. The couple became involved in 1994, when Robin Eddington worked for the then Sen. Don Riegle, a Michigan Democrat who was one of the first to investigate the mysterious illnesses. She enlisted her husband in a probe of their own.

Showing concern: *The First Lady talks to an ailing vet, an Iraqi arms cache*

JEFFREY MARKOWITZ — SYGMA

Patrick Eddington acknowledges, reluctantly, that the CIA gave him permission to conduct his own investigation and present his findings to top officials. Combing the archives, he found 59 documents demonstrating, in his view, that Saddam Hussein had used chemical weapons during the war. But the agency's experts didn't see it that way. Then Eddington made his case to Clinton's independent Presidential Committee on Gulf War Veterans' Illnesses, and most of its experts were equally unimpressed by his 59 documents. "Our analysts have looked at literally thousands of such documents," says committee spokesman Gary Caruso. "Nothing in Eddington's documents startled them or seemed out of the ordinary."

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

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

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

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

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

With MARY HAGER, GREGORY L. VISTICA *and* TARA SONENSHINE *in Washington*

I- Gulf War

PERSONAL
&
~~CONFIDENTIAL~~

THE WHITE HOUSE

January 23, 1997

DETERMINED TO BE AN ADMINSTRATIVE MARKING Per E.O. 12958 as amended, Sec. 3.3 (c)
Initials: LAG Date 12-12-13

Mr. Kenneth A. Steadman
Executive Director
Veterans of Foreign Wars
of the United States
200 Maryland Avenue, N. E.
Washington, D. C. 20002-5799

Dear Mr. Steadman:

Thank you for your very thoughtful letter. I will do everything I can to support our Gulf War veterans and I look forward to continuing our work together on their behalf.

With gratitude and warm regards, I remain

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

pse Melanne

cc: Melanne

VETERANS OF FOREIGN WARS OF THE UNITED STATES

THE EXECUTIVE DIRECTOR
WASHINGTON OFFICE

10 January 1997

Mrs. Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20515

Dear Mrs. Clinton:

I want to express my deep appreciation for your ongoing efforts for Gulf War veterans. I well understand that your guidance, both in public and behind the scenes, has been of pivotal importance in advancing the cause of these veterans in need.

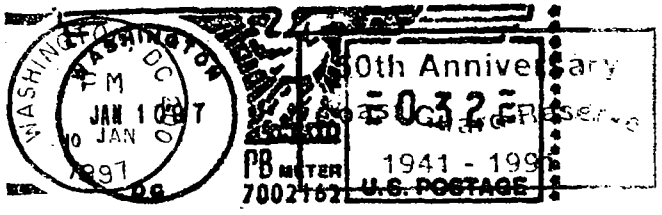
In announcing the extended operation of the Presidential Advisory Committee on Gulf War Veterans' Illnesses, the President acknowledged that you were the one who brought the importance of this issue to his attention. Given our early involvement with Gulf War Syndrome, including the personal meeting you initiated with the Veterans of Foreign Wars in February 1995, I know this statement only modestly reflects the contributions you have made. You should know that the VFW strongly supports and encourages your continuing involvement in this issue.

For our part, the VFW will not falter in its ongoing effort to ensure Gulf War veterans in need are fully provided for by this grateful nation. Again, thank you for your leadership on this important issue. I salute you.

Sincerely yours,

Kenneth A. Steadman
Executive Director

VETERANS OF FOREIGN WARS
OF THE UNITED STATES
VFW MEMORIAL BUILDING
200 MARYLAND AVENUE N.E.
WASHINGTON, D.C. 20002



Mrs. Hillary Rodham Clinton
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20515

I - Gulf War

TELECOPIER MESSAGE

SENATOR DONALD W. RIEGLE, JR.
12935 WEST BAY SHORE DRIVE, SUITE 290
TRAVERSE CITY, MICHIGAN 49684
TELEPHONE (616) 933-0200
FAX (616) 933-0639

DATE: 11/12/96

file

TO: Melanne Verveer
FAX (202) 456-6244

Re: Gulf war

FROM: Don Riegle

NUMBER OF PAGES IN ADDITION TO COVER SHEET: 4

DONALD W. RIEGLE JR.
12935 WEST BAY SHORE DRIVE
TRAVERSE CITY, MICHIGAN 49684

November 11, 1996

By Facsimile

Ms. Melanne Verveer
Deputy Chief of Staff to the First Lady
The White House
Washington, D.C.

Dear Melanne:

Here is the news article from *The Hartford Courant* newspaper that we spoke about during your trip to East Lansing just prior to the election.

As you will see, Science Applications International Corp. is a revolving-door "safe-house" company for high profile people moving in and out of the U.S. military-industrial complex.

What is crucial here is that this company was hired by the Defense Department to do Gulf War fall-out studies during the war - and now has again been commissioned by the CIA to do the same analysis after the fact. On its face, this is a blatant conflict of interest - how can anyone expect they will find fault with their own prior analysis?

Even more troubling, John Deutch served on their Board of Directors for eleven years, only resigning in 1993. Defense Secretary Perry also served on their corporate board for six and a half years - and he too resigned in 1993. You will notice the article points out that Deutch's 1993 federal disclosure financial statement showed he received $243,590 as a director - and sold $350,000 of their stock. Perry's 1994 disclosure statement shows he received $169,513 in director's fees, and sold at least $195,000 in stock. He also listed $25,990 in stock options in his 1994 disclosure.

These are extraordinarily high director's fees. It's no wonder that no one believes either the Defense Department or the CIA on this Gulf War syndrome issue. This direct conflict - of which both men are obviously fully aware - provides, in my mind, sufficient grounds for removing them both.

We'll never get the truth with a continuation of this kind of manipulation, personal financial implication and direct conflict of interest.

Please again thank Hillary for her perseverance and leadership on this critical issue. Let me also thank you for your vital help as well - and your steadfastness through all the travail.

Warmest personal regards,

Donald W. Riegle, Jr.

DWR:js
Enclosure

THE HARTFORD COURANT

DATE: Saturday, May 25, 1996 TAG: 9605250250
EDITION: 7 HARTFORD NORTH FINAL
SECTION: MAIN PAGE: A1
SOURCE: THOMAS D. *WILLIAMS*; Courant Staff Writer
ILLUSTRATION: PHOTO: COLOR, mug
LENGTH: 174 lines

CONFLICT ALLEGED IN GULF WAR STUDIES
COMPANY HIRED TO ASSESS ITS OWN PREDICTIONS OF FALLOUT DANGERS

The same company that helped predict that U.S. airstrikes in Iraq would not drop dangerous fallout on U.S. and allied troops during the Persian Gulf War now is being asked to assess whether it was wrong.

Science Applications International Corp. was asked by the Central Intelligence Agency to restudy whether chemical and biological fallout from bombings blew over coalition forces, endangeringtheir health.

During the war, one of the San Diego company's directors was John M. Deutch, now director of the *CIA*. Deutch, who resigned from the company's board in 1993 to join the Department of Defense, has been outspoken in maintaining that the troops did not become ill from chemical or biological warfare.

Gulf war veterans and others say the *CIA* chief has a conflict of interest and should disqualify himself from further consideration of whether fallout harmed U.S. troops. *William* J. Perry, now secretary of defense, also served on the company's board during the gulf war. The Pentagon is not conducting its own fallout study, Defense Department spokesman Jim Turner said Friday.

The company cannot conduct an impartial review, the critics say; if the company decides that it was wrong and that fallout did drop on the troops, it could expose itself to lawsuits and lose credibility and new business.

Rep. Christopher Shays, co-chairman of a congressional panel assessing gulf war-related illnesses, said it is ''unacceptable'' for the company to evaluate its own work.

''Americans' lives were placed in significant danger. To hire the company that studied bombing fallout during the war to decide if it was wrong will not work,'' Shays, R-4th District, said.

The Pentagon has denied since the war ended five years ago that any troops or civilians became sick or died from fallout caused by bombings of chemical and biolog

ical weapons plants, bunkers or mines or by enemy missiles and shelling.

Of 690,000 Americans who served during the war, more than 90,000 have reported they are still ill, and at least 2,500 have died of what veterans' advocates say were war-related illnesses.

In 1991, when Deutch was on the board of directors,the company was hired by the Defense Department to create computer models predicting how weather patterns could affect bombing, if chemical and biological weapons either were targeted or were part of a bomb.

Jane Van Ryan, a spokeswoman for the company, said the wartime fallout tests were never raised at a board meeting or any other forum in which Deutch might have participated.

Richard McNally, an employee at the company,is one of fewer than 10 nationally qualified experts on weather's effect on chemical and biological weapons, said Steve Rockwood, a vice president of the company. Van Ryan said the tests McNally participated in during the war were reviewed and upheld by the Defense Science Board, a Defense Department agency studying scientific issues, and other U.S. and international experts.

Today, Van Ryan said, McNally and the company have better computer technologyand equipment to reassess gulf war fallout patterns.

Mike Mansfield, a spokesman for the *CIA*, said the study, requested in March 1995 by President Clinton, is being approached thoroughly and objectively by the company and the *CIA*.

As a director of the company, Deutch had no role in overseeing its

original 1991 Defense Department contract, Mansfield said. And, he said, it is the *CIA* technical staff, not Deutch, that is now overseeing the gulf war study.

Under fire

Science Applications International's and the Pentagon's contentions that weapons fallout during the gulf war did not have any adverse impact on U.S. or allied troops have been challenged for more than three years by veterans' groups and public officials. They base their opposition largely on evidence collected by James Tuite, a former Senate aide to former Sen. Donald W. Riegle Jr., D-Mich.

In 1993 and 1994, a Senate committee investigation spearheaded by Riegle concluded that weather patterns during U.S. and allied airstrikes carried deadly chemicals over coalition forces.

The committee found that thousands of battlefield chemical alarms sounded following the bombings, and that soon afterward troops began to show such symptoms as short-term memory loss, chronic headaches, diarrhea, skin rashes and joint pain.

Tuite, a former U.S. Secret Service forensic science research and development coordinator and chemical hygiene officer, continues to work on these issues as a consultant for the Gulf War Research Foundation.

His studies, based in part on information from weather satellites and from the National Oceanographic and Atmospheric Administration, show that chemical and biological weapon residues were carried on the winds to allied troops. Tuite has obtained satellite photos that he says depict dark plumes, from allied bombing raids on Iraqi chemical and biological storage plants, wafting toward allied troops.

Tuite said any new government study should be conducted by independent government scientists.

''The involvement of the secretary of defense and the *CIA* head in this issue is entirely inappropriate, since they are potentially liable for errors their company made in the past,'' Tuite said. ''While they may not be legally restrained from deciding this issue, they certainly have an ethical dilemma, which involves the appearance of a conflict at the highest levels of government.''

Tuite also questioned why the *CIA* would be studying the weather, when the government could call on the National Weather Service or the National Oceanographic and Atmospheric Administraction to do so.

Riegle said this month that the company ''cannot possibly give an independent assessment'' of what happened.

Paul Sullivan, president of Gulf War Veterans of Georgia, has asked Shays to investigate the *CIA's* hiring of the company. Shays is co- chairman of the Human Resources and Intergovernmental Relations Subcommittee, which already is scrutinizing complaints that veterans' gulf war-related sicknesses are not being properly diagnosed and treated by government agencies. A third and final committee hearing is scheduled for June.

Shays said his committee does not have the power to scutinize *CIA* operations. However, he said he will write the *CIA* to protest its recent hiring of the company.

''The stakes are quite high,'' said Shays. He said an independent study of the fallout is needed.

Close ties

Science Applications International derives 83 percent of its approximately $2 billion in annual revenues from federal contracts, many of which are defense-related.

Its board roster over the years reads like a Defense Department and *CIA* ''Who's Who,'' including Perry; former Defense Secretary Melvin Laird; former Deputy *CIA* Director Bobby Ray Inman; Anita K. Jones, now director of research and engineering for the Defense Department, and former *CIA* Director Robert Gates. Former Navy Adm. *William* A. Owens, who retired last year as vice chairman of the Pentagon's Joint Chiefs of Staff, is a vice chairman of the board.

It is not unusual for Defense Department or *CIA* officials to have extensive

business backgrounds, particularly in industries the govern nt deals with on a regular basis, said a spokesman for the U.S. Office of Gov rnment Ethics. However, federal ethics rules advise officials to avoid even the appearance of a conflict of interest. Science Applications International has come under attack in the past. The company was convicted of fraud in federal court in August 1991, about seven months after it did the gulf war weather consulting work. The company was fined $1.3 million for 10 criminal violations, including making false statements to the U.S. Environmental Protection Agency on water and soil tests in the mid-1980s. Those charges did not involve those participating in the gulf war fallout studies.

Deutch was on the company's board for 11 years before resigning in 1993 to join the Defense Department, which he left when he was named *CIA* director last year. Perry, who was on the company's board for 6 1/2 years, resigned in 1993 when he became deputy secretary of defense. Deutch's 1993 federal fiscal disclosure statement shows he received $243,590 as a director and owned about $350,000 in stock that he sold. His 1994 statement showed he made an additional $10,000 in director's fees from the company. Perry's 1994 statement shows he made $169,513 in director's fees, and sold at least $195,000 in stock. He still listed $25,990 in stock options in his 1994 fiscal report.

Wind patterns

At hearings in Atlanta last month before the Presidential Advisory Committee on Gulf War Veterans' Illnesses, Tuite criticized the company's methodology. He said the company and others who worked on the wartime fallout predictions had used surface wind patterns instead of the upper atmosphere winds that carried high plumes of fallout over the troops.

Tuite also said the sites identified as probable areas of chemical or biological fallout took into account only deadly areas and did not extend to battlefield positions where fallout could make people seriously ill without immediately killing them.

At the same hearing, the the company's expert, McNally, said preliminary new studies show the fallout was not carried over U.S. and allied battlefield positions.

During the war, McNally was on a four-man military team locating ''footprints'' of potential chemical and biological debris for the Defense Nuclear Agency.

The company's studies on gulf war fallout are expected to continue for months. The *CIA* declined to say how much they are costing taxpayers.

During an interview, McNally said he would welcome the opportunity to discuss gulf war fallout patterns with Tuite, whose written testimony sounds convincing. But, to the best of his knowledge, said McNally, Tuite has never concentrated, as he has, on fallout from specific bombing or explosion sites. And, said McNally, Tuite's satellite weather photos from Jan. 18 to 24, 1991, during allied airstrikes, do not show chemical or biological fallout.

CAPTION: John M. Deutch, director of the *CIA*, has been outspoken that U.S. troops did not become ill from chemical or biological warfare.

THE WHITE HOUSE

WASHINGTON

(sent to agency Liaison/ Sue Smith for President's note)

January 18, 1995

Captain Charles Hamden, USA
7611A Thorne Street
Fort Meade, Maryland 20755

Dear Charles:

Thanks so much for taking the time to express your support. I appreciate the confidence you have in my leadership as Commander-in-Chief.

I am grateful for your views regarding the political climate since the mid-term elections. Over the past two years, my Administration has worked hard to bring about the changes Americans want, and I am proud of all that we have accomplished. In the coming months, I am committed to communicating more effectively our plan to build on this progress and lead the United States successfully into the next century.

I share your concern about the veterans who have faced health problems since Desert Storm. These veterans should not have to wait while our scientists seek to learn what is causing their ailments. I assure you that we will pursue lingering questions with full energy and commitment.

I appreciate your involvement in helping to build on the progress we have made. Working together, we can meet any challenge the future holds in store. Hillary and I hope that you and your family have a healthy and happy New Year.

Sincerely,

Bill Clinton

Your letter was wonderful - Thank you for that, and for the service you and your wife give — We are working on the Desert Storm illness problem

8 December 1994

President William J. Clinton
The White House
Washington, D.C.

Dear Mr. President,

As a Captain in the United States Army, I would like to take this opportunity to say that I am proud to call you my Commander-in-Chief. No matter what the Republicans say, you are serving our Armed Forces with pride and dignity. But, you do not deserve the kind of disrespect that the Republicans and a sector of the population are giving you.

Our economy is on the upswing, unemployment is lower than it has been in many years, and the Federal Reserve Board is considering raising interest rates because they are afraid to lose money because of the country's burst of economic growth. Still, the nay-sayers in Congress ridicule you. I guess that they don't look in the mirror too often to critique themselves.

Mr. President, my wife, Julianne, and I truly believe that you and Hillary have done an admirable job in leading the nation toward regrowth and redefinition. Your Health Care reform plan, the Crime Bill, and other legislation that the two of you have pushed are what this country needs: strong leadership and a rebirth of moral fiber and family that had been missing in previous administrations.

But, when people like Jesse Helms and Newt (what kind of name is Newt?) Gingrich start slandering you and the First Lady, something needs to be done. In the military, the threat that Helms used would result in punitive actions against a soldier. And, maybe Gingrich should move to an orphanage and adopt a blind dog named Sandy, maybe he'd be happier. The soldiers of this nation will support the decisions that you make, and would welcome you to Fort Meade, Maryland and be delighted to meet you, as they would at Fort Bragg or other installations.

The Republicans in Congress, especially Helms and Gingrich, are nothing more than bullies with power, just like on a playground. Give them back what they give, one-liners, and you'll shut them up, for they can give it out but cannot take it. A good zinger puts them on the defensive. Mr. President, when you were elected, you and your family were more natural, more yourselves. But, I feel with the badgering that you've taken from

Congress, you have taken it very personally and have gotten away from being yourself. Remember, the people of this country are behind you, and remember that many people do not like change, even if it is what is best for them. I think Congress needs a refresher lesson that YOU are the President, and they answer to you and the public.

Another issue that concerns me is the Gulf War Illness that my family and thousands of others are suffering from. As veterans (my wife was also active duty Army), we are not getting proper medical treatment, just a lot of tests, nor are we receiving compassion and answers. The Doctors are not doing complete diagnostic testing for chemical/biological weapons injuries, nor are they doing DNA testing. This illness is contagios, and can effect the general population. Drs. Garth and Nancy Nicolson of Houston, Texas are currently developing specific tests to find Mycoplasmas that will enable physicians to determine what is ailing us. We have sent Hillary information on this illness and tests, and we hope that it will be helpful.

Mr. President, please continue to help save this nation from a terrible fall. Keep you head up, your sense of humor, and be yourself. You are head and shoulders above those that taunt you, and give back what they give to you. I think that you may be more comfortable not being like them. My wife, our daughter, Lindsay, and I want to wish you and your family a merry Christmas and Happy New Year. We are all proud that you are leading the United States, and if there is anything we can do to help, we are here to support you. And, if you are ever near Fort Meade, it would be our distinct pleasure to meet you and you family.

Happy Holidays,

CPT Charles, Julianne, and Lindsay Hamden
7611A Thorne Street
Fort Meade, Maryland 20755

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Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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COLLECTION:
Clinton Presidential Records
First Lady's Office
Pam Cicetti
OA/Box Number: 19439

FOLDER TITLE:
Gulf War Illness - Miscellaneous

2014-0159-S
sb305

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b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004b. letter	From: Joyce, To: Mrs. Clinton (3 pages)	4/6/97	Personal Misfile

COLLECTION:
Clinton Presidential Records
First Lady's Office
Pam Cicetti
OA/Box Number: 19439

FOLDER TITLE:
Gulf War Illness - Miscellaneous

2014-0159-S
sb305

RESTRICTION CODES

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

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

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

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

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]