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001. memo	From: Anthony Lake, To: President Clinton (3 pages)	3/2/95	P1/b(1)

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FOLDER TITLE:

Gulf War Illness - White House Staff Memoranda

2014-0159-S

sb308

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]

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I - GULF WAR ILLNESS - WHITE
HOUSE STAFF MEMORANDA

PHOTOCOPY
PRESERVATION

I - Gulf War
w/ staff memo

THE WHITE HOUSE

WASHINGTON

November 8, 1997

✓ MR. PRESIDENT:

THE PRESIDENT HAS SEEN
11-9-97

This report was written as if your
radio address this weekend was going
to be on Persian Gulf War Illness.

As you know, because of fast track,
the announcements you approved on
Thursday were released via a written
statement.

Phil Caplan *Phil*

~~_____~~
cc: HRC

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HRC
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THE WHITE HOUSE
WASHINGTON

THE PRESIDENT HAS SEEN

11-9-97

November 7, 1997

'97 NOV 7 AM 11:3

INFORMATION

MEMORANDUM FOR THE PRESIDENT

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

SUBJECT: Update on Gulf War Illnesses Problem

The First Lady pointed out in her memorandum, dated February 10, 1995 (Tab A), that Gulf War Illnesses (GWI) is a complex and elusive problem that frustrates both the veterans who suffer from debilitating illnesses and government officials working to address their concerns. While significant progress has been made over the past two years, much uncertainty remains. We are continuing our efforts to achieve the GWI strategic objectives established last fall:

- Ensure Gulf War veterans receive health care and compensation they deserve.
- Ensure research into what makes Gulf War veterans sick is comprehensive and effective.
- Fully investigate what happened in the Gulf theater (i.e., accountability).
- Ensure lessons learned are implemented by the agencies.
- Restore public confidence in government's commitment to veterans.

The Presidential Advisory Committee (PAC) on Gulf War Veterans' Illnesses has completed its final public hearing. Its final *Special Report* was delivered on October 31 as required by the E.O. You will respond to the report in your taped radio address today. The report provided generally positive assessments of the government's progress in implementing the PAC's earlier recommendations regarding outreach, medical and clinical issues, and coordination. You have approved a package of responses to the report, including: a comprehensive VA/DOD program to improve

cc: Vice President
Chief of Staff

health surveillance; a new oversight board to oversee the remaining investigations; and the establishment by the VA of a permanent statutory program that would provide disability compensation and medical benefits for Gulf War veterans. The PAC's recommendations in the *Special Report* and our planned responses are attached at Tab B.

The following is our assessment of progress to date, and a brief discussion of the next steps:

Health Care and Compensation

In the past, the medical and clinical issues have focused on making sure the veterans were eligible for the care they needed and deserved, rather than the quality of the care itself. The VA has an aggressive Continuing Medical Education (CME) program to address the quality of care specifically tailored to Gulf War veterans. We note the importance of the CME program, and the PAC has encouraged VA to measure the effectiveness of this training.

The veterans now identify follow-up care by the VA as a weakness. It is our opinion, shared by the PAC, that VA needs to improve their processes for managing individual patient care and measuring their progress. The PAC report also addresses the issue of follow-up care. The frustrating part of the GWI problem is that there still is no answer for what is making these veterans sick. Research is proceeding, but there are no medical answers. While the Congress, press, and "fringe" veterans' groups focus public attention on investigations of chemical warfare agent exposure, the vast majority of veterans are primarily concerned about health care and compensation issues.

We have not conducted a comprehensive review of the compensation adjudication process, but are aware of veterans' concerns that the system is not responsive. The initiative you approved last February to increase the window for VA disability compensation eligibility from two to ten years was an important move in support of the veterans' concerns. Our discussions with Hill staffers and VSOs, lead us to believe the compensation claim process still needs improvement.

The final recommendation in the PAC's *Special Report* is for VA to work with Congress to create a permanent statutory program for Gulf War veterans. Under this program, the VA would contract with the National Academy of Sciences (NAS) to review

the available scientific evidence regarding associations between illnesses and Gulf War service. VA has drafted a legislative proposal, which OMB has scored as having no "pay-go" costs. Senator Rockefeller (D-WVA) has introduced similar legislation that appears to have "pay-go" implications. We will work with Congress to coordinate the two proposals. Finally, VA is developing a proactive plan, they can begin implementing now, that will establish NAS review envisioned by the legislative proposal. You will announce this plan in your radio address.

Research

DOD has generated some controversy by funding research outside of the established interagency process. The PAC is critical of DOD's funding of Dr. Haley's research, which was a follow up of his project published in the Journal of the American Medical Association (JAMA) where he claimed to have found neurological "deficits" in some Gulf War veterans. In this case, DOD selected parts of a follow-on research proposal designed to test the validity of the results claimed in the JAMA article, and plans to fund them outside of the normal interagency process. DOD will subject the Haley proposal to peer review in order to ensure that the objectives supported by government funds are scientifically sound. Mr. Ross Perot funded (Dr. Haley's initial research. Dr. Haley briefed the First Lady in July, after DOD decided to cooperatively fund some of his follow-on work. A Washington Post reporter is looking into DOD's decision to fund the research.)

A June 1997 GAO report criticized the research program for having too much emphasis on epidemiological studies and suggested more targeted research into the health effects of certain risk factors, including low-level exposures to chemicals and their interactive effects. At the time of the report, VA and DOD, through the Persian Gulf Veterans Coordinating Board (PGVCB), were already implementing an increased effort in the area of chemicals and their interactive effects. The agencies and the PAC remain convinced that the epidemiological studies remain important, and we agree. Even though most of this research will not yield answers for many years, the major epidemiological studies in place to improve our understanding of the causes of GWI appear to be well designed and on track. At the last public hearing, the PAC commended the agencies' progress in implementing its recommendations, and the adjustment of the research portfolio to place more emphasis on the effects of low-level chemical exposure. Overall, the PGVCB interagency research working group process works well in evaluating and

recommending funding for research. You will announce this year's funding of \$13.2 million of research in your radio address.

Investigations

Almost one year ago in response to White House and PAC concerns, the Department of Defense established the Office of the Special Assistant for Gulf War Illnesses (OSAGWI) to conduct a thorough investigation of what happened in theater. OSAGWI is investigating, and making public, reports on a wide range of possible risk factors. As part of this effort, OSAGWI is tracking down specific CW/BW exposure incidents that might have occurred in the Gulf. It has established a case narrative approach that describes what happened and then makes an assessment of the likelihood of exposure to CW/BW agents.

OSAGWI's investigations have come under harsh criticism from the PAC. The PAC report asserts that OSAGWI's investigative methodology does not allow replication, and that OSAGWI is too slow in completing the investigations. It also states that DOD is biased and should not lead future investigations and recommends we provide publicly accountable outside oversight for the CW/BW investigation process. While we do not agree with all of the PAC criticisms, we have pressed OSAGWI to address these concerns as forthrightly as possible. OSAGWI has solicited feedback from the Veterans' Service Organizations (VSOs) and received generally favorable comments on its case evaluation procedures. OSAGWI's investigations have taken longer than expected, but because of the volatility of the problem, we believe that it is important to be as thorough as possible. OSAGWI has completed 8 of 13 major investigations, all of which should be finished by September 1998. Based on the information to date, DOD does not anticipate any new, large-scale announcements.

The PAC made strong recommendations regarding the importance of improved communication related to Gulf War veterans' concerns. DOD and VA have agreed with this emphasis, as do we, and have improved their risk communication programs (basically, a sustained plan to effectively communicate health information to an affected community). At the last public hearing, the PAC noted these improvements and commended DOD/VA's outreach and risk communication efforts. Examples of DOD's efforts include reaching out to the veterans through the internet Web site GulfLINK, publishing a bimonthly newsletter, visiting 12 cities to talk to the vets, routinely briefing the VSOs, Congress,

press, and establishing a toll free interactive incident reporting line. The VSOs have also commented favorably on OSAGWI's outreach activities.

With respect to the specific results of the Khamisiyah modeling effort, the PAC will recommend that all troops (about 271,000) within a circle with a radius 300 miles from the demolition be notified, even if they were not under the DOD/CIA modeled low-level plume. Some veterans' advocates, and some risk communications experts, have recommended otherwise. OSAGWI has agreed to review this recommendation carefully in light of modeling currently underway. CIA and OSAGWI have a high degree of confidence in their modeling effort, and the PAC and outside experts have endorsed it. We believe that the veterans who were assigned to units under the low-level plume are the critical people to notify, and DOD is notifying all of them (almost 100,000 troops).

The specific investigations undertaken by the Army, DOD, and CIA Inspectors General (IG) continue. The DOD IG was completed this month. We have no indication of any significant or potentially controversial new issues surfacing from these investigations. In addition, the Senate Veterans Affairs Committee has a special investigating unit. It is funded until March 1998 and plans to hold mid-winter hearings. Thus far, it has primarily focused on VA issues, and its preliminary findings roughly mirror our concerns about health care and compensation. Its review of DOD's efforts has not surfaced any significant criticisms. American Legion and VFW representatives have said they are satisfied with DOD's efforts. While they expect the DOD investigative process to be publicly accountable, the VSOs hope to shift the focus to research, health care, and compensation issues. Finally, on 30 October, Representative Shays' Committee (House Government Reform and Oversight) released its report on the status of government agencies' efforts regarding Gulf War Illnesses. The report is highly critical of all government agencies involved and will call for the creation of a "new" agency to manage further research. The report does not reflect the agencies' progress in the areas of outreach, investigations, declassification of Gulf War related materials, and research since October 1996.

Lessons Learned

Medical surveillance of deployed troops, that is, adequate recordkeeping and pre- and post-deployment medical screening,

remains a concern. FDA, GAO, and the PAC have questioned the efficacy of DOD's doctrine for the Bosnian deployment. The specific example cited was DOD's poor recordkeeping of the investigational vaccine for tick-borne encephalitis (TBE) administered to troops in Bosnia. DOD's medical surveillance doctrine and instructions have improved based on the Gulf War experience, but came too late to impact the Bosnian deployments. DOD has acknowledged the TBE problem and is taking corrective action.

The administration of the TBE vaccine also raised the issue of use of investigational products on the troops during military exigencies. HHS, FDA, and we agree with the PAC recommendation that FDA should revoke or finalize its Interim Final Rule regarding waiver of informed consent for use of investigational drugs by the end of September 1998.

The low-level exposure estimates resulting from CIA/DOD modeling of the Khamisiyah pit demolition also elevated the issue of low-level chemical warfare agent exposure as a potential battlefield risk. As a result, DOD has now begun to improve its technologies and doctrine relating to detection.

Presidential Review Directive NSTC-5 was issued on April 21, 1997 to instruct the National Science and Technology Council to develop an interagency plan to address the health preparedness for and readjustment of veterans and families after future conflicts and peacekeeping missions. OSTP has been coordinating the interagency working groups; a final report is expected by March 1998.

In sum, while the policy lessons learned from the Gulf War are being adequately addressed, the implementation of these lessons still needs attention.

Commitment

Over the past year, the agencies have carried out your direction to "leave no stone unturned" in answering the questions about what happened in the Gulf. The PAC believes that previous DOD denials of the possibility of exposures and delays in making any serious attempt to investigate the possibilities created a climate of public distrust DOD cannot overcome. Despite the expected PAC criticism of OSAGWI's investigative process, our discussions with mainstream veterans' groups lead us to believe we are turning the corner and restoring confidence in DOD's commitment to the veterans. As we move beyond the investigation

phase and place more emphasis on research, health care, and compensation, the VSOs and we believe that measurable success in this regard can be achieved.

Inadequate time has been spent on the health care and compensation objective because of the high-press visibility resulting from the focus on CW exposure, DOD's past mistakes, and the delay inherent in coordinating interagency press messages. The PAC's oversight efforts have been important in prompting DOD and CIA to pay attention to exposure issues, gain credibility for their commitment, and dispel any concern of a cover up. Now, however, the PAC's continued focus on exposure contributes to the press spotlight on that aspect rather than on health care and compensation. We will need follow-on oversight, but will want to establish one solely focused on the investigations aspect.

Next Steps

The PAC will go out of business on Nov 30.

You will announce a new, comprehensive DOD/VA program designed to revise and improve health surveillance for our troops to prevent problems like those experienced by our Gulf War veterans.

The PAC report asserts that DOD is biased, and should not lead further investigations of chemical agent exposure. However, at least two mainstream veterans' organizations are satisfied with DOD's efforts and want them to continue. We feel DOD's approach to the investigations and lessons learned have been deliberate and open. We will continue independent oversight, but envision a smaller, more tightly focused oversight group to monitor DOD's remaining chemical warfare agent investigations. Senator Rudman and Admiral Zumwalt have already agreed to serve on such a panel if asked. We believe the mainstream VSOs will support this. Our rollout plan anticipates a VSO OP/ED and we have received a letter to you supporting this approach.

The interagency research program is working; we will need patience to allow science to answer many of the questions about GWI. The primary focus of the government's efforts needs to shift from the circumstances of possible exposures to various risk factors, to ensuring research outcomes on health effects are efficiently translated into improved health care for our veterans. As we move from investigations of events in the Gulf to health care issues, we will also need to examine the

compensation process more closely, including the processing of claims for Gulf War veterans to ensure that the system in place meets the intent of the law.

With respect to the statutory program for compensation and benefits for Gulf War veterans recommended by the PAC, we have worked closely with OMB and VA to evaluate both the policy and cost implications of the proposed legislative program. VA has a legislative proposal ready. You will instruct VA to establish a program in advance of the legislation, and to work with the Congress to codify it.

To accomplish our objective of reassuring the veterans and the public of our commitment, and emphasize the human side of the problem, we believe the First Lady's involvement in carefully selected events supportive of the veterans and their families may be helpful over the next few months.

Attachment

Tab A First Lady's memo, dtd Feb 10, '95

Tab B PAC *Special Report* Recommendations

Busick, Paul E.

From: Busick, Paul E.
Sent: Wednesday, September 03, 1997 6:12 PM
To: Kerrick, Donald L.; @EXECSEC - Executive Secretary
Cc: /R Records; @DEFENSE - Defense Policy; @INTEL - Intelligence Programs; @LEGAL - Legal Advisor; @LEGISLAT - Legislative Affairs; @NSA - Natl Security Advisor; @PLANNING - Strat Plan & Comm; @PRESS - Public Affairs; @GWI - Gulf War Illnesses; @NESASIA - NE/South Asia; Bolan, Christopher J.
Subject: GWI Update Bulletin... [UNCLASSIFIED]

Don:

1. I chaired a meeting today in which Dr. Lashof, Dr Nishimi, and Gary Caruso -- (PAC)-- briefed us (Thurgood Marshall, Jr., Melanne Verveer, Cliff Gabriel, Anne McGuire, Phil Hoyl and me) on the PAC's draft recommendations for its final report. Dr. Nishimi covered three areas:

(a) Status of implementation of the PAC's recommendations in the last report. Overall they will point out the areas they are pleased (the VA and DOD veteran outreach programs, GULFLINK, etc.) and areas they are not pleased (funding of research projects outside the competitive process, lack of clear research standards by DOD, etc.)

(b) The PAC feels that DOD still does not have the credibility with the veterans or the public to lead the investigative effort after October. The PAC will recommend that the White House develop a plan for continued oversight of the GWI effort after the PAC disbands following the OCT 31, 1997 final report.

(c) The PAC will also recommend that the VA should work with Congress to establish a permanent, statutory program for Gulf War veterans' illnesses. The basis for this recommendation apparently stems from the PAC's conviction that we will never be able to repair government's credibility on this issue. The PAC believes that establishing universal compensation eligibility for illnesses whose prevalence exceeds that of a non-deployed cohort, will somehow shift the debate away from "who was exposed to what," to appropriate compensation and health care.

2. We commented on the PAC's briefing:

(a) We determined that the PAC was going to give appropriate credit to the agencies' efforts, although some of the Committee's findings will be based on testimony tomorrow. In general, we were comfortable with the PAC's position regarding agency implementation of its recommendations.

(b) We agreed that some type of independent oversight will be needed, we concurred that the White House would be appropriate to develop this plan.

(c) The final recommendation is the most troubling to us. As Melanne Verveer noted, the legislation would not have any short term relief for the veterans with the most concerns. Cliff raised the question of cost of the compensation/benefits in this legislation. I am most concerned that this recommendation is PAC mission creep. Aside from the fact that I do not think that now is the right timing for legislation that could provide compensation/disability relief to veterans for illnesses that have not been scientifically connected to service in the Gulf war, the PAC's mission did not include compensation/disability issues. I'm not sure whether it is the most brilliant idea yet in an area that has been lacking in bright ideas -- or, a Trojan Horse.

3. I plan to consult with VA and others about this legislative initiative.

Paul

cc: Thurgood Marshall, Jr./Ann McGuire; Jack Gibbons/Cliff Gabriel; Melanne Verveer/Nicole Rabner; Al Maldon; Laura Marcus

Heyl, Phillip J.

From: Busick, Paul E.
Sent: Thursday, September 04, 1997 6:52 PM
To: Kerrick, Donald L.; @EXECSEC - Executive Secretary
Cc: /R Records; @DEFENSE - Defense Policy; @INTEL - Intelligence Programs; @LEGAL - Legal Advisor; @LEGISLAT - Legislative Affairs; @NSA - Natl Security Advisor; @PLANNING - Strat Plan & Comm; @PRESS - Public Affairs; @GWI - Gulf War Illnesses; @NESASIA - NE/South Asia; Bolan, Christopher J.
Subject: GWI Update Bulletin... [UNCLASSIFIED]

Don:

1. Today's PAC hearing went pretty much as expected, they heard emotional testimony from Eddington, Gulf War vets and family similar to other panel meetings, followed by VA, CIA and DOD testimony on implementation of PAC recommendations. The VA got generally high marks for their outreach programs and the training program they have started for VA physicians who care for Gulf War vets. The VA succeeded in making the point that they are supportive of Gulf War vets over the long haul. CIA was lauded for being responsive. The PAC members listened to DOD testimony, and Dr. Rostker made some good points -- especially since the PAC was frustrated by the delay in getting the case narratives finished before October 31. DOD's position is that it is better to be late on a deadline than wrong. Nevertheless, the PAC is likely to be critical of them on this issue. Another issue of which the PAC will be critical is DOD funding of the Haley research outside of the competitive process. The PAC attempted to find daylight between DOD and the Research Working Group (RAG) --chaired by the VA-- on this issue. Although this may be picked up by the Press tomorrow (Shenon was present) DOD is attempting to be responsive to the vets who will support the decision by DOD even though it may contravene the scientific criteria other RWG projects must meet.

2. In addition, the PAC took exception to two DOD findings that exposure to certain chemical warfare agents was "likely." The PAC feels that DOD should have found that the exposure was "definitely likely," the highest descriptor using the DOD scale. Dr. Rostker provided DOD's justification, but the PAC clearly was not persuaded, and raised the question of subjectivity in DOD's approach to evaluating cases.

3. I plan on making sure VA and DOD are together on the Haley funding issue, and have asked DOD to prepare a chronology of the case as a contingency if there is any confusion that develops.

4. Tomorrow's agenda is the PAC final report, after which we will have a better idea of what the PAC plans to recommend.

Paul

cc: Thurgood Marshall, Jr./Ann McGuire; Jack Gibbons/Cliff Gabriel; Melanne Verveer/Nicole Rabner; Al Maldon; Laura Marcus

I - Gulf War

8-5-97 5185
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THE WHITE HOUSE
WASHINGTON
August 4, 1997

Handwritten initials/signature

INFORMATION

MEMORANDUM FOR THE PRESIDENT

FROM: SAMUEL R. BERGER *Handwritten initials*

SUBJECT: Release of DOD/CIA Khamisiyah Plume Model and
Follow-on Articles

Copied

HRC

COS

I wanted to bring you up to date on some recent Gulf War Illness developments.

On July 24, DOD, CIA and VA held a joint press conference at the Pentagon to announce the results and implications of an extended effort by DOD and CIA to model the gaseous "plume" of low-level chemical warfare (CW) agents released over U.S. troops in Iraq, Kuwait and Saudi Arabia as the result of inadvertent demolition of CW agents in a pit near Khamisiyah, Iraq on March 10, 1991. Most importantly, the analysis: (1) decreases almost to zero the number of troops thought likely to have received acute CW exposure; and (2) for the first time, estimates the number of troops who may have received low level CW exposure, defined as exposure below that expected to produce immediate effects but above the limits established as acceptable for the general population. The number of troops potentially subject to this low level CW exposure, which current scientific evidence suggests is unlikely to have long-term health effects, totals 98,910.

During the press conference, the DOD and CIA Special Assistants for Gulf War Illnesses portrayed the modeling effort leading to these new results as part of your Administration's strong commitment to fulfilling your pledge "to leave no stone unturned." Acknowledging problems with their agencies' initial handling of Gulf War illnesses-related issues, they emphasized the extent to which DOD and CIA now were committed to get all the facts out in a timely and open manner. VA concluded the announcement by noting the limited scientific evidence currently available on the health effects of low level CW exposure and described the significant research program underway to help increase our understanding of it, underscoring that clinical care remains available for any veteran who needs it, whether under the plume or not.

There have been two subsequent New York Times articles by Philip Shenon based on issues raised during the Presidential Advisory

cc: Vice President
Chief of Staff

Committee (PAC) panel meeting in Buffalo this week. The July 30th article reported on UN Special Commission (UNSCOM) testimony regarding the presence of CW at Ukhaydir during the war. CIA and DOD have reviewed the data from the UNSCOM survey and have already done some preliminary modeling which indicates that it is unlikely that the nerve agent released as a result of the air campaign bombing of Ukhaydir could have reached U.S. troops. CIA now will confirm the plume analysis with the same models used for the Khamisiyah study, and release the final results as soon as they are available.

In the July 31st article, Shenon describes a draft, highly-classified, MITRE Corporation report commissioned by DOD to review intelligence on Iraqi chemical warfare capabilities. One of the study's conclusions is that U.S. Marine elements conducting a mine breaching operation during the war may have been exposed to chemical warfare agents. This conclusion contradicts a larger DOD investigation of the same incident. Following strong DOD criticism that the analysis of the mine breaching operation was incomplete and flawed, this section was separated from the MITRE report and referred to DOD's Gulf War illnesses organization for consideration and action. Despite Shenon's suggestion of a cover-up, DOD has kept the PAC informed of both the report and its criticisms, and expects the more comprehensive investigation to withstand public scrutiny.

Attachment

Tab A July 24, 1997 Washington Post article (annotated)

JUL 25 16:15

THE PRESIDENT HAS SEEN
7-25-97

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The Washington Post
THURSDAY, JULY 24, 1997

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Gas Exposure in Gulf War Revised

A 28

CIA Computer Model Indicates 100,000 Troops Were Near Nerve Agent

By Dana Priest
Washington Post Staff Writer

Nearly 100,000 U.S. troops were exposed to trace levels of poisonous sarin gas in a plume released when American soldiers unknowingly detonated rockets in Iraq at the end of the Persian Gulf War, five times the number the Defense Department had originally estimated, Pentagon officials said yesterday.

But the concentration of nerve agent that reached those troops was so low that no known health effects are believed to be associated with such a level of exposure, officials said.

The new information, which is to be released today, comes from a CIA computer model of one pit located near an ammunition dump at Khamisiyah in southern Iraq. U.S. troops entered the area days after the war ended to destroy a huge cache of weapons before leaving the country. No one reported unusual illnesses at the time, and there are conflicting reports about

whether any of the chemical alarms carried by troops sounded.

The demolition at the pit, which occurred on March 10, 1991, and that of a nearby bunker, are the only confirmed releases of chemical agents during the conflict in the vicinity of troops.

The new data does not by itself answer the question so many Persian Gulf War veterans have, namely whether the collection of symptoms reported by some of them can be linked to chemical exposure. There is no reliable scientific data that shows that a one-time, low-level exposure to sarin would create the sleepiness, memory loss, joint pains and other illnesses afflicting some veterans.

"The answer is not in the plume," said one defense official.

Still, it is a critical piece of information for the dozens of ongoing, government-funded studies into the possible delayed effects of low-level chemical exposure.

The CIA computer model, which combines data and technology

from several other agencies and private companies, measured the number of rockets believed to have been detonated, weather conditions, wind patterns, rate at which the chemical would have dissipated and the location of troops.

The model shows that over a three-day period the plume traveled 300 miles over 99,000 troops, most of them from elements of the 18th Airborne Corps and the 7th Corps. The amount they were exposed to is estimated to be between 1 milligram per cubic meter, a level that would immediately cause running noses and watery eyes, and 0.01296 milligram per cubic meter, a level that would not produce any known effects, at the time or later.

An exposure of 100 milligrams is lethal; 35 milligrams is incapacitating.

Defense officials said yesterday that one reason the number of troops is so much larger than they had originally estimated was because the sarin did not dissipate as quickly as had been believed at

first. Rather, it was soaked up by the wood crates that held the rockets and by the sand at the site and remained viable for a longer period of time.

Defense scientists came up with the original estimate of 20,000 soldiers by drawing an arbitrary 50 mile radius around Khamisiyah. The department then surveyed those troops, but found no significant increase in reported health problems among the group.

The department is sending out a new questionnaire to survey the 99,000 troops identified by the model and another letter to the previous 20,000 that were previously identified, letting some of them know they were actually not exposed to the plume.

For five years, the Pentagon had steadfastly insisted that no U.S. soldiers had been exposed to chemical weapons in Iraq. In June 1996, it revealed that chemical munitions had been unknowingly destroyed at Khamisiyah. The department has admitted that its efforts to find possible chemical exposures were extremely lax and disorganized, but it has denied it covered up the information, as many veterans advocates allege.

5185

November 22, 1994

MEMORANDUM FOR HAROLD ICKES

FROM: Jennifer O'Connor

SUBJECT: Persian Gulf Illnesses

I have prepared a brief update for you on the interagency efforts to deal with the unexplained illnesses of Persian Gulf Veterans. In addition to the summary below, I have attached a fact sheet, which the departments periodically update, which describes their ongoing joint research efforts and findings.

BACKGROUND

Many veterans of the Persian Gulf Desert Shield and Desert Storm operations came back with a variety of illnesses. Approximately 130,000 have received outpatient treatment and more than 10,000 have received inpatient treatment for a variety of illnesses. 34,000 veterans have had clinical evaluations as part of Veterans Affairs' Persian Gulf Registry. Many of the symptoms the veterans exhibit include rashes, nausea, aches, fatigue and other illnesses.

As of a year ago, the Departments responsible for caring for these veterans were not coordinated. In January, 1994, we established the Persian Gulf Veterans Coordinating Board to join the Veterans Affairs, Defense Department and Health and Human Services research efforts. They have some 30 research projects between them. I have been serving as the White House point person for this group and I speak with them each week.

The issue has been a lightning rod for attacks on the Administration. Throughout the year, veterans service organizations and individual veterans have attacked the Administration for not doing enough fast enough. Senators Riegle, Shelby, Rockefeller, and Rep. Montgomery have all had multiple hearings on the issue -- which usually include a variety of sick veterans who testify as to how badly they feel and how little they think we are doing about it.

The press has grabbed this issue as well because the sick veterans make an interesting story. Last week there was a two part series on Channel 7 about sick veterans. There are several stories each week from different parts of the country about sick Persian Gulf veterans. The latest focus is on alleged birth defects and contagiousness of the illnesses. Santa Cruz passed an ordinance banning the donation of blood by Persian Gulf veterans and there have been many anecdotal stories about birth defects resulting from Gulf service.

The Departments have responded to the attacks by putting together a significant amount of briefing materials and trying to let the press and members of Congress know about the efforts we are making to test and treat veterans. The problem is that many of these research projects are ongoing and have not produced results. And the few that have produced results have been inconclusive. No doctor has yet been able to find a connection between Gulf service and the aches, rashes, nausea, memory loss, etc. that these veterans are experiencing.

CURRENT ISSUE

There is one major current issue on this topic. Within the next two weeks, the Department of Defense will conclude a portion of one of their research evaluation programs. It will be the first results from DoD's efforts to study the illness. Confidentially, the Department has shown me some of the results. The study still finds no cause, like studies that have come before it. It also shows that a significant percentage of illnesses are caused by what DoD initially termed "psychiatric" causes.

I have alerted the staff at the Department that they need to brief senior staff here before releasing their findings. At the moment, Deputy Secretary Deutch is awaiting an evaluation of the results from the Institute of Medicine. Then he will be ready to show the results to us.

I recommend you chair this meeting and would like your recommendations as to other political senior staff who should attend. (Perhaps Sandy Berger, Pat Griffin, Steve Hilton, George Stephanopoulos, David Dreyer should attend.) The results, if they show the illnesses are largely psychological, will lead to a sound thrashing of our efforts in the press and public.

Please let me know how you would like to proceed.

Persian Gulf Veterans Coordinating Board **FACT SHEET**

Contacts:

Department of Defense (703) 695-0192

Department of Veterans Affairs (202) 273-5700

Department of Health and Human Services (202) 690-7470

Dec. 1994

Activities Overview — Persian Gulf Veterans' Health

DETERMINING SCOPE OF THE PROBLEM

- Some veterans returning from the Persian Gulf report a range of symptoms which have not been readily explained, such as fatigue, joint pains, headaches, rashes and loss of memory.
- Current evidence suggests these problems are not the result of a single cause but are the result of multiple illnesses with overlapping symptoms.
- No possible causes of unexplained symptoms have been ruled out, including veterans' concerns about medications, possible exposure to chemical agents, depleted uranium used in armaments, oil well fire smoke, and many other possible exposures.
- VA established the Persian Gulf Registry, which now includes 34,000 medical evaluations.
- DOD developed the "Comprehensive Clinical Evaluation Program" for patients whose diagnosis is not readily apparent after routine medical assessment.
- DOD initiated a new toll-free hotline, 800-796-9699, for Persian Gulf veterans who suspect they are experiencing medical problems as a result of their Gulf service.
- VA has designated 3 referral centers to provide a network of specialists for second opinions and additional consultations for hard-to-diagnose patients.
- An expanded examination protocol now is being used at VA hospitals and DOD facilities.
- VA, DOD, and HHS have formed the Persian Gulf Veterans Coordinating Board to develop the most effective strategies for medical care, research and compensation issues.

TREATMENT AND COMPENSATION

- Gulf veterans are provided high-priority access to VA health care under P.L. 103-210.
- Persian Gulf veterans who are chronically disabled by undiagnosed illnesses may receive compensation through P.L. 103-446. A proposed compensation rule was published Dec. 8, 1994.

RESEARCH

- Several military epidemiological studies are now in progress that focus on 1,500 Navy Seabees, medical records from any hospitalizations among 350,000 active duty troops who previously were stationed in the Persian Gulf, and children born after servicemembers returned from the Gulf -- comparing each of these study groups with controls.
- VA is funding three environmental hazards research centers which utilize 14 integrated protocols that view Gulf veterans' health from a variety of risk factors and disease categories.
- The Centers for Disease Control and Prevention is surveying Iowa Gulf veterans' health.
- The Mississippi state health department in conjunction with CDC is studying the occurrence of birth defects in two National Guard units.
- VA will survey a large group of Persian Gulf veterans and their families in 1995 to gather information about symptoms in a representative group of Gulf veterans.
- Under the authority of the "Veterans' Benefits Improvement Act of 1994," P.L. 103-446, VA will conduct medical evaluations for the purpose of studying potential health effects on spouses and children.

Persian Gulf Veterans Coordinating Board **FACT SHEET**

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Department of Defense (703) 695-0192

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Department of Health and Human Services (202) 690-7470



Persian Gulf Veterans' Health Problems

Dec. 1994

An interagency board — the Persian Gulf Veterans Coordinating Board — was established in January 1994 to work to resolve the health concerns of Persian Gulf veterans, including active duty personnel and reservists with Gulf service. The board, headed by the Secretaries of the Departments of Defense (DOD), Veterans Affairs (VA), and Health and Human Services (HHS), is overseeing and coordinating working groups focusing on research, clinical issues and disability compensation.

Background

Some 697,000 active duty service members and activated National Guard and Reserve unit members served in the Persian Gulf theater of operations. Of this number, 323,491 have separated from the military. Responding to concerns about the health problems of Desert Storm veterans, in April 1994 DOD established a central surveillance system to help identify potential medical problems. A coordinator was designated at each military medical facility to document and record information on service members who served in the Persian Gulf and facilitate appropriate care and treatment. DOD maintains a data base that contains information on all military participants in the Gulf. VA created the Persian Gulf Registry Program in 1992 for concerned veterans who served in the Persian Gulf, inviting them to come to VA for a free examination. The three departments are investigating possible causes of Persian Gulf veterans' health problems, including various chemical exposure combinations, leishmaniasis, health effects of oil well fires, petrochemical exposure, possible exposure to chemical/biological warfare agents, effects of vaccines and medications, and exposure to depleted uranium. DOD, VA and HHS are engaged in more than 30 Persian Gulf-related projects, including general health, environmental effects, chemical agents and depleted uranium.

Persian Gulf Registry

VA's Persian Gulf Registry Program offers a free, complete physical examination with basic laboratory studies to every Persian Gulf veteran who has health concerns, whether or not the veteran is ill. A centralized registry of participants who have had these examinations is maintained to enable VA to update veterans on

In addition to routine preparations for troop deployment, DOD took a number of health-related steps for the latest deployment of troops to the Persian Gulf. These steps include briefings covering preventive medicine information on potential health hazards. Deploying troops also were provided with a handbook containing health information specific to the Persian Gulf area. In addition to the medical personnel normally assigned to ensure appropriate primary and specialty care in the Persian Gulf theater, expert medical teams were requested with expertise in industrial hygiene, stress, infectious diseases and chemical/biological warfare. These supplemental medical teams will provide improved monitoring of environmental exposures and prompt examination of any untoward medical events that occur during this recent deployment. The presence of the teams also will allow better identification of troop locations and the correlation of possible exposures to environmental hazards.

Compensation

While research may take years to find answers about what is causing Persian Gulf veterans' health problems, the Clinton Administration supported legislation, recently passed by Congress, to give VA authority to award compensation benefits to chronically disabled Persian Gulf War veterans with undiagnosed illnesses. The bill authorizes VA to pay compensation to any Persian Gulf veteran suffering from a chronic disability resulting from an undiagnosed illness that became manifest during Persian Gulf service or to a degree of 10 percent or more within a specific period of time following Gulf service. The bill requires that the time period is to be specified by Sec. Brown. VA moved quickly to draft regulations, which were published in the Federal Register Dec. 8, and is reopening benefits claims that were previously denied. Some 14,895 veterans with Persian Gulf service currently are receiving VA compensation or pension benefits for injuries or diagnosed illnesses of all kinds.

Birth Defects/Infectious Transmission

The possibility of either inheriting a birth defect or contracting an infectious disease from a Persian Gulf veteran parent are important medical questions and deserve an extremely careful review. Preliminary results of a study conducted by the Mississippi State Health Department in conjunction with CDC showed no increase in birth defects or childhood illnesses among children born to Persian Gulf veterans in two National Guard units. Among more than 17,000 individuals participating in the VA Persian Gulf Registry, the incidence of reported birth defects was actually less than expected in a normal healthy American population. Despite these preliminary results, a comprehensive, collaborative government response is underway to resolve the lingering concerns of Persian Gulf veterans. VA will study as many as 15,000 veterans who served in southwest Asia and compare them to another group of veterans who served outside the area. HHS will survey 2,000 veterans from Iowa with a similar sized control group, and thousand Persian Gulf veterans and controls. Each study will specifically address birth outcomes and childhood illnesses in the children born to veterans of the Gulf War. VA also will conduct a study to evaluate the health status of spouses and children of Persian Gulf War veterans on VA's Persian Gulf Registry. The study will include diagnostic testing and medical examinations to formulate research hypotheses regarding possible association between illnesses or disorders suffered by Persian Gulf

▼ DOD is continuing its work as a world leader in developing a less invasive test for viscerotropic leishmaniasis that may provide for broader diagnostic screening use in the future.

▼ Between April and Dec. 1991, DOD, Environmental Protection Agency and HHS scientists were sent to the Persian Gulf to evaluate environmental exposures from Kuwait oil fires and to investigate respiratory hazards associated with oil well fire smoke exposure.

▼ From Dec. 1991 through Nov. 1993, HHS's Centers for Disease Control and Prevention (CDC), at the request of DOD, was involved in evaluating serum specimens from persons who served in the Persian Gulf region for evidence of leishmania infection.

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

▼ CDC will be conducting a telephone survey of Iowa residents to compare the health status of some 2,000 veterans who served in the Gulf with that of 2,000 veterans who served during the Gulf War but were deployed elsewhere.

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THE WHITE HOUSE
WASHINGTON

January 16, 1995

~~CONFIDENTIAL~~

DETERMINED TO BE AN ADMINISTRATIVE
MARKING Per E.O. 12958 as amended, Sec. 3.3 (c)
Initials: ADG Date 1/15/14

MEMORANDUM FOR LEON PANETTA

FROM: MELANNE VERVEER

RE: FIRST LADY'S PROPOSED ACTIVITIES RE: "GULF WAR
SYNDROME"

I. BACKGROUND

Persian Gulf War Syndrome has become a catchword for unexplained maladies afflicting thousands of veterans who served in the Gulf War. Symptoms range from nausea, hair loss, fatigue and rashes to heart and respiratory problems; from muscular degeneration and severe memory loss to total incapacitation. Furthermore, there have been a number of claims suggesting that these health problems have been transmitted to family members of veterans, causing similar symptoms in spouses, as well as miscarriages and birth defects (see attached Little Rock article).

Researchers have been unable to isolate a cause for the syndrome. But their work has suggested a variety of sources that alone or in combination may be responsible for the ailments. Some of the possible causes are exposure to oil fires in Kuwait, indigenous parasites, military vehicle paint, depleted uranium used to reinforce tank and artillery shells, and drugs, alone or in combination with pesticides, taken for protection against chemical exposure. Some reports have suggested that American and other soldiers may have been exposed to Iraqi chemical and biological weapons.

Various congressional committees have held hearings probing the syndrome. The President signed legislation last November that enables the VA to provide disability compensation for veterans with undiagnosed illnesses. The VA is also virtually guaranteeing full medical treatment in VA facilities for Gulf War veterans suffering from undiagnosed conditions. Congress authorized the treatment in legislation enacted in December, 1993. Congress also passed, and the President signed into law, legislation to expand research into the causes of these health problems.

The total number of soldiers and veterans suffering from Gulf War syndrome is unknown. About 700,000 men and women served in the Persian Gulf region during the conflict. Of those, 312,000 have been discharged and are now veterans. In 1992, the VA created a registry to collect data and identify patterns among veterans who have been examined by the VA for medical conditions related to their service in the Gulf War. Approximately 35,000 veterans are now included in the registry; the number doubled in the last year because of increased publicity. Congress has expanded the registry to include a pilot study of spouses and children of veterans -- this expansion of the registry has not yet been implemented.

II. REASONS FOR WHITE HOUSE CONCERN

Both the President and the First Lady have received letters from veterans and their families describing serious health problems attributed to Gulf War syndrome and, in most instances, expressing their frustration with the government's response. Descriptions of the medical problems afflicting Gulf War veterans and their families have also been getting increased media attention. For example, several weeks ago, Nightline devoted a program to the controversy, and we understand 60 Minutes will shortly devote a full hour to the issue.

It is clear from the letters, congressional inquiries and news reports that veterans are not being adequately served, even when the law requires such service. At best, the bureaucracy has been slow to respond; at worst, it has created a perception in the media and among some veterans groups of a cover-up...that the federal government has not been open and honest in providing full information.

For example, Col. Herbert Smith, a veterinarian and Army reservist veteran of the Gulf War, has been seriously ill with the most severe of the syndrome's maladies. He has given up his practice and is seriously debilitated. The military and the VA were not responsive until Col. Smith testified and was interviewed widely. He is currently hospitalized in a private hospital where he has been diagnosed with brain damage. There are reports that his bills are being paid by the private sector through the intervention of Ross Perot and other benefactors. If this is a case of an important war officer whose problems are not being adequately addressed, what is the fate of so many others, not seemingly so well situated?

III. ROLE OF THE FIRST LADY

Over a period of the next few weeks, the First Lady, at the request of the President, is planning to engage in private discussions with key government officials at VA, DOD, HHS, EPA and FDA and with scientists who have been involved in looking at the problem. She intends to visit the bedsides of a few of those who are seriously afflicted and conduct listening sessions with

Gulf War veterans and their families who are suffering from the syndrome, as well as with representatives of veterans organizations, mostly small, local groups helping to give voice to the problem.

IV. TALKING POINTS FOR CALLS TO DOD SECRETARY PERRY AND VA SECRETARY BROWN TO INFORM OF FIRST LADY'S PROPOSED ROLE

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

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

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

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

Summary

Phone Conversation with Senator Riegle

March 2, 1995

Huge problems -- DOD is dissembling and dishonest. They are "trained to lie with a straight face."

Schwartzkopf's answers in USA Today do not square with the logs that have been partially released. The White House needs to get the rest of the logs. There is some reason why they're not putting the logs out. It's important to read what's been withheld.

HRC should do a visit with sick spouses and kids. It's heart wrenching.

It's touchy to tackle the Pentagon, but need to push against their reluctance to hold the military accountable. Schwartzkopf, Powell, Cheney, et al, didn't understand the nature of the threat, they sent the military unprotected and now can't acknowledge any mistakes. The reality is they didn't protect the military adequately.

There are now 50,000 sick people and the problems keep spreading.

The previous Administrations licensed chemicals to Saddam during the time we were trying to keep them on friendly terms -- not just biological warfare materials, but UN inspectors also found dual use items which were components in building nuclear capacity.

Jim Baker sent a letter ordering an end to the granting of licenses to send BW and CW materials. We paid a price for the original OK of sending these materials to Iraq.

It is possible the Gulf War vets are now suffering from the effects of biological materials set off by the Iraqis.

Why the "cover-up" by the current DOD? Perhaps concerned that they will have to send troops there again and we don't want to admit that we can't protect our own troops. This rationale should not be our excuse to cover up our mistakes.

The best proof of a problem with BW/CW is that field officers with major rank have testified about detectors going off. No real explanation to counter this.

60 Minutes is doing a big piece. Riegle talked to them. His staffer Trite has been working with them. They are trying to document a "cover-up" in an ironclad way.

Why isn't the Pentagon clamoring to get the dollars to figure out why people are sick. They're not.

He said he is appealing as a citizen and friend of the Administration to say the country needs an answer and sick people need the truth. The President should insist on it. He should be careful and prudent, but be relentless to get to the bottom.

- Melanne Verveer

~~SECRET~~

NATIONAL SECURITY COUNCIL

WASHINGTON, D.C. 20506

March 8, 1995

1776

Gulf War file

ACTION

MEMORANDUM FOR ANTHONY LAKE

THROUGH: *RAH* ROBERT BELL/DANIEL *SD* PONEMAN

FROM: ELISA D. HARRIS *EAH*

SUBJECT: Questions Regarding March 2, 1995 USA Today
Article

The memorandum at Tab I responds to the President's questions about a number of issues discussed in a recent USA Today article on the Gulf War. Preparation of this memo was delayed by the need to secure detailed information from DOD.

RECOMMENDATION

That you sign the memorandum for the President at Tab I.

Attachment

Tab I Memorandum for the President

Tab A USA Today Article

~~SECRET~~

Declassify on: OADR

DECLASSIFIED

E.O. 13526

White House Guidelines, September 11, 2006

By *KBY* NARA, Date *12-13-2013*

2014-0159-S

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	From: Anthony Lake, To: President Clinton (3 pages)	3/2/95	P1/b(1)

COLLECTION:

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

FOLDER TITLE:

Gulf War Illness - White House Staff Memoranda

2014-0159-S
sb308

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]

~~REDACTED~~
Tony / Sandy
What about
these questions?



PLEASE STAFF

URGENT

ASAP:

Elisa Harris

cc Ponemon

BM

Clarke

Lake (ASAP)

Bligh (ASAP)

Gulf war sequel Claims, counts 'claim s

The Pentagon denies that U.S. forces in the Persian Gulf war were exposed to chemical or biological agents, but there are a growing number of claims to the contrary.

By John Ritter
USA TODAY

The yellow ribbons are a fading memory, but reports that U.S. forces were exposed to Iraqi chemical and biological agents during the gulf war are mounting, despite the Pentagon's vigorous denials.

Active duty officers and en-
force reticent for fear of
repi are now signing a
gulf illness registry at a
rate of 100 a week and chal-
lenging the military's position.

this week a top official
at the Department of Veterans
Affairs said he lacks confi-
: in Pentagon assertions
troops were not exposed to
biological or chemical agents.

"Despite having heard from
the Department of Defense, I
remain concerned about what
a / happened, about expo-
sures that either occurred or
not," said Kenneth Kizer, VA
undersecretary for health.
"That's the area I feel most in-
secure about."

Even the White House has
signaled impatience with pro-
gress in understanding gulf il-
nesses. Hillary Rodham Clin-
-who made two high-profile
visits with gulf vets last week
and the week before, said the
president has asked her to look
into "what we have left to do."

But former senator Donald
Riegle, whose two-year bank-
ing committee probe conclud-
ed last year that there's strong
evidence troops were exposed
to agents, says: "The problem
is so big the implications so
ser the professional bu-
reaucracy at the Pentagon
can't afford to acknowledge it.
"We this with Agent Or-

ange, where the truth can be so
calamitous to reputations and
careers and budgets that bu-
reaucracies will go to great
lengths not to come clean."

The Senate banking commit-
tee initially got involved be-
cause it oversees legal exports
that may have military appli-
cations, such as chemical, bio-
logical and nuclear materials.

More than 50,000 gulf veter-
ans have reported a range of
ailments that include fatigue,
muscle and joint pain, heart
and intestinal problems, mem-
ory loss, rashes and sores. They
suspect they were exposed to
chemical or biological agents
from Iraqi artillery and Scud
missile attacks, fallout from co-
alition bombing of Iraqi chemi-
cal and biological targets, and
exposure to munitions in Iraqi
storage facilities.

The Pentagon steadfastly
says troops were not exposed
to chemical or biological
agents. But there are many ac-
counts to the contrary.

► An Army chemical and
biological warfare specialist
received a meritorious service
medal for "supervising the po-
sitive identification" of mustard
agent in Kuwait. The Pentagon
says there were no chemical
agents in Kuwait.

► Air Force battle repair
mechanics say they were or-
dered to decontaminate F-111s
returning from bombing mis-
sions of Iraqi chemical weap-
ons plants but didn't have prop-
er protective gear. At least 14
of them are sick.

► Members of a 5th Special
Forces unit detached to Egypt-
ian coalition forces twice con-
firmed the presence of a nerve
agent during bombing of Iraqi



By D. Patrick Harding

ANGRY: There's a lot of pressure, whether it's said or perceived, not to speak out, says Capt. Kenneth Takasaki. He remains on active duty but says chemicals from the gulf war made him sick.

chemical sites.

► A 2nd Marine Division log
confirms nerve and mustard
agent detections and a "large
number of dead sheep," a po-
ssible indicator, military man-
uals say, of biological agents.

A Central Command log re-
leased in January includes en-
tries reporting traces of nerve
agents "caused by fallout from
bombing" Iraqi chemical sites.

The log was just declassified
in January, leaving some veter-
ans wondering if key informa-

tion remains confidential.

The Pentagon says it has
only classified its sources and
intelligence gathering meth-
ods. But in a Senate hearing, of-
ficials were asked whether
Iraqi chemical units were near
U.S. forces and if they could at-
tack with chemical and biologi-
cal agents. The Pentagon ruled
answers to those and 17 other
questions were classified.

"It's becoming increasingly
clear the Pentagon has not
been playing straight on this is-

sue," says Kenneth Timmer-
man, an expert on Mideast
weapons proliferation.

Timmerman, a consultant to
gulf vets in a class-action suit,
says Saddam Hussein feared
retaliation for a massive chemi-
cal or biological strike, so he
used small quantities. He
"threw in chemicals with the
rest of the stuff, like a terrorist
would use a car bomb."

"Our troops encountered a
cocktail of chemical agents,
biological agents, toxins from

“
There's natural reluctance
to say (chemical agents set
off alarms) because
nobody wanted to ...
demoralize troops.
”

— Army Lt. Col. Robert Frandsen



AP

burning chemical plants, high
explosives, depleted uranium
— a cocktail of stuff."

► Hundreds of gulf vets have
told Senate investigators about
artillery explosions and Scud
missile attacks, followed by
alarms and orders to don pro-
tective gear. In some instances,
chemical agents were detected
by more than one device using
different detection techniques.

The Pentagon acknowledges
thousands of chemical alarms
went off, but says every one
was false.

"I've got everything to gain if
I can prove chemical agents
were out there," says Theodore
Prociw, deputy assistant sec-
retary for chemical and biologi-
cal matters. "Budgets would go
up for defensive equipment. So
it's in our best interest to verify
that agents were used and
we've tried unsuccessfully."

The Pentagon also says it
has not found any suspicious
clusters of similar symptoms
reported by units that operated
in the same geographic area.

"If we don't find any clusters
... it begins to push the possi-
bility way out of the realm of
probability," says Stephen Jo-
seph, Defense assistant sec-
retary for health affairs.

Capt. Michael Johnson, who
teaches chemical and biologi-
cal warfare at the Army's in-
fantry school in Fort Benning,
Ga., received a meritorious
service medal for detecting
mustard gas. He confirmed his
findings with mass spectrome-
ter tests, the most sophisticated
field detection method. The

Pentagon says later lab analy-
sis found nitric acid instead.

"I'm confident to this day the
systems we used detected the
presence of chemical agent,"
says Johnson.

Capt. Kenneth Takasaki says
he is angry that the military
won't acknowledge nerve
detections by units in his Spe-
cial Forces group.

"There's a lot of pressure,
whether it's said or perceived,"
not to speak out, he says. "My
career is shot. I came out of the
Persian Gulf with a Bronze
Star and it doesn't mean a
thing."

Army Lt. Col. Robert Frand-
sen isn't sure what caused his
symptoms, but doubts all the
alarms he heard were false. If
chemical agents set them off,
"there's natural reluctance to
say so because nobody wanted
to ... demoralize troops."

Scientific panels, however,
have failed to confirm claims
that U.S. troops were exposed
to chemical or biological weap-
ons. A National Institutes of
Health panel, an Institute of
Medicine panel and a Defense
Science Board task force have
found no basis for linking
chemical or biological agents
to gulf illness.

Still, critics say the military
is ignoring the very people it
trained in chemical and biologi-
cal warfare and gave responsi-
bility for battlefield detection.

"They say it was there," says
James Tuite, a former Senate
banking committee investiga-
tor. "It's only the policymakers
saying it didn't happen."

Veterans claim gulf war chemical exposure

Many U.S. veterans who became ill after the Persian Gulf war say they believe they were exposed to chemical or biological agents. The Pentagon says no troops were exposed, and not a single detection report was verified. Iraqi targets and key places in Kuwait and Saudi Arabia where U.S. troops reported incidents:

Winds can spread chemical agents
The Pentagon disputes a theory that winds carried fallout from bombed Iraqi targets back over U.S. troops, causing Gulf war illnesses.

3 Wind direction can change, spreading debris over a different area
Close to the ground, winds may be blowing in one direction... But as smoke or fumes rise... WIND

Chemical alarm
U.S. forces scattered more than 13,000 battery-powered M-8 chemical detectors across the desert.
► Detector sounds alarm when heavy chemical agents are present.
► If used in blowing sand or dust, air filter must be replaced every day and sometimes every hour.

Detection leads to medal
Capt. Michael Johnson gets a medal for detecting mustard agent at a Kuwaiti school. But the Pentagon says it was nitric acid.

Troops find dead sheep
Robert Huff, a Navy chief medical corpsman with the first troops in Kuwait, says he found hundreds of dead sheep over a large area and inside buildings, a possible indicator, military manuals say, of biological agents.

Scuds trigger alarms
Troops say chemical alarms sounded during Scud missile attacks. The Pentagon says Iraq lacked technology to arm missiles with chemical agents, but post-war U.N. teams find them.

Nerve agent reported
An Army Special Forces unit detects nerve agent during first night of air war.

Mechanics decontaminate jets
Air Force mechanics say they were ordered to decontaminate F-111 jets returning from bombing missions in Iraq without proper protective gear. More than a dozen say they are sick. The Pentagon says chemical agents would not stick to jets.

Area enlarged
Turkey, Syria, Iraq, Kuwait, Iran, Israel, Jordan, Saudi Arabia, Yemen, Sudan, Persian Gulf.

By John McConico, AP
By Mike Hestey, AP

Source: USA TODAY research

By Cliff Vincurs and Mary Baumann, USA TODAY

Schwarzkopf: 'No evidence' of chemical attack

Retired Army general Norman Schwarzkopf has not granted many interviews since he led allied forces in the Persian Gulf war, but he talked to USA TODAY about the question of whether troops were exposed to chemical or biological weapons.

Q: Do you think Iraq used chemical or biological weapons during the war?

A: No, I don't. There's absolutely no evidence that we ever ran into during the war, or anything that's come up since the war, that I know of, that says they used them.

Q: Do you think Saddam Hussein had any capability left after the bombing to deliver such weapons?

A: I hope not, because very much a purpose of the campaign was to eliminate his biological-chemical capability.

He only really had two ways



SCHWARZKOPF: 'Something happening to veterans

to do it, and one was with his artillery and the other was with his aircraft from spray tanks. We took out the air force. That's why we attacked the artillery so heavily before we ever went in on the ground.

Q: And you don't think he could have delivered them

with Scud missiles?

A: No. All the reports we had had were he was attempting the delivery capability with the Scuds but never did perfect it.

Q: Do you believe troops were exposed?

A: The only way I think it could have possibly happened would be perhaps in some kind of a storage bunker within Kuwait if there had been chemicals there. But we never had a report of anything of that sort.

Q: Not even in Iraq?

A: No. We had one report — one report — that a fellow had received burns that looked like mustard gas burns. And later that was discounted.

Q: How do you account for the reports from Gulf vets?

A: I don't know. I talked to the commanding general of Walter Reed Army Medical Center and he confirmed to me that they found no indication of biological or chemical use.

There seems to be no geographical pattern whatsoever to the illness.

If it was a biological or chemical type thing you would assume that everybody within a certain geographical area would be showing symptoms. ... That's the part that throws me about the whole thing.

The only thing that has ever come up was the famous Czechoslovakian unit, and I remember exactly when that happened, OK, because of course we all panicked. And we immediately checked with every other unit in the area that had chemical alarms and none of their chemical alarms were activating at all.

Even despite that we sent the FOX (detection vehicle) in there and did surveys, chemical surveys, to make absolutely sure and they all came back negative, too. So, that particular incident, I'm quite con-

vinced it was a false alarm.

Q: During the war, when alarms were going off frequently, what was the reaction at Central Command?

A: Of course every time we got a report of something like that we followed up immediately, just because that the nightmare scenario. We more concerned about that than anything else.

Not one time did we ever get any sort of confirmation or even anybody who came back and said, yeah, we think it might have happened, but we can't verify it. There was a single report, not one.

Q: How do you think this matter can be put to rest?

A: I just think we to keep on treating them in every way we possibly can. I think we've got to continue to try to come up with the reasons why. Obviously there's a thing here.

GIs ill prepared for the detection of chemical arms

By John Ritter
USA TODAY

The Pentagon acknowledges it had no reliable system to monitor battlefield environments during the gulf war and is scrambling to develop better methods of protecting troops.

"We've learned we'd better get more serious about identifying what our soldiers are breathing," says Theodore Prociv, deputy assistant secretary of Defense for chemical and biological matters.

Military officials say U.S. forces were ill-prepared to detect biological weapons, and an effective Iraqi attack could have caused many casualties.

Troops also were exposed to pesticides, diesel fuel and smoke from oil-well fires.

"The modern military has to reconcile itself to people sincerely saying they've acquired some syndrome from military service," says Matthew Messelson, a Harvard University molecular geneticist.

"There needs to be a carefully worked out format for data collection."

The Pentagon is developing a system for medical personnel in every unit to take air samples several times a day or during suspicious events.

Air canisters would be labeled, dated and stored for later analysis, if needed.

Officials say better alarms and protective suits also are being developed. And commanders are getting better training.

Meanwhile, as the number of veterans reporting gulf-illness symptoms grows, so do calls for a fuller accounting of:

► How well chemical-detection equipment performed. What good were chemical weapons alarms if dust, heat, smoke and low batteries triggered hundreds of false alarms — as the Pentagon says.

"Why weren't they recalled?" Army Maj. Gus Grant wants to know.

Grant got to King Khalid Military City near the Iraqi border two weeks after the air war started and was astonished at how troops reacted to alarms.

"They were used to it, they didn't reach for gas masks," he says. "Eventually, we picked up the attitude like everyone else that it was just dust and



PROCIV: 'We'd better get more serious...'

heat."

► The possibility troops were exposed to fallout from bombing Iraqi targets.

Poisonous debris clouds rose, the theory goes, then winds carried them south.

Ex-Senate investigator James Tuite says satellite photos show upper air moving smoke plumes south from oil-well fires, in the opposite direction of ground winds. The same could have happened with a chemical plume, he says. "The Pentagon simply won't address high-altitude fallout."

Most experts agree with the Pentagon that contaminants would disperse at high altitude and never reach troops. Biological agents, particularly, are short-lived and perishable.

"Once you get up that high, dilution takes over," Prociv says. "The stuff becomes insignificant." But that theory has never been field tested.

► The possibility troops were exposed to doses too low to kill but enough to bring on delayed symptoms.

Pentagon critics use the low-dose scenario to explain why some troops got sick and others didn't. "Like when the flu hits town," says Tuite.

"Some people don't get sick, but some do — and some sooner than others."

Physician John Bailar says the Institute of Medicine panel he headed considered the low-dose issue and concluded chemical agents "would have different kinds of long-term consequences than what we were seeing in veterans. But it's not an ironclad argument."

*Hillary - this is
from the researcher
(pesticide) who was not
renewed at AG.*

1508 NW 35th Way
Gainesville, FL 32605
Phone: (904) 375-3102
May 15, 1995

Hon. Dan Glickman
Secretary of Agriculture
U.S. Department of Agriculture
Washington, DC 20250

Dear Secretary Glickman,

I have recently been interviewed by several television networks regarding research I conducted at USDA before I lost my job there last year. I would like to apprise you of the situation and ask for your assistance so that I can continue this important research.

I conducted research in USDA-ARS from 1987 to 1994. From 1990 to 1994 I worked as an insecticide toxicologist. My research was designed to discover the mode of action of pesticides as part of the USDA-ARS mission to find safer and more effective insect control. In November 1993, I expressed my concerns to my laboratory director about the potential risks of DEET (an insect repellant that the USDA developed) when it is mixed with organophosphates such as those used as insecticides and chemical warfare agents. During my remaining tenure at ARS (to June 94), I found that DEET and another chemical (pyridostigmine) which was taken for nerve gas protection in the Persian Gulf War (Desert Storm) interacted synergistically in cockroaches. In other words, sublethal amounts of DEET caused pyridostigmine to be more toxic, and when sublethal amounts of pyridostigmine were used it caused DEET to be more toxic.

I was invited to testify at the Senate Veteran's Affairs hearing on May 6 1994, which dealt with possible health problems associated with our troops' service in the Persian Gulf. I was invited because Senator Rockefeller, who chaired the committee, had concerns about pyridostigmine and its possible interactions with insecticides. This upset USDA-ARS officials, who may have assumed that I was attempting to circumvent "proper" channels. I was told by my superiors at ARS that I should not talk about my research to anyone, and USDA made every effort to convince Sen. Rockefeller that I should not testify. ARS officials apparently were concerned about the negative publicity for DEET. This ARS response may be because DEET was developed and has been promoted by ARS, or it may have been an excessive response to questions by S. C. Johnson Inc., about my research. Sen. Rockefeller insisted that I testify and I did so. After my testimony I was treated as a traitor by my laboratory director, Dr. Gary Mount. A colleague at ARS told me that he was instructed by Dr. Mount not to hire me under any circumstances.

Since my 4-year position at USDA was due to end in June 1994, it is very difficult to prove that I was treated unfairly as a result of my research findings or testimony. However, many USDA post-doctoral fellows are hired for permanent positions. In addition, Dr. Gary Mount informed Dr. Jack Seawright of the Gainesville laboratory that he did not want me in the laboratory under any conditions, even if I arranged to procure my own funding. In addition, Dr. Mount stated publicly (see attached Gannett News Service report), that I was conducting "unauthorized research". In fact, my research was entirely appropriate for my position at USDA. Based on his experiences with USDA regarding my testimony, Sen. Rockefeller expressed concern to the national media that USDA retaliated against me.

I asked the USDA IG to determine whether USDA had treated me unfairly and had suppressed information potentially related to health and national security. Unfortunately, the IG conducted a superficial investigation, and never even interviewed me or the colleagues who supported my work. Based on a very one-sided investigation, the IG concluded that there was no evidence that ARS retaliated against me or suppressed important information.

As a result of ARS officials' decision not to allow me to be rehired, I have been unable to continue my research on the possible toxic effects of insecticides and anti-nerve gas agents which were used by US troops. Instead, I am working as a substitute teacher in the public school system in Gainesville. I believe that the treatment I received at USDA is not consistent with the goals of the Clinton Administration regarding research on the possible effects of pesticides on US troops and civilians. It has set back research on possible causes of Gulf War illness by at least 18 months.

I am writing to ask you to look into this issue, and see for yourself how my research was undermined by a national program leader (Ralph Bram), area director (Mary Carter), laboratory director (Gary Mount), and research leader (Richard Patterson). I am sending a copy to the White House so that it will be forwarded to the President's Advisory Committee on Gulf War Illnesses.

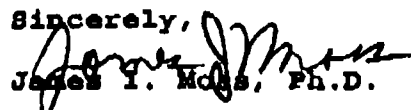
In the last year, I have been asked to criticize USDA on national television, and to testify against veterans in a lawsuit pertaining to Gulf War illnesses. These activities are not consistent with my values as a scientist and former USDA researcher. Rather, my goal is to continue my research which may help determine the risks of DERT and other insecticides, when used alone or in combination with other chemicals.

I would like to return to USDA to continue the research I began with the goal of determining the mechanism of action and the reasons for the interactions of the chemicals I was

studying. The work did and would continue to fit well within the requirements for which I was originally hired and I would continue to produce information which might be of great value for more productive and safer use of insecticides. Detailed information on the interactions of the chemicals I was working with could be very useful for the USDA-DoD insect repellent program, the Department of Defense chemical agents program, the Department of Veterans' Affairs Gulf War illness efforts, the President's Advisory Committee on Gulf War Illnesses as well as for pesticide producers. I would produce results using insects which could then be verified on vertebrate models when appropriate. This is what occurred when Duke University researchers successfully reproduced some of my insect studies using vertebrates (DoD has been reported to have done the same). Had I continued, testing of my hypotheses for the causes of interactions of these chemicals would now be complete.

I believe that knowledge of insecticide and DEET mode of action will be extremely important in the search for more effective and safe insecticides and repellents. I also believe that as government scientists, and citizens, we are morally obliged to vigorously pursue any real possibility that chemicals we produce, and promote, may present a public health hazard. The commitment of resources for research which might have implications on human health is a policy matter, but I have operated under the assumption that USDA has a special responsibility to be sensitive to any health concerns about DEET and that any knowledge we may have should be vigorously pursued. Thank you for taking the time to consider this.

Sincerely,


James I. Moss, Ph.D.

cc: The First Lady, Hillary Rodham Clinton
Senator John D. Rockefeller, IV

May 15, 1995

ATTN: Dr. Diane Zuckerman, Office of the First Lady
To: The First Lady, Hillary Rodham Clinton

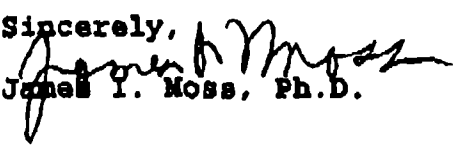
From:

James Iredell Moss
1508 NW 35th Way
Gainesville, FL 32605
(904) 375-3102

Dear Mrs. Clinton,

This letter to Agriculture Secretary Glickman concerns research which may be important to the President's Advisory Committee on Gulf War Illnesses and I hope it can be brought to the attention of the Committee.

Sincerely,


James I. Moss, Ph.D.

SCIENTIST FIGHTS FIRING OVER GULF WAR ILLNESS RESEARCH 10/1/94
By NORM BREWER Gannett News Service - San Jose Mercury News

WASHINGTON -- An Agriculture Department scientist has lost his job after pushing research that could help explain why thousands of Persian Gulf veterans have become ill.

Dr. Jim Moss, who worked at a USDA laboratory in Gainesville, Fla., has appealed, charging his superiors yielded to pressure from at least one manufacturer of DEET (diethyltoluamide), a bug repellent used by soldiers in the 1991 war.

Moss, in an interview, said his research on cockroaches showed that when DEET was combined with an anti-nerve gas agent that also was widely used in the gulf, the toxicity of DEET increased five to tenfold.

He said that shortly after informing the chemical company and USDA officials of his findings in November, he was called in by a supervisor.

"I was told not to talk about that ... and was told to stop doing the research (or) disciplinary action could be taken," Moss said.

He said he insisted the order be put in writing, and when it was not he continued his research. Over objections by the USDA, he also testified about his findings before the Senate Veterans Affairs Committee in May. He had been hired in 1990 under a "term" appointment, and when it expired June 30, Moss said he was "let go."

Dr. Gary Mount, director of the USDA Medical and Veterinary Entomology Laboratory in Gainesville, said Moss' appointment was not renewed because he had engaged in "unauthorized" research. After being hired with public funds to "work on cockroach controls," Moss worked most of last year "on what he wanted to work on," Mount said.

"I'm not saying what he did was not important," Mount said. "Obviously, it is very important. It is not the mission of this laboratory."

Calling Mount's explanation for his dismissal "weasel words," Moss said, "I think I had a moral responsibility to do what I did. Anybody who has information that impinges on public safety has an obligation to do so."

The Defense Department is pursuing independent, follow-up research on what Moss found, according to Lt. Col. Doug Hart, a Pentagon spokesman. "It's the next logical step after Jim Moss's study."

Also, Sen. John D. Rockefeller, chairman of the Veterans Affairs Committee, said Moss' preliminary findings are "extremely important." Rockefeller has written Agriculture Secretary Mike Espy for his "assistance in safeguarding" Moss' research data. Following an investigation by his committee, Rockefeller concluded that vaccines and drugs given to U.S. troops in the gulf "could be causing many of the 'mysterious illnesses' those veterans are now experiencing."

Those vaccines included pyridostigmine, given to about two-thirds of the 695,000 U.S. troops to counter the potential threat of a nerve agent attack by Iraq. That compound, Moss discovered, substantially increased the potency of DEET, which was in the standard issue repellents used in the gulf.

Mount, who declined to comment on most of the issues in Moss' case, did say finding better ways to control cockroaches is of economic concern to pest control operators and associations that represent them.

"I did research on cockroaches," Moss insisted, explaining the normal course of that work caused him to explore the "synergistic" effect -- one chemical increasing the impact of another -- of DEET and anti-nerve agents.

He said he already was into that research when he read news reports about how pyridostigmine was suspected of causing Persian Gulf Syndrome -- illnesses afflicting perhaps 29,000 gulf veterans. Those illnesses range from muscle aches and pains to tumors and respiratory problems.

So he combined pyridostigmine and DEET, said Moss, acknowledging that, "If I had never heard of the gulf war, I doubt I would have"

Moss, whose annual salary was \$45,000, said another USDA employee told him that a chemical company had complained to Agriculture Department officials in Washington. He declined to identify the company or the officials, expressing concern about legal retaliation.

Moss said there is a broader public safety question because there have been cases of people having serious reactions when using such repellents containing DEET, particularly in high concentrations or in combination with other chemicals.

Moss, 43, an insecticide toxicologist with a doctorate from the University of California, Riverside, said DEET has been used for about 40 years, but it is not known how it works. His research indicates, for the first time, the repellent attacks cellular systems, he said. He said USDA could rule on his appeal in October. MERCURY CENTER CODE: N895 ID: me14433g

MEMORANDUM

TO: The Honorable Dan Glickman, Secretary of Agriculture

FROM: Melanne Verveer, Deputy Chief of Staff to the First Lady

RE: Dr. James Moss, a former post-doctoral fellow at ARS,
Gainesville, FL

DATE: July 10, 1995

Apropos of our phone conversation, here is the detailed information that I promised to send you.

The President and First Lady have assured Gulf War veterans that this Administration will make every effort to try to determine the causes of Gulf War veterans' illnesses, and to seek appropriate treatment. To that end, the President has supported increased funding for research and established a Presidential Advisory Committee to review the adequacy of all Federal efforts aimed at helping Gulf War veterans. Research on insecticides conducted by Dr. James Moss, who was a post-doctoral fellow at the Agricultural Research Service (ARS) in Gainesville from July 1991 until June 1994 might possibly be relevant, which is why I wanted to share this information with you.

In April 1994, Dr. James Moss was asked to testify at a May 1994 hearing before the Senate Veterans Affairs Committee, regarding his insecticide research. Dr. Moss had conducted research on cockroaches that indicated that insecticides/insect repellents that were used by Gulf War veterans became much more toxic when used in combination with pyridostigmine bromide, an anti-nerve gas agent that was taken by the majority of US troops in the Gulf War.

Dr. Moss' research had obvious implications for the possible causes of Gulf War veterans' illnesses. If insecticides that were usually safe became more toxic in combination with other chemicals that were used in the Persian Gulf, that could potentially explain many of the symptoms that the veterans were experiencing.

We understand that USDA officials were opposed to having Dr. Moss testify until Sen. Jay Rockefeller, who chaired the Senate Committee, insisted that he appear before the panel.

Dr. Moss conducted research at ARS from 1987-1994. His 2-year post-doctoral fellowship, which began in 1990, was renewed in 1992 and was completed on June 30, 1994. His efforts to find a permanent position at ARS were unsuccessful. Although Dr. Moss was very careful not to criticize USDA or DOD at the hearing, he

testified that ARS was not supportive of his research efforts, which could make it impossible for him to continue even if he could obtain research funding from other sources. A copy of his testimony is enclosed (attachment #1).

We were told that he later told Congressional staff and the media that he had spoken about the possible implications of his research with his supervisors at USDA, with someone who worked for the company that made one of the pesticides (DEET, made by S. C. Johnson Wax, Inc.) and with DOD staff. Nobody had shown an interest in his pursuing the research. He also stated that had been told by his superiors not to tell anyone about the research results. He also told Congressional staff that after the hearing, ARS colleagues who had been friends told him they were forbidden to hire him, regardless of his qualifications. (Dr. Moss made several of the same statements to you in a letter dated May 15, which is enclosed as attachment #2).

We were also told that when Congressional staff asked USDA officials in 1994 why they were not interested in having Dr. Moss or someone else continue his research, they were told that USDA is not concerned about the safety of DEET and other insecticides. They were told that safety issues were the concern of EPA or HHS.

Congress responded to Dr. Moss' testimony by passing a law requiring that DOD fund research in this area. A preliminary study, conducted on rats, confirmed Dr. Moss' findings regarding the toxic interaction between two insecticides and pyridostigmine bromide. (Those research results, dated March 29, 1995, are attachment #4). In addition, Ross Perot funded a study at Duke University that conducts similar research on chickens. The Duke study, which was written up in USA Today (attachment #5), also confirms Dr. Moss' findings. However, these studies are considered preliminary, and Dr. Moss is still seeking a position that will enable him to determine the reasons for the toxic interaction and its implications for the safety of insecticides for animals and humans.

Press allegations and Congressional concerns about the future of USDA's research in this area and possible retaliation against Dr. Moss have continued, in newspaper articles and on TV newsmagazine programs. When these allegations came to the attention of the White House Office of Cabinet Affairs several weeks ago, Cabinet Affairs' staff called USDA to ask whether the Department was investigating the matter. They were told that USDA never hires post doctoral fellows into regular positions.

The White House staffer was also told that Dr. Moss' research was not authorized because it was not within the mission of USDA. This statement was also made by a USDA official last year (see the copy of USA Today and a Gannett wire story, attachment #6 and #7). Dr. Moss says that since his goal was to

study how to make insecticides more safe and effective, the interactions with other substances that could make them more effective (or less safe) was obviously relevant. Dr. Moss studied many such interactions, including several other insecticides and chemicals that are commonly used by U.S. civilians. The toxic interaction with pyridostigmine bromide is of particular interest regarding Gulf War illnesses, but the other chemicals he studied have implications for civilians and U.S. troops.

Thus far, responses from USDA to inquiries about the allegations that ARS officials ignored Dr. Moss' research and made efforts to prevent him from continuing his research have been provided by ARS. Similarly, Dr. Moss received a letter from ARS in response to his May 15, 1995 letter to you; these letters are also attached (#2 and #3).

S. HRG. 103-984

**IS MILITARY RESEARCH HAZARDOUS TO
VETERANS' HEALTH? LESSONS FROM WORLD
WAR II, THE PERSIAN GULF, AND TODAY**

HEARING
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ONE HUNDRED THIRD CONGRESS
SECOND SESSION

MAY 6, 1994

Printed for the use of the Committee on Veterans' Affairs

Attachment
#1



U.S. GOVERNMENT PRINTING OFFICE

83-530 CC

WASHINGTON : 1995

For sale by the U.S. Government Printing Office
Superintendent of Documents, Congressional Sales Office, Washington, DC 20402
ISBN 0-16-046900-7

and the testing that I have done, the soldiers are of-the-art evaluation that really exists in this stigmine bromide is one of the possibilities that discussions with these soldiers. Analysis of some d to pyridostigmine bromide that I have done at there really is not enough information nor expose hundreds of thousands of people to this

5 that really need to be considered are the pyridostigmine bromide could have with many pesticides, and other agents. One of the things I had about during the course of my research is that the research shows adverse effects, yet this has not been discounted. And very often the experience with patients has been used as proof of safety. I know that the physiology of such myasthenia is different than a normal individual's. You could take a patient treated with insulin who has diabetes; you can give insulin to everybody and expect

ed with the sincerity of the Desert Storm
any of them are very ill, they are having
feel very humiliated with their treatment.
kind of medical treatments and very often
urance will not cover treatment, even if they
e problems are defined to be combat-related.
t agree, and so they end up in a Catch-22
care. And many of them are in a very bad

is that I have made in interviewing these 50 to a very high incidence of complaints of combat veterans, as opposed to what is that have been done on humans in controlled interesting to note that the individuals who who are biochemically susceptible based on om the studies. There were no women, as they excluded people that might have any I think it is very dangerous to take that y to extrapolate it to a large population ould really have to do acetylcholinesterase ng combat and try to monitor their adverse to adapt the dosage for the differences in dividuals.

have read indicates that people that had
out of the studies right away. But the
y had adverse effects, they were told they
ion. Therefore, you have a totally different
application. Again, I think this makes it
some of the research data to that actual

It has been apparent to me is that many of the
they had to seek help very often through

their own family or friends paying for their care. They would go to civilian physicians and have tests done and those tests would very often show some significant abnormalities. When that information was presented to military physicians, it was basically ignored and some degree of hostility was sometimes apparent. I think that situation really needs to be changed; there needs to be cooperation between the military and any physicians that notice adverse effects or that suggest testing that needs to be done. That information really should be integrated into the overall database that is used to evaluate these soldiers. Thank you.

[The prepared statement of Dr. Callender appears on page 99.]

Chairman ROCKEFELLER. Thank you, Dr. Callender, very much. We will come back with questions to all of you.

Dr. Moss, I understand that we didn't request a written statement from you, but that you do have some preliminary research findings that might be relevant to the Persian Gulf health experience. I also understand that you tried to present these findings of yours to your superiors and to researchers at the Department of Defense, but without success to this point. Could you just tell us a little bit about your research on pyridostigmine bromide and pesticides. Try to summarize some of that for us.

Dr. MOSS. Yes. I haven't really been ignored by the Department of Defense. I have submitted a pre-proposal and that is still in process. So I wouldn't say that has been turned down.

Chairman ROCKEFELLER. They have accepted your proposal?

Dr. MOSS. They have not answered yet, so that is still pending.

Chairman ROCKEFELLER. But they do have it?

Dr. MOSS. They have it. They have had it for several months now.

I began looking at pyridostigmine as an offshoot from some mode-of-action research I have been doing on insecticides. Anything I say here is insects; I have not been working on vertebrates. Essentially what I did is I began looking at the mode of action of boric acid, which I don't think has relevance to this Committee, but that led me into looking at interactions of several compounds.

I have found that the synergistic interactions between a formalindene insecticide and several other compounds paralleled very much the interaction between the repellent DEET and some other compounds. I began to look at the interactions of DEET and theophylline; DEF, which is a cotton defoliant; lambda-cyhalothrin, which is a pyrethroid insecticide; permethrin, which is a pyrethroid insecticide; chlordimeform, which is a formamidine pesticide; PMS, which is phenylmethylsulphonyl fluoride and it is known to inhibit a number of hydrolytic enzymes, enzymes the nerve gases might also inhibit; pyridostigmine, which has been discussed here; amatoxin, which is another type of insecticide; and eserine, which is chemically similar to pyridostigmine. And I have found that all of the compounds that I have listed here increased the toxicity of the repellent DEET to some degree; the range is anywhere from 2-fold to 2,500-fold, depending on which compound you are talking about.

In addition, I have looked at the reverse order and taken DEET and used it as a synergist for other compounds, and found that DEET synergizes eserine toxicity, increases it. It also increases pyridostigmine toxicity. It does not increase another carbamate

insecticide toxicity. So this is not all carbamates.

Chairman ROCKEFELLER. You have used the word DEET quite a bit. Just for explanation purposes, is that a common pesticide?

Dr. MOSS. DEET is a repellent that was developed I believe towards the end of World War II, with the cooperation of DOD and the Agriculture Department. Essentially, it is the same compound as found in commercial repellents you buy in the store and I believe it is also a military issue.

Chairman ROCKEFELLER. Thank you.

Dr. MOSS. That is pretty much the list of compounds that interact.

Chairman ROCKEFELLER. All right, Dr. Moss. I thank you. We will have questions for you later.

Dr. Caplan.

**STATEMENT OF ARTHUR CAPLAN, PH.D., DIRECTOR,
CENTER FOR BIOETHICS, UNIVERSITY OF PENNSYLVANIA,
PHILADELPHIA, PA**

Dr. CAPLAN. Thank you, Senator. Some would argue that the entire discussion of research in the context of war, when the threat to the Nation's security is immediate and real, doesn't permit any discussion of the niceties of ethics. The rules of experimentation go out the window; they are for times of peace, not for times of war. But, I think it is important that the Committee understand that the rules and regulations, and the core assumptions of law and morality in human experimentation, come from a time of war. They come from the Nuremberg Code, which was written in response to wartime circumstances.

What I would like to do is just cover two points with you in my testimony. First, with special reference to the Gulf, is the use of agents, vaccines, drugs that were used for purposes other than those for which they had been approved or which were unlicensed research. Does that constitute research? I think some would say it does not if the point is to try and provide protection to the troops to allow them to survive attack by hostile forces trying to use biological or chemical weapons. But I think that the argument that this is not research because the intent or the goal is to provide protection just doesn't hold up.

It seems to me that even though one might do a careful risk-benefit analysis and decide that, other things being equal, it is worth trying to take the gamble to see if you could protect someone against an attack, the fact that you have done a risk-benefit analysis doesn't transform the use of experimental, innovative, investigational agents into therapies. These agents were used, as we have heard, in large populations for purposes other than those for which they were originally designed, in some cases, and circumstances under which they had never before been tried out in the desert. This seems to me to cinch the case that what took place fell into the category of experimental, innovative, and investigational, and that makes them research.

The other point I would like to make to this Committee is that, if it is research, then another question arises. If the decision is made to try these agents out to see if they would provide some protection, then what do we owe to people who don't get the expected protections

ethically and legally required of in review and so forth, that we would n research in peacetime and civilian b

I think what we owe them, quite therapy for those harmed, and come who are put at risk for purposes of t military mission are exposed to sub harm, but the decision is made to ta owed, for the waiving of those protec and for those who are harmed or hu and compensation. That I have no statements that we heard in the pre we are not doing our ethical duty to substances that carried unknown ri think our Nation has failed those w

Chairman ROCKEFELLER. Dr. Ca

[The prepared statement of Dr. (

Chairman ROCKEFELLER. I would you, Dr. Cole. The Department of I agents that they use are perfectly fact, they say, in common garden so that the Department of Defense offic a biological agent might be safe, but case. What evidence is there that t some of the biological simulants discussing today?

Dr. COLE. Clearly, by removing from service, which I alluded to in recognizes that they were not safe. that the Army has used and rem known, years and years before they capable of causing disease. This wa are articles written about it. Even Army is using called Bacillus sub many natural conditions, is reco infection and can cause serious illn exposed to it in large numbers and microorganisms. This is in the me

Chairman ROCKEFELLER. The classify some information for natio need public disclosure in order to h you indicated, to protect society needs get met?

Dr. COLE. Well, Senator, I thir terms of large-scale spraying of bac suggests that these are not very, have no compunction about let individuals in that community, exposed. So I don't see there wou important items that you suggest.

I think the average citizen who miles from the border of Dugway s

ing Pyridostigmine Side Effects and Symptoms of Persian Gulf War "Mystery Illnesses"

Effects Reported to 1990 Symptoms of Persian Gulf War "Mystery Illnesses"

skin rash
fatigue
short-term memory loss
diarrhea
vomiting
nausea
night sweats
stomach cramps
increased nasal secretions
loss of bladder control
muscle, joint pain
twitching
chest pain
vision problems
headaches
shortness of breath
sleep disturbances
personality changes
bleeding gums
sinus problems

side effects and reportedly stop after therapy is discontinued

Does this say to you?

said, I am an internal medicine physician and with patients. The problems that I have seen seems parallel what you have there, and those effects. It suggests that there is a similarity cause in the complaints of the veterans by pyridostigmine. However, those symptoms are also nerve toxins. So it is not proof that there is a link, but it is very suggestive and it needs to be

So, in other words, it does not prove enough that further investigation is

correct. Several of the comments have been picked up. I would like to second that as being the effects from nerve agents have been one of the pesticides, e.g., organophosphates, nerve damage. It took many weeks or months. Some of the research that was done on the nerve agents was only for a very few days or weeks. I think that they would miss the development of the nerve agents. I would like to see is that not only in the subjects of any research on pyridostigmine bromide, that those individuals who were done on them also.

Chairman ROCKEFELLER. Dr. Callender, this is something I want to ask just for the record. Last week, the Federal Government conducted a workshop to examine possible causes of Gulf War illnesses. There was a neurologist there by the name of Dr. Schaumburg, and he was apparently not persuaded that pyridostigmine was a likely cause. However, it has come to my attention that Dr. Schaumburg also believes that Agent Orange is not a cause of serious illness. That sounds like a prejudicial statement and I don't mean it to be. But I would like to get your comment about that.

Dr. CALLENDER. I am sorry?

Chairman ROCKEFELLER. Here is a neurologist, in other words, who is saying to the Federal Government that pyridostigmine is not a likely cause of either mysterious illnesses or Gulf War illnesses. I would just like to have your response to what he has said.

Dr. CALLENDER. Well, I really don't know the analysis that he is applying to the situation. I certainly don't agree. I think it is a very good possibility that it has a relationship and I think it should be investigated. I am not sure if he meant that it couldn't be a possibility or exactly the details of that comment, since I wasn't there. But I do believe that pyridostigmine bromide has not been tested adequately to rule it out at this point. And I think it is very suspicious and it needs to be investigated.

But like any issue of this nature, there are going to be differences of opinion. We need to apply the perspectives of many different individuals while looking at these subjects to cover all the bases. Dr. Schaumburg might have certain issues he is thinking of, he may have certain experiences he has had with medications that he is thinking of, yet another doctor may have a different experience. When you put all that together and you pool that information, you can find out a lot of interesting things about toxicities that you will not find if you are only looking at one individual and what his experience is. So I think that everyone should have some input into this matter, i.e., that everyone really should take the experiences of patients and the victims of these exposures into account. But as far as categorically saying that pyridostigmine bromide is not involved, I would not agree.

Chairman ROCKEFELLER. The reason that I brought up the Agent Orange factor is because I wanted to get on the record that he had said that Agent Orange really wasn't a problem either. In fact, he has testified on behalf of chemical companies to that effect. Since what he has said may be used in further panels, I wanted to simply put that on the record.

[See deposition of Dr. Schaumburg regarding Agent Orange and Gulf War illnesses, and related documents, beginning on page 470.]

Dr. MOSS, I asked you to summarize your research and you did so too technically for me to understand. So I want to say what I think it was that you said. You did research on cockroaches. And you used DEET and pyridostigmine at levels that would not normally kill cockroaches, is that correct?

Dr. MOSS. That's correct.

Chairman ROCKEFELLER. In combination, that is, when it was used with pyridostigmine, the DEET was 10 times as lethal as when it was used alone.

Dr. MOSS. In the case of pyridostigmine, that is correct.

Chairman ROCKEFELLER. Therefore, according to your research, what would be the effect of giving pyridostigmine to persons also being exposed to large doses of DEET?

Dr. MOSS. It would depend on if they responded the same way as cockroaches. The LD-50 of DEET on rats is approximately 3 to 5 grams per kilogram. The LD-50 is the amount it takes to kill half of them; that is just a common toxicological term. The LD-50 for German cockroaches from my data is about 6 grams per kilogram. Statistically, they would probably be about the same, though I haven't really looked at the overlap of these numbers.

[Data from Dr. Moss' study appears in Appendix 10, page 407.]

Chairman ROCKEFELLER. Obviously, research on cockroaches, as you have indicated, may not be relevant to humans. But it certainly indicates that there could be a serious problem, and you have indicated that. Now, it is my understanding that you tried to notify the Department of Defense of your research findings. Were you able to talk with the folks there about that?

Dr. MOSS. I have submitted a proposal to Fort Detrick. They have what is called a Broad Agency Announcement. Unfortunately, it is difficult to bring grant money when you are working at an institution that isn't supportive of that research. The research I am proposing is work on vertebrates because of my findings on cockroaches. So, there are some conflicts here that may prevent me from getting funding that have nothing to do with the merits of the research.

Chairman ROCKEFELLER. Is it fair to say that your superior at the Agricultural Research Service did not think that your work was sufficiently important to submit to the Department of Defense?

Dr. MOSS. I am not sure what his opinion was about the Department of Defense submission. They are aware that I submitted it. I don't think it was considered important enough for ARS to support as an institution, though.

Chairman ROCKEFELLER. OK. I don't have further questions at this point. I want to say for the record that the Department of Agriculture was not very happy about your coming here today to testify. I want to say that to immunize you, so to speak. I really appreciate your coming to share your information with us.

Let me say that more broadly to all four of you. In what is an incredibly complex, mostly neglected area as far as American public information is concerned, hopefully a little less so as we proceed with hearings of this sort, you have all lent very important and valuable expertise. I want to thank each of you very genuinely on behalf of Senator Daschle and Senator Jeffords and myself. Thank you very, very much.

Our third panel consists of officials from the Department of Defense, the Department of Veterans Affairs, and also the Food and Drug Administration. I would like to thank each of these folks for testifying, because this is a very important hearing. From the Food and Drug Administration, we have Dr. Robert J. Temple, who is Director, Office of Drug Evaluation, Center for Drug Evaluation and Research, accompanied by Dr. Russell Katz, Deputy Director, Division of Neuropharmacological Drug Products; Dr. Karen Goldenthal, Director, Division of Vaccines and Related Product Applications,

Center for Biologics Evaluation and Lorraine, general counsel.

I also want to identify, from the Department of Defense, Edward Martin, who is the Acting Principal Deputy Secretary of Defense for Health Affairs. You are also here who is Deputy Assistant Secretary of Defense for Readiness. And from the Department of Health, J. Vogel, who is Under Secretary for Ben Mather, M.D., Assistant Chief Medical Officer, Medicine and Public Health.

Inasmuch as we have many questions, I requested that you not give your prepared statements. Your prepared statements are in the record. If you object to that and want to give a statement, you are entirely welcome to do so. This is not to allow you to do that. To provide a statement, if you want to. But this is something we discussed before and it seemed to be acceptable.

If that is the case, then I want to ask you to give your right hands. Do you swear that you will tell the whole truth, and nothing but the truth?

[All witnesses responding in the affirmative.]

Chairman ROCKEFELLER. Let the record show that the record is answered in the affirmative.

PANEL OF ADMINISTRATIVE PERSONNEL

EDWARD MARTIN, M.D., ACTING PRINCIPAL DEPUTY SECRETARY OF DEFENSE, HEALTH AFFAIRS
J. VOGEL, M.D., UNDER SECRETARY FOR ENVIRONMENTAL MEDICINE

R. J. VOGEL, UNDER SECRETARY FOR ENVIRONMENTAL MEDICINE
H. MATHER, M.D., ASSISTANT CHIEF MEDICAL OFFICER, MEDICINE AND PUBLIC HEALTH

ROBERT J. TEMPLE, M.D., DIRECTOR, OFFICE OF DRUG EVALUATION, CENTER FOR DRUG EVALUATION AND RESEARCH, FOOD AND DRUG ADMINISTRATION
RUSSELL G. KATZ, DEPUTY DIRECTOR, DIVISION OF NEUROPHARMACOLOGY, FOOD AND DRUG ADMINISTRATION
KAREN L. GOLDENTHAL, DIRECTOR, DIVISION OF VACCINES AND RELATED PRODUCTS, FOOD AND DRUG ADMINISTRATION
CATHERINE C. LORRAINE, GENERAL COUNSEL, CENTER FOR BIOLOGICS EVALUATION AND RESEARCH, FOOD AND DRUG ADMINISTRATION

[The prepared statement of Dr. Mather, the prepared statement of Mr. Vogel, or the prepared statement of Dr. Temple, on page 134.]

Chairman ROCKEFELLER. Let me ask you, Dr. Martin, if you understand that the Department of Defense is committed to trying to protect soldiers?

1508 NW 35th Way
Gainesville, FL 32605
Phone: (904) 375-3102
May 15, 1995

Hon. Dan Glickman
Secretary of Agriculture
U.S. Department of Agriculture
Washington, DC 20250

Dear Secretary Glickman,

I have recently been interviewed by several television networks regarding research I conducted at USDA before I lost my job there last year. I would like to apprise you of the situation and ask for your assistance so that I can continue this important research.

I conducted research in USDA-ARS from 1987 to 1994. From 1990 to 1994 I worked as an insecticide toxicologist. My research was designed to discover the mode of action of pesticides as part of the USDA-ARS mission to find safer and more effective insect control. In November 1993, I expressed my concerns to my laboratory director about the potential risks of DEET (an insect repellent that the USDA developed) when it is mixed with organophosphates such as those used as insecticides and chemical warfare agents. During my remaining tenure at ARS (to June 94), I found that DEET and another chemical (pyridostigmine) which was taken for nerve gas protection in the Persian Gulf War (Desert Storm) interacted synergistically in cockroaches. In other words, sublethal amounts of DEET caused pyridostigmine to be more toxic, and when sublethal amounts of pyridostigmine were used it caused DEET to be more toxic.

I was invited to testify at the Senate Veteran's Affairs hearing on May 6 1994, which dealt with possible health problems associated with our troops' service in the Persian Gulf. I was invited because Senator Rockefeller, who chaired the committee, had concerns about pyridostigmine and its possible interactions with insecticides. This upset USDA-ARS officials, who may have assumed that I was attempting to circumvent "proper" channels. I was told by my superiors at ARS that I should not talk about my research to anyone, and USDA made every effort to convince Sen. Rockefeller that I should not testify. ARS officials apparently were concerned about the negative publicity for DEET. This ARS response may be because DEET was developed and has been promoted by ARS, or it may have been an excessive response to questions by S. C. Johnson Inc., about my research. Sen. Rockefeller insisted that I testify and I did so. After my testimony I was treated as a traitor by my laboratory director, Dr. Gary Mount. A colleague at ARS told me that he was instructed by Dr. Mount not to hire me under any circumstances.

} Attachment
#2

Since my 4-year position at USDA was due to end in June 1994, it is very difficult to prove that I was treated unfairly as a result of my research findings or testimony. However, many USDA post-doctoral fellows are hired for permanent positions. In addition, Dr. Gary Mount informed Dr. Jack Seawright of the Gainesville laboratory that he did not want me in the laboratory under any conditions, even if I arranged to procure my own funding. In addition, Dr. Mount stated publicly (see attached Gannett News Service report), that I was conducting "unauthorized research". In fact, my research was entirely appropriate for my position at USDA. Based on his experiences with USDA regarding my testimony, Sen. Rockefeller expressed concern to the national media that USDA retaliated against me.

I asked the USDA IG to determine whether USDA had treated me unfairly and had suppressed information potentially related to health and national security. Unfortunately, the IG conducted a superficial investigation, and never even interviewed me or the colleagues who supported my work. Based on a very one-sided investigation, the IG concluded that there was no evidence that ARS retaliated against me or suppressed important information.

As a result of ARS officials' decision not to allow me to be rehired, I have been unable to continue my research on the possible toxic effects of insecticides and anti-nerve gas agents which were used by US troops. Instead, I am working as a substitute teacher in the public school system in Gainesville. I believe that the treatment I received at USDA is not consistent with the goals of the Clinton Administration regarding research on the possible effects of pesticides on US troops and civilians. It has set back research on possible causes of Gulf War illness by at least 18 months.

I am writing to ask you to look into this issue, and see for yourself how my research was undermined by a national program leader (Ralph Bram), area director (Mary Carter), laboratory director (Gary Mount), and research leader (Richard Patterson). I am sending a copy to the White House so that it will be forwarded to the President's Advisory Committee on Gulf War Illnesses.

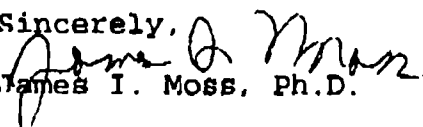
In the last year, I have been asked to criticize USDA on national television, and to testify against veterans in a lawsuit pertaining to Gulf War illnesses. These activities are not consistent with my values as a scientist and former USDA researcher. Rather, my goal is to continue my research which may help determine the risks of DEET and other insecticides, when used alone or in combination with other chemicals.

I would like to return to USDA to continue the research I began with the goal of determining the mechanism of action and the reasons for the interactions of the chemicals I was studying.

The work did and would continue to fit well within the requirements for which I was originally hired and I would continue to produce information which might be of great value for more productive and safer use of insecticides. Detailed information on the interactions of the chemicals I was working with could be very useful for the USDA-DoD insect repellent program, the Department of Defense chemical agents program, the Department of Veterans' Affairs Gulf War illness efforts, the President's Advisory Committee on Gulf War Illnesses as well as for pesticide producers. I would produce results using insects which could then be verified on vertebrate models when appropriate. This is what occurred when Duke University researchers successfully reproduced some of my insect studies using vertebrates (DoD has been reported to have done the same). Had I continued, testing of my hypotheses for the causes of interactions of these chemicals would now be complete.

I believe that knowledge of insecticide and DEET mode of action will be extremely important in the search for more effective and safe insecticides and repellents. I also believe that as government scientists, and citizens, we are morally obliged to vigorously pursue any real possibility that chemicals we produce, and promote, may present a public health hazard. The commitment of resources for research which might have implications on human health is a policy matter, but I have operated under the assumption that USDA has a special responsibility to be sensitive to any health concerns about DEET and that any knowledge we may have should be vigorously pursued. Thank you for taking the time to consider this.

Sincerely,


James I. Moss, Ph.D.

cc: The First Lady, Hillary Rodham Clinton
Senator John D. Rockefeller, IV



MAY 28 1995

James I. Moss, Ph.D.
1508 NW 35th Way
Gainesville, Florida 32605

Dear Dr. Moss:

Thank you for your letter of May 15 to Secretary Dan Glickman concerning your former employment at the Agricultural Research Service's (ARS) Medical and Veterinary Entomology Research Laboratory (MAVERL) in Gainesville, Florida. Your correspondence has been referred to ARS for response.

You state in your letter to Secretary Glickman that you were not hired for a permanent position at MAVERL because of your observations on the synergism of the insect repellent DEET with other insecticides and their possible relationship to Gulf War Syndrome. Although your observations were made outside of your assigned research on cockroaches and have not been peer-reviewed or reproduced in other laboratories--prerequisites of good science--your employment with the Department of Agriculture was not terminated for this reason. As you know, you were on a temporary appointment under our Post-Doctoral Research Associate Program, which ended on June 30, 1994. For the most part, such appointments are for 2 years. Your appointment, which began in 1990 was subsequently extended for an additional 2 years--the maximum permitted. Thus, you were aware as early as 1992 that your appointment would terminate on June 30, 1994, as noted on page two of your letter.

We assure you that no one wants more than we do for a cause and cure to be found for the mysterious symptoms called Gulf War Syndrome afflicting many of our Gulf War veterans. However, it is not the intent of ARS to do follow-up research on this subject. We do not have the toxicological expertise to conduct such confirmatory research which ultimately would require human subjects. Such work would more appropriately be done by the Environmental Protection Agency or the U.S. Army Center for Health Promotion and Preventive Medicine. To ensure they were aware of your observations, we shared copies of your data with them and the U.S. Army Center for Health Promotion did pursue your work. Your raw data, laboratory books and logs, summarized data and memoranda are secured at the Gainesville laboratory and, since they are public information, will be made available upon request.

We hope this information will resolve any question you might have had about your appointment.

Sincerely,

R. D. Plowman

R. D. PLOWMAN
Administrator

Attachment
#3



**Acute Oral Toxicity Study of
Pyridostigmine Bromide, Permethrin,
and DEET in the
Laboratory Rat**

Directorate of Laboratory Science

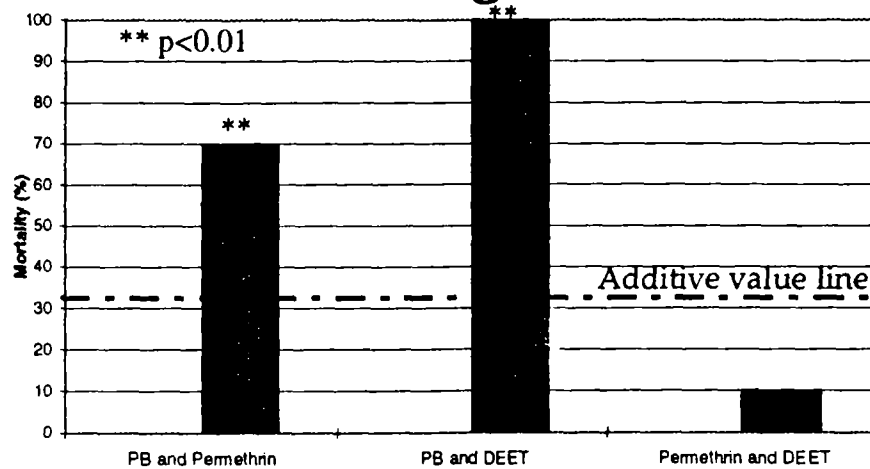
U.S. Army Center for Health Promotion
and Preventive Medicine (Prov.)

March 29, 1995

Brifer: Will McCain, Ph.D.

| Attachment |
#4

Summary of First Dosage Level¹



¹First dosage level = first and second compound at LD₁₆
third compound at LD₀

Conclusions

- Acute oral toxicity studies suggest a greater than additive mortality occurs when male rats are given the following combinations orally:
 - Pyridostigmine, permethrin, and DEET
 - Pyridostigmine and permethrin
 - Pyridostigmine and DEET

Conclusions (continued)

- Acute oral toxicity studies suggest no significant alteration in mortality occurs when male rats are given a combination of permethrin and DEET orally.

Cautions

- This was a preliminary study.
 - First step in a toxicity assessment.
- Concurrent oral exposure is not the human exposure scenario.
 - Oral exposure for pyridostigmine.
 - Dermal exposure for permethrin and DEET.
- Study design based on lethality from a single exposure.
 - Dose levels are far in excess of the expected use in humans.



By Michael A. Schwarz

at Starbucks coffee shop in Decatur, Ga., where she works hours a week at a temp agency, on 5½ hours of sleep a night.



Photos by Fred Mertz
of San Francisco
Briana, son Cory.



JOBS: Paul Harmon is a stage manager at KRON-TV in Oakland, Calif., and an airport parking supervisor.

COVER STORY

Leisure time 's being redefined

- Day in the life of a two-job family, **2A**
- Women, men 'out of the loop,' **4A**

By Patricia Edmonds
USA TODAY

You shop for groceries at midnight, like Seattle dentist Karen Sakuma.

You do the wash before dawn like San Francisco's Larry Van Craeynest, so there's enough time to catch the 5:20 a.m. bus to work.

You do aerobics at 4:45 a.m., like Atlanta's Betty May-

eld, then handle chores and childcare all day and serve our spouse dinner at nine.

One expert dubs you "The Overworked American," who each year is working the equivalent of one month more than 20 years ago.

Another expert insists you've actually gained free time, but you squander it on TV or infect it with the angst from your faster-paced, less-secure job.

You don't really have time to keep reading this article — but I assure you, hoping that maybe there's a clue to finding

By Juan J. Walte
USA TODAY

Suicide bombers, opposed to peace talks with Israel, killed six Israeli soldiers and wounded 45 others in two separate explosions Sunday.

Prime Minister Yitzhak Rabin refused to cut off talks with the Palestine Liberation Organization. He said he'll continue negotiations.

PLO chairman Yasser Arafat condemned those behind the attacks: "These people are the enemies of peace."

The violence increases pressure on Arafat to bear down on militants who have vowed to wreck the peace accord. Sixty Israelis have died, most in suicide bombings, since October.

Sunday's bombings occurred in the PLO-ruled Gaza Strip:

► Islamic Jihad says a noon attack on the Gaza highway was carried out when Khaled Mohammed Khatib, 24, set off a bomb in his parked van, next to a passing bus. Gaza commander Brig. Gen. Doron Almog says six Israeli soldiers were killed and 34 people hurt.

"The bus was filled with blood," says Rabbi Yosef Elmekaveh of a local settlement.

► Two hours later, six miles up the road, the militant group Hamas says Imad Abu Amouna, 24, drove his car into an Israeli convoy. The car exploded and 11 were wounded.

Three of those hurt in the attacks are U.S. citizens.

Critically injured: Alisa Flatow of West Orange, N.J., a Brandeis University junior on leave to study in Jerusalem. She underwent surgery.

In Washington, President Clinton condemned the attacks, saying, "Once more, the enemies of peace have resorted to violence against innocent citizens of Israel."

Sunday night in Jerusalem, right-wing Jews angry over the bombings blocked streets.

At Khatib's home in a Gaza refugee camp, women mourners wailed and youths fired weapons into the air.

"The language of bullets ... will guarantee the departure of the enemy from our territory," militants shouted.

USA Today B2 4/10/95

Insecticides may cause gulf illness

By Carol J. Castaneda
USA TODAY

Thousands of gulf war veterans may have fallen ill through a combination of anti-nerve gas pills and exposure to insecticides, researchers say.

"I'm confident we have more than a hypothesis," says Mohamed Abou-Donia, of Duke University Medical Center's toxicology program.

Since the war, 37,000 veterans have complained of fatigue, joint pain, memory loss, headaches, intestinal problems and reproductive disorders — ailments collectively known as Gulf War Syndrome.

The Pentagon says 16% of the cases are unexplained.

Abou-Donia cautions there is no hard evidence in the findings, but says there's preliminary evidence to show "a plausible scenario of what could have happened."

In the study, funded by Ross Perot, researchers exposed chickens to the same anti-nerve gas pills, insect repellents and insecticides given troops. The birds suffered the same damage to the nervous system as reported by the vets.

The *Herald-Sun* in Durham, N.C., first reported the study.

Toxicologist Ernest Hodgson, of North Carolina State University, says the Duke research is not proven. But, he adds, "It's certainly a credible suggestion."

Rep. Steve Buyer, R-Ind., an advocate in determining what caused the ailments, says there is no one source that caused them. "The gulf war illnesses are multifaceted."

The Duke study isn't the first to make such a finding. Last year, the Senate Committee on Veterans Affairs issued a report suggesting similar causes.

First of two :



Attachment
#5



By Leslie Crook, Star Democrat via AP
BAY WATCH: Rescuers move aatee in Chesapeake Bay.

Md., harbor. The 10-foot, 1,500-pound endangered sea cow had eluded capture for weeks. Biologists were worried because manatees can die in water below 68 degrees. The 40- to 50-year-old male is being treated at the National Aquarium in Baltimore and will be released off Florida.

ALSO ...

► **FOUND ALIVE:** A Washington, D.C., boy abducted Thursday was rescued Saturday by halfway house residents who also captured a suspect. The search was organized by the 11-year-old boy's mother, angry at inaction by police. Charged with kidnapping: Contee Stevens, 36.

► **TOURISTS BEATEN:** Harold Sergerie, 28, of Quebec was critically hurt when he and friend Serge LaRoche, 34, were beaten along a Clearwater, Fla., tourist strip Saturday. No arrests were made. A series of attacks on foreign tourists last year is blamed for a decline in visitors from abroad.

► **GAY BASHING SUIT:** Three Marines acquitted last year of beating up Crae Pridgen at a gay bar in Wilmington, N.C., settled a lawsuit Friday with a \$100 donation to AIDS research. Some testified Pridgen provoked the men: Lance Cpl. Colin Hunt, former lance corporals Patrick Cardone and Walter Watkins. They did not admit to wrongdoing.

► **HAIL DAMAGE:** The pilot and co-pilot of United Express Flight 7658 were cut by flying glass Saturday when hail shattered the windshield of the Beechcraft-19 after takeoff from Denver. None of the 16 passengers was hurt. The plane, bound for Amarillo, Texas, returned to Denver.

War syndrome researcher loses job

Agriculture Department scientist Jim Moss, hired at a lab in Gainesville, Fla., to work on cockroach controls, has lost his job after pushing research that could help explain why thousands of Persian Gulf war veterans have become ill.

Moss says his research showed the toxicity of DEET (diethyltoluamide), a bug repellent used by soldiers in the 1991 war, increased five-fold to ten-fold when combined with an anti-nerve-gas agent also widely used. He says he was told to drop the research but continued when his superiors wouldn't put the order in writing. Lab director Gary Mount said Moss' contract wasn't renewed because he engaged in unauthorized research.

The Defense Department is following up Moss' research.

Sen. Jay Rockefeller, D-W.Va., of the Veterans Affairs Committee, said the research is "extremely important." He has asked Agriculture Secretary Mike Espy for "assistance in safeguarding" Moss' data.

Scientists have been unable to say what causes gulf war syndrome — flu-like afflictions and other symptoms reported by thousands of soldiers who served in the Persian Gulf.

Written by Paul Leavitt. Contributing: Gordon Dickson, Carrie Dowling, Gary Fields and Deann Glamser.



USA TODAY
ROCKEFELLER: 'Safeguard' data

Skept'cs' do

By Tony Mauro and Dennis Cauchon
USA TODAY

Reflecting findings of a poll by The National Lawyers Guild, lawyers willing to make predictions told U.S. courts don't believe O.J. Simpson will be convicted of murdering wife and her friend.

WILLIAM KUNSTLER, flamboyant New York lawyer who has represented unpopular clients ranging from the anti-war Chicago Seven to mob chieftain John Gotti. He's written a new book, *My Life As A Radical Lawyer*. "They've taken a routine spousal murder case and elevated it into something it's not. ... We have found the unconvictable defendant. But the best the prosecution can hope for is a hung jury. ... You couldn't find 12 people anywhere in this country who would all vote to convict."

ALBERT NECAISE of Gulfport, Miss., for whom the prosecution is in trouble. To get a conviction, the prosecution has to get people and the jury to hate him. ... O.J. overcoming the ghetto and gangs. We see old mother. We see him sidestepping from the airport. It all looks good. He will be acquitted.

ANTHONY PETRONE, a Chicago criminal lawyer and former prosecutor. "It's going to be very difficult for the prosecution to have it stand up." He won't predict the outcome.

Suspect in Fla

By Deborah Sharp
USA TODAY

PENSACOLA, Fla. — Murder suspect Paul Hill goes on trial today in this oak-shaded city that has become synonymous with abortion violence, facing prosecution under a federal law aimed at protecting access to women's clinics.

The defrocked Presbyterian minister is accused of breaking the Freedom of Access to Clinic Entrances law with the shotgun slayings of two people, including a doctor who performed abortions.

Killed in a July 29 attack in the parking lot of a Pensacola abortion clinic with 12-gauge shotgun blasts to the head: physician John Britton, 69, whose bulletproof vest failed to save him, and clinic volunteer es-

cort Jim Barry. June Barrett, wife, was wounded and chest shot.

The case is watched by both sides. "This is the case testing the new law," says a man, president of Abortion and Rights Action. "Someone is denying access. But abortion has criticized the law. It does not apply."

"That federal law is politically," says Monaghan, a lawyer who has led protesters. "The punishment at demonstration"

Attachment
#6

USA Today Oct. 3, 1994

SCIENTIST FIGHTS FIRING OVER GULF WAR ILLNESS RESEARCH 10/1/94
By NORM BREWER Gannett News Service - San Jose Mercury News

WASHINGTON -- An Agriculture Department scientist has lost his job after pushing research that could help explain why thousands of Persian Gulf veterans have become ill.

Dr. Jim Moss, who worked at a USDA laboratory in Gainesville, Fla., has appealed, charging his superiors yielded to pressure from at least one manufacturer of DEET (diethyltoluamide), a bug repellent used by soldiers in the 1991 war.

Moss, in an interview, said his research on cockroaches showed that when DEET was combined with an anti-nerve gas agent that also was widely used in the gulf, the toxicity of DEET increased five to tenfold.

He said that shortly after informing the chemical company and USDA officials of his findings in November, he was called in by a supervisor.

"I was told not to talk about that ... and was told to stop doing the research (or) disciplinary action could be taken," Moss said.

He said he insisted the order be put in writing, and when it was not he continued his research. Over objections by the USDA, he also testified about his findings before the Senate Veterans Affairs Committee in May. He had been hired in 1990 under a "term" appointment, and when it expired June 30, Moss said he was "let go."

Dr. Gary Mount, director of the USDA Medical and Veterinary Entomology Laboratory in Gainesville, said Moss' appointment was not renewed because he had engaged in "unauthorized" research. After being hired with public funds to "work on cockroach controls," Moss worked most of last year "on what he wanted to work on," Mount said.

"I'm not saying what he did was not important," Mount said. "Obviously, it is very important. It is not the mission of this laboratory."

Calling Mount's explanation for his dismissal "weasel words," Moss said, "I think I had a moral responsibility to do what I did. Anybody who has information that impinges on public safety has an obligation to do so."

The Defense Department is pursuing independent, follow-up research on what Moss found, according to Lt. Col. Doug Hart, a Pentagon spokesman. "It's the next logical step after Jim Moss's study."

Also, Sen. John D. Rockefeller, chairman of the Veterans Affairs Committee, said Moss' preliminary findings are "extremely important." Rockefeller has written Agriculture Secretary Mike Espy for his "assistance in safeguarding" Moss' research data. Following an investigation by his committee, Rockefeller concluded that vaccines and drugs given to U.S. troops in the gulf "could be causing many of the 'mysterious illnesses' those veterans are now experiencing."

Those vaccines included pyridostigmine, given to about two-thirds of the 695,000 U.S. troops to counter the potential threat of a nerve agent attack by Iraq. That compound, Moss discovered, substantially increased the potency of DEET, which was in the standard issue repellents used in the gulf.

Mount, who declined to comment on most of the issues in Moss' case, did say finding better ways to control cockroaches is of economic concern to pest control operators and associations that represent them.

"I did research on cockroaches," Moss insisted, explaining the normal course of that work caused him to explore the "synergistic" effect -- one chemical increasing the impact of another -- of DEET and anti-nerve agents.

He said he already was into that research when he read news reports about how pyridostigmine was suspected of causing Persian Gulf Syndrome -- illnesses afflicting perhaps 29,000 gulf veterans. Those illnesses range from muscle aches and pains to tumors and respiratory problems.

So he combined pyridostigmine and DEET, said Moss, acknowledging that, "If I had never heard of the gulf war, I doubt I would have"

Moss, whose annual salary was \$45,000, said another USDA employee told him that a chemical company had complained to Agriculture Department officials in Washington. He declined to identify the company or the officials, expressing concern about legal retaliation.

Moss said there is a broader public safety question because there have been cases of people having serious reactions when using such repellents containing DEET, particularly in high concentrations or in combination with other chemicals.

Moss, 43, an insecticide toxicologist with a doctorate from the University of California, Riverside, said DEET has been used for about 40 years, but it is not known how it works. His research indicates, for the first time, the repellent attacks cellular systems, he said. He said USDA could rule on his appeal in October. MERCURY CENTER CODE: N895 ID: me14435g

I - Gulf War

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THE WHITE HOUSE
WASHINGTON

January 31, 1996

MEMORANDUM FOR KITTY HIGGINS
MELANNE VERVEER
CATHIE WOTEKI
ELISA HARRIS
DIANA ZUCKERMAN
GINNY TERZANO

FROM: LEEANN INADOMI
GABRIEL LONDON

SUBJECT: PERSIAN GULF CONFERENCE CALL

The following are points that were discussed on the weekly Persian Gulf conference call.

- This morning's meeting of the Presidential Advisory Committee on Gulf War Veterans' Illnesses brought forth few controversial or new issues, and was rather uneventful. As the agencies await the release of the Committee's report, efforts have begun within each agency to prepare for it. Plans are being made with regards to briefings on the report for the President, Congress, and the Press. Additionally, plans are being made on how to best conduct information sessions with the numerous veterans service organizations.
- *for* *→* *ITN* (a British cable television network) has extensively covered Britain's recent about-face concerning Gulf War Veterans' illnesses. Parliament's recent announcement that it will begin a full scale government-backed investigation of Gulf War Veterans' illnesses has brought extensive media coverage, and a reluctance to comment on the recent developments in Britain by American agency counterparts.
- Plans are being made for the release of the final report of the Clinical Care Evaluation Program (CCEP) in February. The idea of having the Secretaries of HHS, DOD and VA release the report at a joint event has been floated and will be given further consideration.

THE WHITE HOUSE
WASHINGTON

February 7, 1996

*F I - Gulf War
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MEMORANDUM FOR **KITTY HIGGINS**
 MELANNE VERVEER
 CATHIE WOTEKI
 ELISA HARRIS
 DIANA ZUCKERMAN
 GINNY TERZANO

FROM: **LEEANN INADOMI** *Ji*
 GABRIEL LONDON

SUBJECT: **PERSIAN GULF CONFERENCE CALL**

The following are points that were discussed on the weekly Persian Gulf conference call.

- Final preparations are being made for the release of the Presidential Advisory Committee on Gulf War Veterans' Illnesses interim report. Efforts are underway to ensure that the administration's response to the report is clear and consistent. The plans are as follow: On Tuesday, February 13, 1996 a transmittal letter will go from the Persian Gulf Coordinating Board, signed by the Secretaries of Veterans Affairs, Defense and HHS, to the President. The letter will outline the preliminary response that the agencies will have to the report. Later that day a press release will be sent out from Veterans Affairs, making public the administration's position. On the 14th, just before the actual report is released at noon to the media, the VA will brief the veterans service organizations on the report. Qs and As will also be prepared for use by administration officials who will be fielding questions concerning the report once it has been made public. Additionally, selected members of Congress will receive the report and transmittal documents.
- News broadcasts are expected to begin on the 14th, followed by print reports on the 15th.
- The Department of Defense hopes to release the final report of the Clinical Care Evaluation Program (CCEP) on February 27. The agencies are in the midst of a coordinated effort to prepare themselves for its release.
- Attached are the drafts of response letters from the Department of Veterans Affairs and the Department of Defense.

DRAFT

Dear Mr. President:

The Department of Veterans Affairs is pleased to receive and provide a preliminary response to the Interim Report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses.

We acknowledge the important work that this document represents and the contributions it makes toward addressing the needs and concerns of Persian Gulf War veterans and their families. Our appreciation is extended to Dr. Lashoff and the Committee's members and staff whose hard work, outstanding scientific expertise and thoughtful deliberations combined to produce a report containing many valuable insights over a broad spectrum of issues.

The Committee's report contains reviews, advice and recommendations for each of the major areas they were charged with addressing -- research, coordinating activities, external reviews, risk factors, and chemical and biological weapons detections. The recommendations that were specific to this Department primarily involving outreach, clinical care, research, and coordination efforts will be closely evaluated in the process of developing appropriate implementation plans. The following paragraphs represent our preliminary assessments.

In the area of outreach, the Committee recommends improvement in the clarity of communications to veterans and the development of performance measures for VA's Helpline and our media-related activities. We intend to explore improving and gauging the outcomes of our communication efforts which recently saw an expansion of Persian Gulf newsletter mailings to nearly 200,000 veterans who have contacted us for care or benefits. Future issues will be devoted to clarifying Persian Gulf veterans' special medical care eligibility and benefits.

The Committee recommended improvements in clinical care regarding deployment and post-deployment medical evaluations, surveillance and record keeping. VA's Veterans Health Administration has initiated discussions with Health Affairs at the Department of Defense to improve our collaborative efforts in these areas and I will urge that they receive priority attention.

Recommendations about research called for enhancing the external peer review process for these programs, gaining an assurance of comparability among major epidemiological studies, and encouraging the use of public advisory committees. Even though we currently incorporate these concepts in much of our research, I expect further improvement along these lines.

Regarding the activities of the Persian Gulf Veterans Coordinating Board, the Committee recommends enhancing and expanding this unique organization which has set new standards for interagency cooperation and administration. Since its formation in 1994, the Board has been instrumental in promoting progress in clinical care, research and benefits for Persian Gulf veterans. Following the VA Under Secretary for Health's discussions with the Committee, he took steps with the Board's executive director to implement closer coordination by the Board's Research Working Group of research monitoring, review and strategic planning.

In the coming weeks, VA will provide detailed responses to and action plans for each of the areas discussed above.

As we observe the fifth anniversary this month of the liberation of Kuwait, we reflect on the challenges met by our veterans. They accomplished their mission bravely and successfully in full devotion to their duty as American servicemembers. No less noble nor important is our obligation to address their needs as veterans. We believe VA's comprehensive programs are meeting the vast majority of those expectations. Nevertheless, the Committee's views toward further enhancements will ensure that we do not shorten or stop our efforts to do better. I pledge my continued support to you in carrying out the VA mission.

Respectfully,

Jesse Brown

Draft (2/2/96 pm; use for letter to President and for press statement; subject to change based on final PACGWT's Interim Report)

**Department of Defense's Response to the
Presidential Advisory Committee on Gulf War Veterans' Illnesses --
Interim Report**

The Department of Defense, upon receiving the Interim Report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses, acknowledges the thoughtful work manifested by the Committee's Interim Report and expresses its appreciation for the constructive input provided by the Presidential Committee.

As does the Presidential Committee, the Department of Defense recognizes that the issues surrounding Persian Gulf Illnesses are very complex. Since the end of the Persian Gulf War, concerns have been raised as to whether or not there was a relationship between illnesses experienced by people who served in that war and exposures during that service. This concern still resides with many of our Gulf War veterans and their families. As we help fulfill the Clinton Administration's commitment, the Department is taking unprecedented steps to help resolve the Persian Gulf Illnesses issue and care for our Gulf War veterans.

The Committee's Interim Report provides a number of important findings and constructive recommendations. Most of their recommendations for the Department are either already implemented or will be implemented shortly. Consistent with the Committee's suggestions, the Department is addressing the Persian Gulf Illnesses issue as follows:

- In 1996, we will conduct a survey to determine how well our outreach programs have worked in reaching active duty troops or retirees who served in the Gulf War.
- Our Comprehensive Clinical Evaluation Program Patient Satisfaction Form will ask about referral satisfaction with the Persian Gulf Medical Registry Hotline.
- We are about to release a users' guide to help the public understand the thousands of declassified documents becoming available on the GULFLINK, the Department's Internet resource.
- Prior to any deployment (including Joint Endeavor), we are conducting a health assessment of deploying troops. A new expanded medical surveillance program (including quality control) and post-deployment followup is already operational in Joint Endeavor. This program will identify populations at risk, recognize and assess hazardous exposures, determine protective measures, and monitor health outcomes.
- DoD will ensure all FDA requirements are met when an FDA Investigational drug is utilized. When we use such a drug, informed consent (including a clear description and documentation of the health risks and benefits and inclusion as a part of the Service member's health record) is required unless waived by FDA.
- Should controversial and unexplained health concerns occur in the future, we have already pre-positioned hotlines and clinical programs to respond rapidly.

- We are upgrading our medical records system resulting in better records and a centralized data base that can be linked with other databases, including location of units and exposures.
- All research, including epidemiologic studies aimed at Gulf War veterans' health issues incorporate external scientific review and ongoing interaction with appropriate outside experts.
- We will continue to encourage our research Principal Investigators to establish both scientific and public advisory committees for epidemiologic studies.
- The Persian Gulf Veterans Coordinating Board is now playing a strong role in coordinating research, determining priorities for funding, and ensuring the quality of the research.
- We are collecting more and better troop exposure data as shown by our current efforts in Joint Endeavor and will have data available to health researchers.
- Our new unit locator and geographic information systems are operational and preparations are underway to make them available to qualified government and private researchers in 1996.
- We are working on better methods that can detect and identify BW agents rapidly enough to enable troops to take protective measures before being exposed.
- With the assistance of outside experts, we will continue to look into the issues of the effects of and monitoring of low-level (subacute) exposures to CW agents.

Under the direction of Secretary William Perry and Deputy Secretary John White, unprecedented efforts have been successfully launched. The investigation and declassification initiatives are well underway. More and more research is being funded and completed. Much medical evaluation and care has already been provided to our Gulf War veterans. The Department of Defense, in support of President Clinton's commitment to our Persian Gulf War troops and veterans, is leaving no stone unturned in the search for answers and leaving no soldier, sailor, marine or airman without the care needed.

TO: Hillary Rodham Clinton
Melanne Verveer
FROM: Pauline Abernathy
RE: Your question about the Agent Orange study cited in the attached op-ed
DATE: December 6, 1996

You asked whether the attached op-ed accurately described the Air Force's Agent Orange study. The op-ed says this ongoing, well-designed study found that the 1,200 veterans who worked in the Agent Orange spraying program have died at the same rate as the control group, and even show a 13% *lower* incidence of cancer deaths.

I spoke with the Air Force researcher directing the study and researchers at the Institute of Medicine, which reviews Agent Orange research for the Veterans Administration. The answer is the op-ed is generally accurate, but fails to indicate that the study's results are *not* statistically significant -- they could be the result of chance. In addition, the latest data from the study show these veterans have a 10%, rather than a 13%, lower incidence of cancer deaths than the control group, but again this figure is not statistically significant.

The researchers said it is not surprising that the results are not significant since the study has a small sample size and other research has only produced evidence of an association between Agent Orange and specific cancers that are relatively rare. Their results also did not yet reflect the 20 years it can take for cancer to develop after exposure to a carcinogen. The researchers expect to have new data shortly on the veterans' health 20 years after their contact with Agent Orange. I will let you know if it is significant.

As an aside, my sister works for a non-profit organization in North Carolina called IPAS that works primarily in developing countries, including Bolivia, to reduce maternal mortality due to unsafe abortion. She and her organization were thrilled with your comments in Bolivia and your column -- as was I!

Attachment

The Real Causes Of 'Gulf War Syndrome'

"Gulf war syndrome" is a bit like the supernatural. Scientific culture doesn't really believe in it, yet popular culture embraces it. In fact, the enthusiasm for gulf war syndrome goes all the way up to the White House, Congress, CNN, "60 Minutes" and the New York Times.

This divide between the popular and the scientific was made especially clear this week when President Clinton, sounding like Fox Mulder, told veterans that "there are mysteries still unanswered," and pledged further study of gulf war syndrome. His comment came three days after a blue ribbon panel he had appointed leaked its finding that there was no evidence the syndrome even exists.

Reports of mysterious ailments among gulf war veterans were first investigated and debunked by the Army in 1992. Veterans reacted angrily with accusations of a "coverup," and politicians, quack doctors and the media soon jumped on their bandwagon. Thousands, then tens of thousands of veterans and their families registered with the Department of Veterans Affairs as apparent victims. Several panels of big-name scientists, plus hundreds of laboratory and clinical researchers (at a cost of tens of millions of taxpayers dollars) were made to explore almost every possibility, however remote, that might explain the mysterious syndrome.

The latest expensive goose chase involves an Iraqi ammo dump where some nerve gas was stored. Nearby U.S. troops suffered zero cases of nerve gas poisoning when the dump was blown up. Yet the political momentum of gulf war syndrome means that the frontiers of medicine must now be expanded in pursuit of absurdly unlikely "delayed" illnesses.

One medical conclusion on gulf war syndrome has always been the same: It is not a syndrome (a specific pattern of symptoms) in search of an explanation. It is an explanation (the gulf) in search of a syndrome. The illnesses suffered by gulf veterans, far from having a specific pattern, cover the spectrum of medical diagnosis. So far it appears that they are about what one would expect to find in such a large population (700,000) moving through time. Why have veterans and the rest of us taxpayers been put through all this?

■ **Anecdotal evidence.** A soldier tells you he went to war, was exposed to all sorts of hazards there and later acquired a terrible illness. Only trained medical researchers, looking at large groups of soldiers, can sort out causation in such cases. But your instinct will be to empathize with the soldier and to assume with him that the war caused his illness. The media's instinct, similarly, will be to play up his emotionally compelling "human interest" story.

■ **Politics.** Politicians have been especially reckless in their promotion of the syndrome, falling over each other in their eagerness to satisfy the powerful veterans' lobby. One senator even earmarked funds for a special study of gulf veterans in his home state, a study that was pure pork and scientifically worthless. John Bailar, chairman of a National Academy of Sciences panel on gulf war syndrome and a professor of epidemiology at Montreal's McGill University,

told me his experience studying the syndrome had left him "appalled at the way issues of science and medicine are sometimes handled in Congress."

■ **The power of suggestion.** When people are told that they might have a new "syndrome," they can easily imagine aches and pains and rashes into existence. Others who already have symptoms for other reasons, and may have ignored them, might seize upon the new syndrome as an explanation. One wife of a gulf veteran tearfully told a Senate hearing that her husband had come back from the gulf with semen so "toxic" it burned her. In clinical studies of gulf veterans, psychiatric ailments account for the largest category of diagnosis.

One especially surprising fact is that there are hardly any reports of "mystery illnesses" among gulf war veterans from other countries. Perhaps this is because this syndrome hasn't had as much play in the foreign media. Perhaps another reason is that, thanks to Vietnam and Agent Orange, Americans share a deep belief in the possibility of mysterious and delayed post-war ailments.

■ **Agent Orange.** In 1968 it was found that certain batches of this defoliant were contaminated with trace amounts of dioxin, a carcinogen. The use of Agent Orange was phased out, but within 10 years a handful of veterans who had developed cancer began to blame it on the chemical. More veterans took up the cry, and a class-action suit was arranged. Before long a quarter of a million Vietnam vets had signed on the victim list, claiming a wide variety of ailments.

The chemical companies that had made Agent Orange decided to avoid a long battle by settling for \$180 million, and the Veterans Administration also compensated many veterans with Agent Orange claims—despite a lack of real evidence that would validate those claims.

Assembling such evidence was something that would take time. Scientists first had to isolate a group of veterans with high exposures to Agent Orange and then follow them for decades to see whether they developed unusually high rates of cancer and other illnesses. That is precisely what government-sponsored researchers have been doing. In the best-defined study, they have followed the health of the approximately 1,200 Air Force veterans who actually worked in the Agent Orange spraying program, Operation Ranch Hand. Measurement of dioxin levels in the blood of these men made clear that they had had exposures that were well above average.

The study will not conclude until the year 2002, but at last count, Ranch Hand personnel seemed just as healthy as the control group in the study. They have died at the same rate, and they even show a 13 percent *lower* incidence of cancer.

The supposedly dark history of Agent Orange has widely been seen as sufficient reason to take gulf war illness fears seriously. But because America has ignored the real history of Agent Orange, it has been doomed to repeat it with the spurious "gulf war syndrome."

Jim Schnabel is a science writer based in London.

**Statement by
Deputy Secretary of Defense John P. White
On the final Report of the
Presidential Advisory Committee on Gulf War Veterans' Illnesses**

January 7, 1997

The Final Report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses contains many useful and helpful recommendations concerning the government's responses to the illnesses being experienced by veterans of the Gulf War. The Department of Defense welcomes these suggestions. We will study them carefully and, in conjunction with the Department's of Health and Human Services and Veterans' Affairs, we will evaluate them and respond to each recommendation in a report that we will send to the President within sixty days.

The Advisory Committee has played a useful and important role in our efforts to ensure that:

- we have thoroughly investigated possible chemical and biological warfare agent exposures,
- those who need medical care are receiving it,
- our research efforts into the potential causes of Gulf War illnesses are broad-ranging and properly focused,
- we develop more effective health programs for our people involved in future deployments,
- and we are pursuing the President's directive to explore every angle of this problem.

We in the Department take this issue very seriously. Fundamentally, it is an issue of force protection, and it goes to the heart of our commitment and responsibility to the brave men and women who are willing to risk their lives for our country. Our commitment

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL# of pages 3

To <u>Adm Buse</u>	From <u>BG Dunn - o/pso</u>
Dept./Agency <u> </u>	Phone # <u> </u>

is to provide them with the best possible protection from disease and illness, the best possible treatment should they become ill, and appropriate care and compensation should those illnesses prove chronic. We do not shirk this responsibility.

Last year I announced that the Department's efforts with respect to this issue would be expanded and intensified. I established the office of Special Assistant for Gulf War Illnesses, reporting directly to me, to coordinate this enlarged effort. That office is now fully established, and it has increased our level of effort more than tenfold. The results are already becoming apparent. We will continue to pursue this issue vigorously and to report our progress regularly.

In particular, we will continue to explore all aspects of possible exposure of our troops to chemical agents. Since last spring, when we first became convinced that American forces had been in the presence of Iraqi chemical munitions at Khamisiyah, a weapons storage site destroyed by American forces after the war, and that exposure was possible, this Department, in cooperation with the CIA and other agencies, has conducted extensive investigations. We are reaching out to more than 20,000 service personnel who may have been in the vicinity of Khamisiyah at the time of the possible release of chemical agent. We will continue our efforts to learn all we can about this incident and to investigate any similar incidents that are identified. We will spare no resource in this effort.

Finally, let me say that this Department welcomes outside oversight and advice concerning our efforts. In addition, last year I announced our agreement to engage the National Academy of Sciences and the Institute of Medicine, in a wide ranging program to assist in all aspects of Gulf War Illnesses efforts as well as concerns for the future. In addition, as I said in testimony last November, we think that the President's Committee can continue to play a very constructive role in this regard.

01/07/97 TUE 14:34 FAX 000000000000
01/07/97 TUE 13:40 FAX

GULF WAR ILLNESS

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Our commitment to our service personnel and our veterans and our commitment to as complete an understanding as possible of any illnesses they experience is total, and we will continue our efforts in this vein.

Busick, Paul E.

From: Busick, Paul E.
To: Sens, Andrew D.
Cc: /R, Record at A1; @GWI - Gulf War Illnesses; @LEGISLAT-Legislative Affairs; @NSA - Natl Security Advisor; @PLANNING - Strat Plan & Comm; @PRESS - Public Affairs; @DEFENSE - Defense Policy; @EXECSEC - Executive Secretary
Subject: GWI Update Bulletin [UNCLASSIFIED]
Date: Thursday, January 09, 1997 7:43PM

@NSA please pass to Jim...

Andy:

1. I had a very cordial meeting today with SEN Rockefeller (and Al Maldon). I thanked him for attending Tuesday, and spelled out my agenda while I'm here on the NSC. He made several points: (a) He is concerned with WHO did WHAT wrong at DOD/CIA over the chemical warfare agent exposure issue, and is NOT satisfied with the IG investigations as a sufficient administration review; I emphasized that's NOT part of my tasking, and he understood that, but clearly thinks the President should be concerned about accountability of people at DOD/CIA; and (b) He is pleased with the VA for recommending the undiagnosed illness 2-year presumptive period review and I gave his staff chief Jim Gottlieb credit for raising the issue with me (which prompted me to ask VA to endorse such a review). We also discussed the PAC report and I was able to get him to concede that stress was an important element in SOME Vets' illnesses but not all, and to consider the idea of shifting the debate focus away from the "its all in your head" rhetoric and toward acceptability of stress as a cause of some people's physical problems. Finally, I clarified that we intended to do further research into all credible risk factors, including stress, the nine factors deemed "unlikely" by the PAC, and various combinations. It's clear that improving SEN Rockefeller's current image of DOD will require a lot of effort.

2. I have made a number of press calls today at the request of David Johnson/Julia Moffett:
 * JENSEN (Washington Times Ed. Board): discussion went fairly well, paralleling the panels we did Tuesday following the POTUS event (i.e., emphasis on POTUS commitment, review of Administration accomplishments, praise for PAC and its contribution, and the key POTUS immediate actions).

* BROWN (WPost), Schmitt (NYTimes) and Brewer (USAToday): all three were at least moderately receptive to the following points: (1) yesterday's press conference on new research (i.e., The Texas study by Dr. Haley alleging 3 identified "syndromes" and the Iowa study showing higher rates of illness) and today's Senate hearings (Veterans' Affairs, with VA, CIA and PAC witnesses) represent important developments, yet the significance of the PAC's contribution and the President's commitment to follow through on this issue should not be lost in the glare of the more recent events; (2) the research to be published in the Journal of the American Medical Association (JAMA) is useful and should be pursued further, yet is not conclusive in any regard -- primarily owing to methodological limitations; and (3) with regard to the Specter hearings, POTUS has made it very clear that our commitment to Gulf veterans is a non-partisan matter, and that the PAC efforts have served as a key catalyst in spurring DOD and other departments to improve their performance.

3. DOD legislative affairs (Tom Leary) and Gordie Bendick here on the NSC staff are working together to get both the PAC report and the White House materials released on Tuesday widely distributed on the Hill. I think this wide distribution, together with the meetings with key Members Al Maldon is setting up for me and our readiness to respond to questions/concerns, is the optimal approach to Congressional outreach.

4. Additional VSO feedback has been positive -- examples: AL -- "American Legion Commends Presidential Gulf-War Illnesses Panel"; and DAV -- "DAV Backs Efforts to Ease Burden of Proof for Ailing Gulf War Vets."

5. Finally, we've now had a chance to review the transcript from Tuesday's DOD press conference following the POTUS announcement. To their credit, DOD definitely took "the high road" in the face of the PAC's pointed criticism and also stayed "on message" throughout the session. Examples: DR. WHITE -- DOD "welcomes these proposals.... [PAC] has played a useful and important role.... we are pursuing the President's directive to explore every angle of this problem.... [DOD] welcomes outside oversight and advice concerning our efforts..."; DR. JOSEPH -- "Let me first take the opportunity to acknowledge the hard work of the [PAC]... The [PAC] has asked the tough questions and made a number of constructive criticisms and recommendations...."; and, finally, DR. ROSTKER -- "First, I would like to express my

personal appreciation and admiration for the outstanding job done by the [PAC] since they were established by President Clinton... And for the extremely valuable document that the President released today...." Under the circumstances, this unified and constructive DOD stance merits special notice -- I recommend a brief call by Sandy to John White expressing our recognition and appreciation of the way DOD handled this entire event.

cc (via fax/courier): Kitty Higgins & Ann McGuire; Jack Gibbons & Cliff Gabriel; Melanne Verveer and Nicole Rabner; Tom Vellanga

THE WHITE HOUSE

WASHINGTON

February 27, 1997

MEMORANDUM FOR THE PRESIDENT
THE FIRST LADY

FROM: KITTY HIGGINS 
SUBJECT: Persian Gulf Illness--Breaking Story

The Senate Armed Services Committee today released a draft report provided by the Pentagon on the disposition of logs kept during the war on matters related to nuclear, biological and chemical weapons. The report shows that the Pentagon can only answer for 36 of 200 pages of these logs.

This draft report was sent to the Committee in response to a request from Senators Thurmond and Levin without notice to Deputy Secretary White, the White House or other affected agencies. The Committee released the draft report without consulting with DoD.

The Committee and other interested Senators are likely to use this report to re-raise the question of cover-up. Senator Specter, as chair of the Veterans Affairs Committee, is loaded for bear.

We are working to clarify exactly what happened. The attached chronology begins to do that.

Phil Shenon is writing this story for tomorrow's *New York Times*. Hopefully his story will reflect clarifying information provided to him by the Pentagon and the NSC.

cc: Erskine Bowles
Sandy Berger
Rahm Emanuel
Melanne Verveer

Current: 1900 February 1997

**OVERVIEW OF EVENTS RELATING TO DOD RELEASE OF CASE NARRATIVE
"DISPOSITION OF THE CENTCOM NBC DESK LOGS" DATED 14 FEB 97**

* DOD's Office of the Special Assistant for Gulf War Illnesses has been organizing its investigative efforts with a view to preparing "case narratives" on each issue under investigation; the overall plan calls for initial release of each narrative as an "interim report" in order to solicit additional information from Gulf War veterans or any other source. The only case narrative published thus far was "Khamisiyah" dated 25 FEB 97.

* On 11 FEB 97, Senators Levin and Thurmond from the Senate Armed Services Committee sent Dr. White the following Question for the Record (QFR): "Please provide a complete account of the CENTCOM NBC (Nuclear, Biological and Chemical) desk logs, their creation, maintenance, custody, the apparent loss or destruction of part of the logs, and any other factors that might help the Committee understand the circumstances surrounding the eventual disposition of these logs."

* DOD responded to the QFR on 24 FEB 97 by providing the Committee with a copy of the latest draft (dated 14 FEB 97) of the in-progress case narrative entitled: "Disposition of the CENTCOM NBC Desk Logs." There was apparently no previous interagency circulation of the document, no interagency discussion of its use for this purpose, nor any understanding reached with the Committee relating to the further distribution of the document.

* The Senate Armed Services Committee held its Gulf War Illnesses hearing beginning at 1030 this morning. The CENTAM NBC Logs case narrative was distributed to the press during the hearing by the Committee staff.

* An AP wire story was posted at 1151 with the headline: "More Gulf War weapons data missing, Pentagon says." [Note: other similar wire stories are now circulating, and CNN is featuring reaction by SEN Specter to the case narrative].

* At approximately 1330 today, NSC/GWI (Gulf War Illnesses) received a heads-up call on the use of the case narrative to respond to the QFR; NSC/GWI asked for a copy (which did not arrive owing to some fax difficulties until approximately 1700).

* While Admiral Busick was conducting a previously-scheduled background interview with Phil Shenon (NYT) beginning at 1500 this afternoon, Shenon mentioned that the CENTCOM NBC log case narrative had been distributed to the press and asked for our reaction to what he saw as more evidence suggesting a cover-up.

* Following the interview with Phil Shenon, NSC/GWI began seeking clarifications from DOD and trying to coordinate appropriate press responses. Dr. White apparently was not aware of this matter and is now orchestrating DOD's handling of the issue.

Prepared by: NSC/GWI

6-2983
Yahoo! - More Gulf War logs missing than believed...

TO: KITTY

URGENT

From PAUL

Page 1 of 2

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Thursday February 27 1:49 PM EST

More Gulf War logs missing than believed

By ERIC NORDWALL

WASHINGTON, Feb. 27 (UPI) _ The Pentagon has released an interim report indicating it can only account for a small portion of its documents concerning chemical weapons in the Gulf War.

The Defense Department has been criticized for what it acknowledges is an eight-day gap in its nuclear, biological and chemical weapons log. But a report released in connection with testimony before the Senate Armed Services Committee suggests officials can only account for 36 of what should be around 200 pages of so-called NBC records at the U.S. Central Command, or CENTCOM, in Tampa, Fla. CENTCOM was charged with archiving Gulf War records.

Such documents would help Pentagon officials reconstruct troop movements and possible chemical weapons exposure and could help them determine the cause of the health problems veterans have reported.

Military officials say they aren't sure what happened to the eight days of NBC documents it already announced are missing. During testimony Thursday, Sen. Carl Levin, D-Mich., referred to the Pentagon's "dog- ate-my-homework explanation." In fact, the new report indicates at least some of the explanations are more plausible but similarly embarrassing.

In one instance, NBC log entries were copied onto a disc that contained computer games _ and a computer virus, which infected CENTCOM computers. An unknown amount of data was lost when an anti-virus program cleaned the disc and computers.

The report cites numerous instances in which one individual shipped documents to another, who has no record of receiving it, or can only account for a portion of the material.

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 [Help](#)

The material released by the Senate Armed Services Committee is an incomplete narrative case study of the issue of the missing CENTCOM log pages. The narrative is one of several being prepared by the office of the Special Assistant for Gulf War Illnesses as the DoD investigation of these issues proceeds.

The Special Assistant for Gulf War Illnesses and his team have been investigating a desk log that contains references to chemical weapons issues. This log was maintained by staff officers at the Central Command headquarters during the war. We have some pages from the log, but others are missing.

The following points are relevant:

- The draft narrative was provided to the Senate Committee as part of the background material requested prior to Deputy Secretary John P. White's testimony before the Committee on February 27.
- The draft is incomplete and was intended for the Committee's background information, not for public release at this time. The Committee believed the material was part of the public submissions from DoD. DoD was not advised by the Committee that it would be released publicly.
- The narrative contains these findings concerning the log: that they were kept on computers and that paper copies cannot be located, and that the computer records themselves may have been destroyed by a virus.
- These facts, with the exception of the discussion of a possible virus which was uncovered in the course of this investigation, have been mentioned previously by DoD's public statements at press briefings and in Congressional testimony by the Special Assistant for Gulf War Illnesses.
- This narrative is part of the DoD's ongoing comprehensive investigations of all issues associated with Gulf War illnesses, and the Department fully intends to release all information as soon as it is in final form.

Now News Isrieting

Jan 7, 1997

We agree with the PAC, and I quote that, "The initiatives, combined with independent vigorous oversight, could begin to restore public confidence in the government." We are also working with the National Academy of Sciences to provide the appropriate independent, vigorous oversight and look forward also to working with the PAC in their newly expanded role.

Q: Mr. Rostker, could you bring us up to date on your investigation and where it stands into the missing NBC logs kept by Central Command?

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**U.S. SENATOR ARLEN SPECTER (R-PA), CHAIRMAN
SENATE VETERANS' AFFAIRS
HOLDS HEARING ON
THE CAUSES OF GULF WAR ILLNESS
ANUARY 29, 1997**

Congressional Hearings

Executive Department/Agency

(TRANSCRIPTS 01/29/97; 2714 Lines)

Item Key: 256

This transcript by:

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202-546-4194**

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**GENERAL H. NORMAN SCHWARZKOPF, U.S. ARMY,
RETIRED**

**HON. BERNARD D. ROSTKER, SPECIAL ASSISTANT TO
THE DEPUTY SECRETARY OF DEFENSE FOR GULF WAR
ILLNESSES**

ROSTKER: Well the logs were -- the logs were made available by the DODIG at the request of the committee with Secretary -- with General Schwarzkopf's concurrence. And we did that last Friday...

SPECTER: Dr. Rostker, all of it happened after the January 9th hearing.

ROSTKER: Yes sir.

SPECTER: OK, so I mean, let's be very clear about that.

ROSTKER: Yes sir.

SPECTER: If we hadn't the hearing we wouldn't have gotten part of the logs. And let it also be very clearly understood that there are 2,300 pages of those logs which are still unavailable to us either traveling to Florida or in any other way.

ROSTKER: We will make every...

SPECTER: And we think that's the Defense Department decision. Do you disagree?

ROSTKER: We will make every page available to the committee at the committee's convenience.

SPECTER: But you have not. You have not. We were restrictive to a certain number of pages.

Dr. Rostker we have you commitment at this time that the committee will have access to all those records.

RÖSTKER: Absolutely sir.

SPECTER: Will you proceed with your statement?

ROSTKER: The logs have also been made available to the CIA, the PAC and my office. I also know have frustrated the committee has been about the inability to produce a complete set of the (OFF-MIKE) NBC logs. I am frustrated also because the existing logs have proven to be very valuable, indeed.

Accordingly, we are now establishing a chain of custody of the logs from Riyadh to Tamper (ph) and beyond. And I welcome the committee's review of the verbatim interviews we have accomplished to establish the true record concerning these important logs.

Piled there are the first of our verbatim interviews with people who had custody of the logs, and we're quite prepared to share them with the committee and the committee staff at your convenience. In conclusion, we are...

SPECTER: On the question of the logs, do you entertain a prospect of finding those logs?

ROSTKER: I can only say, we treated it as we treated the normal search process. Looking for people who might have had those logs, and with that not being successful, I ordered a proactive investigation.

SPECTER: I don't think I've yet had a response as to the delay from 1994 to 1997.

ROSTKER: I have no idea, sir.

SPECTER: Please finish your statement.

THE WHITE HOUSE

WASHINGTON

February 27, 1997

MEMORANDUM FOR THE PRESIDENT
THE FIRST LADY

FROM: KITTY HIGGINS 
SUBJECT: Persian Gulf Illness--Breaking Story

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The Committee and other interested Senators are likely to use this report to re-raise the question of cover-up. Senator Specter, as chair of the Veterans Affairs Committee, is loaded for bear.

We are working to clarify exactly what happened. The attached chronology begins to do that.

Phil Shenon is writing this story for tomorrow's *New York Times*. Hopefully his story will reflect clarifying information provided to him by the Pentagon and the NSC.

cc: Erskine Bowles
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Melanne Verveer

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Prepared by: NSC/GWI

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TO: KITTY

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Thursday February 27 1:49 PM EST

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By ERIC NORDWALL

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Such documents would help Pentagon officials reconstruct troop movements and possible chemical weapons exposure and could help them determine the cause of the health problems veterans have reported.

Military officials say they aren't sure what happened to the eight days of NBC documents it already announced are missing. During testimony Thursday, Sen. Carl Levin, D-Mich., referred to the Pentagon's "dog- ate-my-homework explanation." In fact, the new report indicates at least some of the explanations are more plausible but similarly embarrassing.

In one instance, NBC log entries were copied onto a disc that contained computer games _ and a computer virus, which infected CENTCOM computers. An unknown amount of data was lost when an anti-virus program cleaned the disc and computers.

The report cites numerous instances in which one individual shipped documents to another, who has no record of receiving it, or can only account for a portion of the material.

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The material released by the Senate Armed Services Committee is an incomplete narrative case study of the issue of the missing CENTCOM log pages. The narrative is one of several being prepared by the office of the Special Assistant for Gulf War Illnesses as the DoD investigation of these issues proceeds.

The Special Assistant for Gulf War Illnesses and his team have been investigating a desk log that contains references to chemical weapons issues. This log was maintained by staff officers at the Central Command headquarters during the war. We have some pages from the log, but others are missing.

The following points are relevant:

- The draft narrative was provided to the Senate Committee as part of the background material requested prior to Deputy Secretary John P. White's testimony before the Committee on February 27.
- The draft is incomplete and was intended for the Committee's background information, not for public release at this time. The Committee believed the material was part of the public submissions from DoD. DoD was not advised by the Committee that it would be released publicly.
- The narrative contains these findings concerning the log: that they were kept on computers and that paper copies cannot be located, and that the computer records themselves may have been destroyed by a virus.
- These facts, with the exception of the discussion of a possible virus which was uncovered in the course of this investigation, have been mentioned previously by DoD's public statements at press briefings and in Congressional testimony by the Special Assistant for Gulf War Illnesses.
- This narrative is part of the DoD's ongoing comprehensive investigations of all issues associated with Gulf War illnesses, and the Department fully intends to release all information as soon as it is in final form.

Now News Isrieting

Jan 7, 1997

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NATIONAL SECURITY COUNCIL

GULF WAR ILLNESSES

DIRECTORATE

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From: Paul Busick

To: Melanne Verveer/ Jack Gibbons

Fax Number: 6-6244 / 6-6021

Date/Time: 0945 on 28 Feb 97

No. of pages to follow: 1

Message: Updated press guidance forwarded to
President as requested by Kitty Higgins

Current: 0925 28 February 1997 (NSC/GWI)

Q: What is your reaction to DOD's just-released report on the missing CENTCOM chemical logs? Are you concerned that this is more evidence of a cover-up?

A: The document in question is a draft report of the preliminary findings of a DOD investigation still in progress. The draft report, which was provided to Congress in response to their request, reflects DOD's commitment to carrying out my guidance to ensure that all the relevant facts are determined and disclosed. In fact, the detailed and carefully-researched nature of this draft report testifies to DOD's thoroughness and aggressiveness in pursuing information which may help our Gulf War veterans.

While I am certainly concerned about the issue of the missing logs, it is premature to conclude that the information is evidence of a cover-up. I am also sure that, if any evidence of a cover-up arises, it will be appropriately handled by the Inspectors General looking into these events.

Finally, as you know, I extended the Presidential Advisory Committee on Gulf War Veterans' Illnesses to provide independent oversight of the ongoing investigations. I think it's important that we await the outcomes of the ongoing DOD and CIA investigations, as well as the Advisory Committee's assessment of the adequacy of those investigations.

THE WHITE HOUSE

WASHINGTON

February 27, 1997

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The Defense Department has been criticized for what it acknowledges is an eight-day gap in its nuclear, biological and chemical weapons log. But a report released in connection with testimony before the Senate Armed Services Committee suggests officials can only account for 36 of what should be around 200 pages of so-called NBC records at the U.S. Central Command, or CENTCOM, in Tampa, Fla. CENTCOM was charged with archiving Gulf War records.

Such documents would help Pentagon officials reconstruct troop movements and possible chemical weapons exposure and could help them determine the cause of the health problems veterans have reported.

Military officials say they aren't sure what happened to the eight days of NBC documents it already announced are missing. During testimony Thursday, Sen. Carl Levin, D-Mich., referred to the Pentagon's "dog- ate-my-homework explanation." In fact, the new report indicates at least some of the explanations are more plausible but similarly embarrassing.

In one instance, NBC log entries were copied onto a disc that contained computer games _ and a computer virus, which infected CENTCOM computers. An unknown amount of data was lost when an anti-virus program cleaned the disc and computers.

The report cites numerous instances in which one individual shipped documents to another, who has no record of receiving it, or can only account for a portion of the material.

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The material released by the Senate Armed Services Committee is an incomplete narrative case study of the issue of the missing CENTCOM log pages. The narrative is one of several being prepared by the office of the Special Assistant for Gulf War Illnesses as the DoD investigation of these issues proceeds.

The Special Assistant for Gulf War Illnesses and his team have been investigating a desk log that contains references to chemical weapons issues. This log was maintained by staff officers at the Central Command headquarters during the war. We have some pages from the log, but others are missing.

The following points are relevant:

- The draft narrative was provided to the Senate Committee as part of the background material requested prior to Deputy Secretary John P. White's testimony before the Committee on February 27.
- The draft is incomplete and was intended for the Committee's background information, not for public release at this time. The Committee believed the material was part of the public submissions from DoD. DoD was not advised by the Committee that it would be released publicly.
- The narrative contains these findings concerning the log: that they were kept on computers and that paper copies cannot be located, and that the computer records themselves may have been destroyed by a virus.
- These facts, with the exception of the discussion of a possible virus which was uncovered in the course of this investigation, have been mentioned previously by DoD's public statements at press briefings and in Congressional testimony by the Special Assistant for Gulf War Illnesses.
- This narrative is part of the DoD's ongoing comprehensive investigations of all issues associated with Gulf War illnesses, and the Department fully intends to release all information as soon as it is in final form.

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Jan 7, 1997

We agree with the PAC, and I quote that, "The initiatives, combined with independent vigorous oversight, could begin to restore public confidence in the government." We are also working with the National Academy of Sciences to provide the appropriate independent, vigorous oversight and look forward also to working with the PAC in their newly expanded role.

Q: Mr. Rostker, could you bring us up to date on your investigation and where it stands into the missing NBC logs kept by Central Command?

Dr. Rostker: I put a tiger team on that, including a trained legal investigator as well as the staff. I hope to be able to make a more complete report to you within the next two weeks. I would like to also emphasize that the existing logs, the 26 pages that have already been posted on Gulf Link, are extremely valuable and provide a great deal of insight into the reports that they contain, and we'll be highlighting those entries in the log also.

Q: Is there any indication, since you're well into this, that any of those missing pages contain any information dealing with what happened at Khamisiyah?

Dr. Rostker: Let me sort of get ahead of myself just a moment here. If you have an image of a log as being a big book that people wrote in, and I think that's what most people have an image of a log, that doesn't appear to be correct.

What we've learned is that the log itself is a computer hard drive. It was kept on a Japanese laptop, and the issue is what's happened to the laptop and why certain pages were kept in hard copy, in paper copy. That's the essence of the investigation. The interface between hard copy and the computer hard disk, just as you have laptops, what happened to it and the like. I think it's going to be a very interesting story, but we have some depositions to take and we will take depositions, and I think we're shooting to be back within the next two weeks to have a more complete picture.

Q: You don't think the laptop ended up on some school kid's desk in Tampa, do you? (Laughter)

Dr. Rostker: No. The laptops apparently ended up back in Tampa, but they were not given to the same people who had the laptops. We're trying to confirm that. So a person was handed in a laptop and was given back a laptop, but it wasn't his own laptop. So it appears that we have hard drives that were given back to people who had no idea what was on the hard drive.

I'm trying to be responsive, but we need to understand that in excruciating detail.

Q: Can you say if the hard drives were erased...

Dr. Rostker: Certainly some hard drives were erased. But again, if you'll let me come back to you in a couple of weeks we will have the full time line and custodies and I think be able to tell the story. But the one thing that is very clear, and if you look at the logs that are posted, these are not handwritten logs, these were generated by a computer program in a spreadsheet. That interface between what's on our hard drives and what's in the paper is an important consideration.

Q: You sound confident you'll be able to reconstitute these logs.

Dr. Rostker: No. I'm not confident at all that we can reconstitute the logs. What I'm saying is, I am confident that any mental image that there was a stack of paper in a notebook that people recorded, and why would pages be randomly taken out of a notebook, doesn't quite fit what we are learning. I want to come back with a complete picture...

Q: But are you saying also that there is a possibility that some important information has been shoved into 'computer land' ether and that it will never be...

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Dr. Rostker: I think that's clear across the entire spectrum of record retrieval. No question about that.

Q: A question for both you and Dr. Joseph. If we may focus on this issue of stress just for a moment.

If we take Desert Storm we know there were stresses with heat, with sand, with uncertainty. Then you go back to the rigors of war and what used to be called shell shock as early as World War I. The fact is, when you go into combat, you can get killed. That makes you sit up and pay attention. How do you deal with that kind of stress, other than giving somebody Prozac before they go into combat? What do you do about that?

Dr. Joseph: Let me answer your question in two parts, really. The first part is really just a reaffirmation of what you said. I think the Advisory Committee played a very important service by focusing this, that there is a history of... Whether it's called shell shock, PTSD, soldiers' heart, neurasthenia, etc., of stress-related physical symptoms in the context of the extreme stresses of combat or deployment in adverse circumstances. So this is not new. It should not be unexpected. I think we've been saying for some time that it is not unexpected.

There are important ways both to prevent, early diagnose, and to treat. We have talked before about the combat stress teams that accompanied the deployment to Bosnia, and whose job it is to be alert both on a unit level and an individual level for signs of stress and environmental factors that might accentuate stress, and to offer support to commanders as well as to the health people in those circumstances.

Second, although maybe not less in importance, is the self awareness and the preparation of both the individual soldier and the chain of command to these issues. Again, you've heard me say before and I tried to say today, it's important that we begin to recognize the validity, the importance, the legitimacy of the whole spectrum of stress-related conditions including the physical symptoms, but not just the physical symptoms.

Q: These veterans are so resistant to this analysis. They hate this analysis.

Dr. Joseph: I think our veterans are a reflection of our entire society. I believe the first time I was up here two years ago on this issue I talked about that, and how it was important for us, and I think a responsibility, if I may, that you have as well as we have, to mature ourselves as a society to where we understand both the legitimacy and the importance of this area. I don't think the veterans are reflecting anything different, really, than the general society would reflect in this area.

Q: Which is what?

Dr. Joseph: Which is that this is somehow less than legitimate, that someone who has physical symptoms on the basis of psychological causation or stress-related physical symptoms, is somehow less ill or less worthy of concern. That's just not true. We are not yet mature enough as a society to really accept that. I think that's what's going on here.

Q: ...analogous perhaps?

Dr. Joseph: Are you saying that some may believe its (inaudible). We clearly know that's not true.

Q: No, I'm saying about the discussion on the concern or the antagonism, if you will.

Dr. Joseph: Not real or the doctor told me it was all in my head, or somehow not worthy of support or medical care or compensation or whatever. We've got to get over that. My own view is that this may be the most important thing... I sort of believe it will be the most important thing to come out of this whole Gulf War illness' business.

U.S. SENATOR ARLEN SPECTER (R-PA), CHAIRMAN
SENATE VETERANS' AFFAIRS
HOLDS HEARING ON
THE CAUSES OF GULF WAR ILLNESS
ANUARY 29, 1997
Congressional Hearings
Executive Department/Agency
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ILLNESSES

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ROSTKER: I can only say, we treated it as we treated the normal search process. Looking for people who might have had those logs, and with that not being successful, I ordered a proactive investigation.

SPECTER: I don't think I've yet had a response as to the delay from 1994 to 1997.

ROSTKER: I have no idea, sir.

SPECTER: Please finish your statement.