Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	From: Herbert Smith, D.V.M. Col. US Army (retired), To: Mrs. Clinton [partial] (1 page)	6/29/95	b(6)
002. memo	From: Diana Zuckerman, To: Hillary Rodham Clinton, Re: Agenda for the Gulf War Meeting [partial] (3 pages)	5/19/95	b(6)
003. memo	From: Diana Zuckerman, To: Hillary Rodham Clinton, Re: Agenda for the Gulf War Meeting [partial] (3 pages)	5/19/95	b(6)
004. memo	From: Diana Zuckerman, To: Hillary Rodham Clinton, Re: April 20 Meeting on Gulf War Illnesses (9 pages)	4/19/95	b(6)
005. memo	From: Elisa Harris, To: Jennifer O'Conner, Diana Zuckerman, Cathie Woteki, Re: Latest Advisory Committee List [partial] (2 pages)	4/17/95	b(6)
006. memo	From: Diana Zuckerman, To: Hillary Rodham Clinton, Re: Update on Gulf War Illness Issues [partial] (4 pages)	4/7/95	b(6)

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

FOLDER TITLE:
Gulf War Illness - Zuckerman Memorandum [1]

2014-0159-S
sb309

RESTRICTION CODES

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

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

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

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I - GULF WAR ILLNESS -
ZUCKERMAN MEMORANDA

MEMORANDUM

To: Hillary Rodham Clinton

From: Diana Zuckerman

Re: Col. Herb Smith, Gulf War veteran

Date: June 27, 1995

Col. Herb Smith's medical condition has worsened. He is now spending every other week in the hospital (instead of one week each month). However, this is an improvement; he recently had to spend 6 weeks in the hospital.

Despite his condition, he called to say again how grateful he was to have the opportunity to meet you earlier this year, and volunteered to help on the President's re-election campaign. He is not well enough to be active, but if he lends his name to some efforts aimed at veterans, I think that could be very helpful.

PHOTOCOPY
HRC HANDWRITING

Pam -

(1) Send Col Smith copy of my testimony from Monday either w/ or separate from my note

(2) Read his letter. I want to help w/ his retirement problem. Diana Zuckerman may know more details. Jesse Brown said he'd help. I gave cc of his letter to Brown but need your follow up

(3) In my note I asked him to visit White House. Call + reiterate invite for sometime after mid Sept maybe in connection w/ event he'd like to see.

Clinton Library Transfer Form

C #, if applicable	2014-0159-S	Accession #	
Collection/Record Group	Clinton Presidential Records	Series/Staff Name	Pam Cicetti
Subgroup/Office of Origin	First Lady's Office	Subseries	
Folder Title	Gulf War Illness - Zuckerman Memorandu	OA Number	19439
		Box Number	
[cription of Item(s)	(2) Two photogaraphs of the First Lady visiting disabled veterans at the VA Medical Center in Washington D.C. on 16 February 1995.		

Donor Information

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Transferred by:	Dan Brogden
Transfer Point	During Processing
Date of Tranfer	12/12/2013

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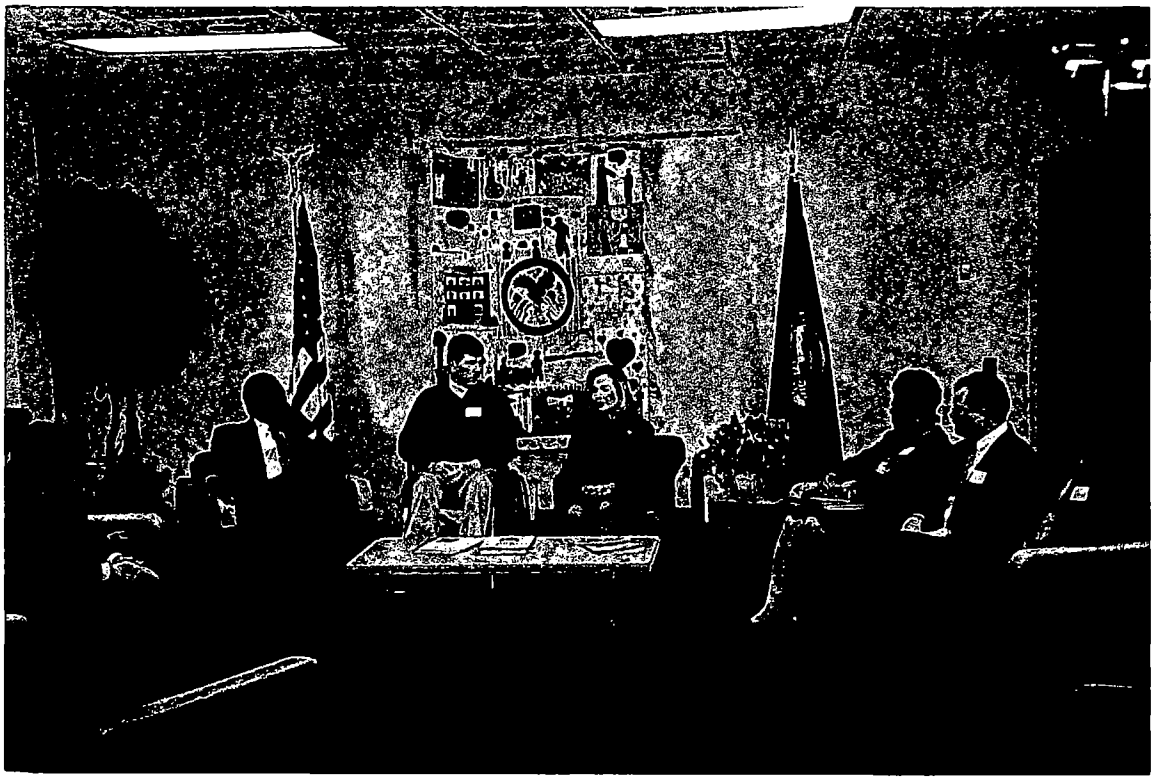

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#1WR
8/14

HERBERT J. SMITH, DVM
11378 Canary Drive
Ijamsville, MD 21754-8928
PRODIGY No. AWUM82A
Phone: 301-831-6611 *Fax: 301-865-0356*

June 29, 1995

Mrs. Hillary Rodham Clinton
THE WHITE HOUSE
Washington, D.C.

ATTN: Dr. Diana Zuckerman

Dear Mrs. Clinton:

I am writing you this progress report on myself because the DOD has still not brought me back on Active Duty to retire me via a proper Medical Discharge. I still need your help.

Enclosed are pictures during our meeting on 16 FEBRUARY 1995 at the Veteran Affairs Medical Center in Washington, D.C. I thought they were especially good of you and for that reason thought you might want them for your scrapbook.

(b)(6) 001

(b)(6) 001

Biological Warfare vaccines we received, other chemicals or a virus, etc. As you know, there is much effort in trying to identify the etiology of the syndrome as well as a "marker" that will distinguish affected "GWS" veterans. I wish I could offer more insight, but I cannot.

Sincerely,

Herbert J. Smith

HERBERT J. SMITH, D.V.M.
COL, US ARMY (RETIRED)

Washington, D.C. *Hillary Rodham Clinton* August 12, 1995

Dear Col. Smith,

I will be addressing the first meeting on August 14th of the President's Advisory Committee on Gulf War Veterans' Illnesses. Diana Zuckerman has told me your health will not permit you to attend. I am very sorry you will not be there

about you!

I'm also enclosing a copy of the testimony I will deliver for you. I'm pleased that this Committee will take a comprehensive look at everything, and I pray there will be some answers down the road for you, other veterans, and your families.

with me both because I would like the Committee members to hear you in person and because I wanted to see you again. I will be leaving for a vacation in Wyoming on the 15th and do not expect to be back to the White House until the week of September 11th. If you are able (and willing) I want to invite you to come for a V.I.T. I'd like my staff to meet you since I've told them all

Please take care of yourself — and especially that big mega watt smile. I'll continue to send prayers and positive thoughts your way.

With best wishes and blessings for you and yours,

Hillary Rodham Clinton

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I - Gulf War F

MEMORANDUM

To: Hillary Rodham Clinton

From: Diana Zuckerman

Re: Agenda for the Gulf War Meeting

Date: May 19, 1995

The "principals' meeting" regarding the Gulf War Advisory Committee is scheduled for Monday. There are several issues that need to be resolved.

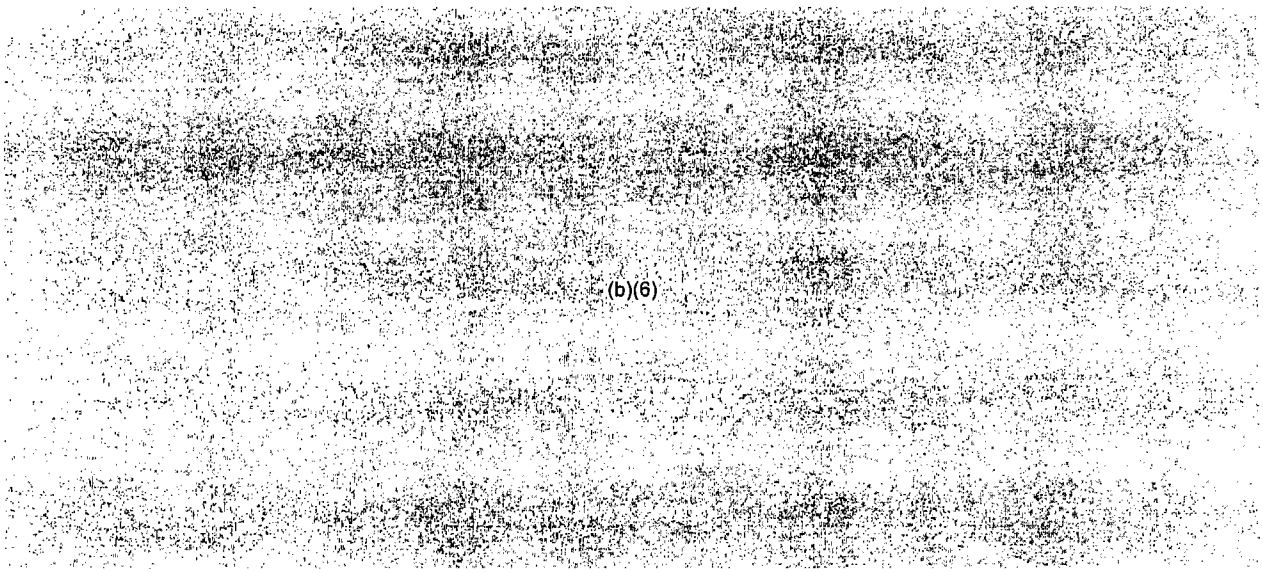
1. **Joyce Lashof's input as Chair.** Joyce Lashof has asked Cathie Woteki (Acting Associate Director of OSTP) to see the list of Committee members, since Joyce is under the impression from her meeting with the principals and her conversations with Jack Gibbons that she would have some say in who would be on the Advisory Committee. According to Elisa Harris of NSC, Sandy Berger is adamantly opposed to Joyce having the authority to veto members, since the President has already approved the list, and LeeAnn Inadomi (representing Cabinet Affairs) agreed. However, now that the vetting process has eliminated at least one member (unfortunately, he is our only African American and only toxicologist), it would be possible to ask for input from Joyce, and her input (positive or negative) **could** be considered part of the vetting process and assist in the search for replacements. Meanwhile, Cathie told Joyce that she might not have say on the other members, and Joyce told Cathie that she **might be unwilling to serve as chair if she does not have significant input.**

At this meeting, the principals need to decide whether Joyce could see the list and what say she might have in recommending new members or criticizing/vetoing those on the current list.

2. **Staffing the Advisory Committee.** We need to decide how much say the Chair should have in the choice of Executive Director for the Committee. Elisa believes that Joyce should have input about the staff director, but that the final decision should be made by the principals. In addition, Elisa believes that Sandy would want "final OK" over all staff for the Advisory Committee, rather than have staffing decisions made by the Executive Director and Chair (and/or members). The Radiation Advisory Committee Chair made the final decision on the Executive Director, and the rest of the staff were selected by the Chair and Executive Director. OSTP believes that kind of independence is important.

(b)(6)

002



002

When you and I first discussed the idea of an Advisory Committee, we talked about the need for oversight, and assumed the Committee would have some similarities to the President's Advisory Committee on Human Radiation Experiments. However, because of Joyce Lashof's background at OTA, and her discussions with Jack Gibbons and Cathie Woteki, she is thinking in terms of the OTA and IoM committees, which generally conduct apolitical scientific reviews, rather than investigative reviews that take into account the allegations made by veterans and the media. (Jack Gibbons was not involved in any of the early discussions of the Advisory Committee, and he seems to have just assumed that it would function like an OTA Committee. I have tried to meet with him to discuss it, but he has been too busy.)

If the Chair and the Executive Director both are accustomed to the OTA/IoM model, I don't think the Advisory Committee will provide the kinds of review that the veterans and the media are demanding, or the kind of political savvy that the White House wants.

Sandy wants the principals to discuss how staffing decisions will be made. I think a related issue for the principals to briefly discuss would be the goals of the Advisory Committee. This may not be on Sandy's agenda, but it is so integrally connected to staffing decisions that I hope you will bring it up. At the end of this memo, I have included a list of some of the kinds of issues that veterans have asked/demanded be considered.

3. **Public Relations Plan.** VA and DOD have put together a 6-month public relations plan at the request of the working group. Ginny Terzano of the White House press office thinks that the plan is too narrowly bureaucratic (e.g. Jesse Brown visiting a claims office) and will not be effective. I agree with Ginny. Elisa wants to satisfy Sandy by having a plan, and doesn't really care what it is; however, since Ginny criticized it, she

wants her to fix it. Ginny has asked White House Communications to help. They are not especially interested, but she may be able to convince them.

A related issue is that DOD continues to downplay any accomplishments that weren't their idea (such as the research grants that will be announced later this month) and wants to emphasize the activities that they initiated (which are usually the things that result in media criticism). When I saw John Deutch's recent CIA media coverage, where he sounded so open about correcting past mistakes, I wondered why DOD couldn't do the same on this issue. Media will continue to be negative if DOD continues to be so defensive. Steve Joseph continues to oppose any good ideas, especially if they come from Sue Bailey, Congress, or the White House. Perhaps more important, DOD has not really assigned any one person to be responsible for keeping track of this issue. They don't even keep track of news clippings, despite repeated requests from Cabinet Affairs. Ginny Terzano is very good, but has to contend with the DOD and NSC modus operandi, which is to provide as little information as possible, and only in response to press inquiries. Unfortunately, most negative TV stories are not followed by "equal time" for the White House response.

The rest of this memo provides examples of the kinds of issues that have been raised by veterans and the media, for you to consider in any discussion of the goals and staffing needs of the Advisory Committee.

Issues To Be Reviewed by the Advisory Committee

1. Veterans' support groups have alleged that DOD and VA are under-reporting the number of Gulf War veterans who were diagnosed with specific kinds of cancers and other serious diseases. They claim to have lists of veterans whose names are not included in the official statistics. There are VA employees who believe that the official VA statistics have been intentionally manipulated to under-report deaths of Gulf War veterans.

The Advisory Committee should examine whether these statistics are accurately compiled and reported.

2. President Clinton signed a law (The Veterans' Benefits Improvements Act of 1994) requiring VA to use $2 million to provide medical evaluations to spouses and children of Gulf War veterans. The law specifies that such tests would be made available to dependents of veterans who are on the VA Registry, as part of a study of the similarities between their illnesses and the veterans' illnesses.

Instead, VA is planning to use the money for research on a randomly selected group of spouses and children. **The result of this "interpretation" of the law is to make the medical evaluations less available to spouses and children, many of whom have no**

access to medical care. VA justified this decision as an attempt to improve the research. However, DOD is already required to fund similar research.

Questions to be considered are:

A. Is the VA using these funds to support research that overlaps with research that will be conducted by independent researchers using DOD funds?

B. Could some or all of those funds be used to medically evaluate children and spouses of Gulf War veterans who are on the Registry, in a way that would provide useful information that might confirm or refute anecdotal reports of the transmission of Gulf War illness symptoms to family members?

3. According to Dr. Fran Murphy, VA does not intend to comply with a provision of that same **law that requires VA** to regularly include **medical tests of reproductive problems,** such as semen analysis for veterans who complain of "shooting fire."

The Advisory Committee should determine whether VA is complying with the law, and the intent of the law, regarding medical tests of reproductive problems.

4. In 1990, FDA approved DOD's **investigational** use of pyridostigmine as an anti-nerve gas pill in the Gulf War despite the lack of any research on women. Last year, DOD submitted an application to FDA for **approval** (on a non-experimental basis) of pyridostigmine as anti-nerve gas pill, even though they still had no research on women.

DOD is now conducting its first study on women, which includes only 30 women taking pyridostigmine, and 15 women taking placebo. This study will not include follow-up medical evaluations months after the pills were taken. Results will be available in May.

In 1994, FDA initiated a policy of not approving drugs that will be taken by women unless they have been tested on women; **should FDA therefore refuse to consider approval of PB until more studies of women are submitted?**

5. There are obvious discrepancies between the veterans' views of their illnesses as causing stress and depression, and Walter Reed's medical staff's views that the veterans' illnesses are caused by stress and depression.

At the VA Medical Center in Washington, DC, which is one of the major referral centers for Gulf War veterans with undiagnosed illnesses, the medical staff apparently believe that the illness usually caused the stress and depression, more than vice versa.

Several veterans (such as [redacted] 002
who met with the First Lady at Walter Reed) say they were under very little stress before becoming ill.

In contrast, many veterans who are treated at Walter Reed complain that they are diagnosed as having a stress-related illnesses ("somatoform disorder") despite their belief that they have physical illnesses that are unrelated to stress. They are given medication for depression, which they report does not decrease their physical complaints and sometimes causes other problems.

Question: Are active duty soldiers who are treated at Walter Reed being inappropriately diagnosed and treated for mental illness?

Question: Is the percentage of veterans with undiagnosed illnesses (reported to be 15% by Walter Reed) being under-reported because it does not include veterans who are inaccurately diagnosed as having "stress-related disorders"?

6. Col. Herb Smith, Bryan Hall, and many other veterans who have testified before Congress or met with the First Lady or White House staff have reported seeing **large numbers of dead animals who seemed to have died of unnatural causes in the Gulf.**

The DOD response has been that these animals died of natural causes, based primarily on autopsies performed on 7 dead animals. These explanations may be accurate, but they do not seem credible, and therefore deserve further review.

7. Veterans report that decontamination agents, toxic paints, and other dangerous chemicals were used during Desert Shield/Desert Storm without the safeguards (such as protective clothing and good ventilation) that are recommended by the manufacturers and the DOD.

The Advisory Board may want to review whether these reports are accurate, whether the lack of safeguards were widespread, and whether changes that have been made by the military to provide better safeguards in the future are effective.

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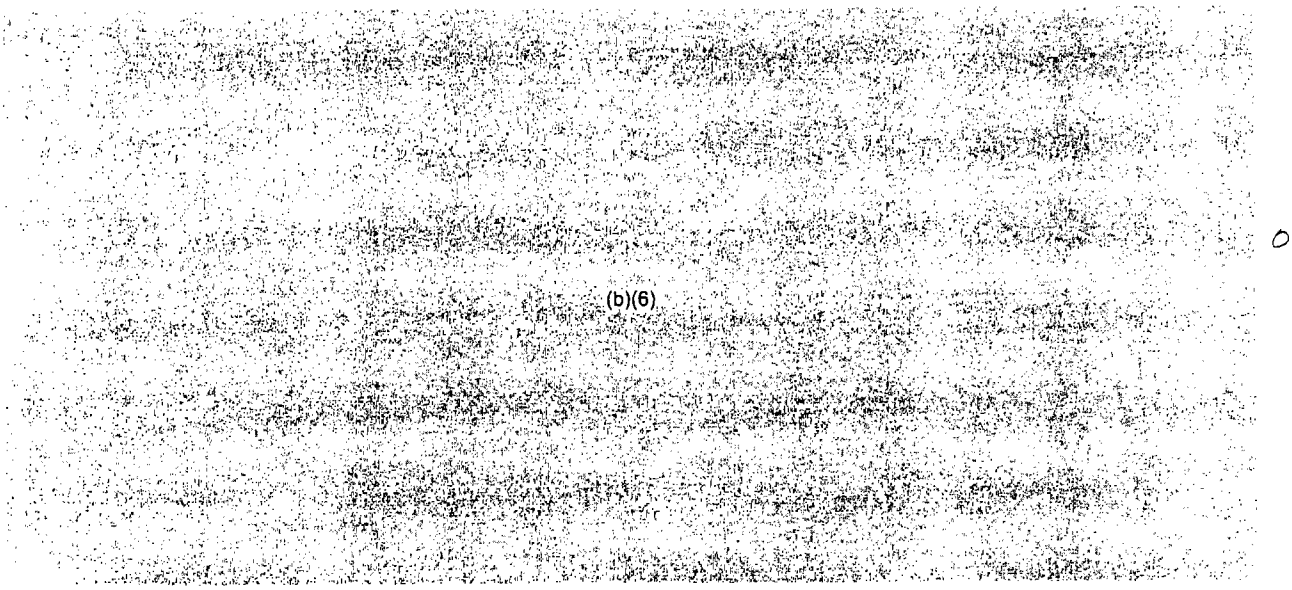

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A. Is the VA using these funds to support research that overlaps with research that will be conducted by independent researchers using DOD funds?

B. Could some or all of those funds be used to medically evaluate children and spouses of Gulf War veterans who are on the Registry, in a way that would provide useful information that might confirm or refute anecdotal reports of the transmission of Gulf War illness symptoms to family members?

3. According to Dr. Fran Murphy, VA does not intend to comply with a provision of that same **law that requires VA** to regularly include **medical tests of reproductive problems,** such as semen analysis for veterans who complain of "shooting fire."

The Advisory Committee should determine whether VA is complying with the law, and the intent of the law, regarding medical tests of reproductive problems.

4. In 1990, FDA approved DOD's **investigational** use of pyridostigmine as an anti-nerve gas pill in the Gulf War despite the lack of any research on women. Last year, DOD submitted an application to FDA for **approval** (on a non-experimental basis) of pyridostigmine as anti-nerve gas pill, even though they still had no research on women.

DOD is now conducting its first study on women, which includes only 30 women taking pyridostigmine, and 15 women taking placebo. This study will not include follow-up medical evaluations months after the pills were taken. Results will be available in May.

In 1994, FDA initiated a policy of not approving drugs that will be taken by women unless they have been tested on women; **should FDA therefore refuse to consider approval of PB until more studies of women are submitted?**

5. There are obvious discrepancies between the veterans' views of their illnesses as causing stress and depression, and Walter Reed's medical staff's views that the veterans' illnesses are caused by stress and depression.

At the VA Medical Center in Washington, DC, which is one of the major referral centers for Gulf War veterans with undiagnosed illnesses, the medical staff apparently believe that the illness usually caused the stress and depression, more than vice versa.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. memo	From: Diana Zuckerman, To: Hillary Rodham Clinton, Re: April 20 Meeting on Gulf War Illnesses (9 pages)	4/19/95	b(6)

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

FOLDER TITLE:
Gulf War Illness - Zuckerman Memorandum [1]

2014-0159-S
sb309

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]

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20506
April 17, 1995

MEMORANDUM

TO: JENNIFER O'CONNOR
DIANA ZUCKERMAN
CATHIE WOTEKI

FROM: ELISA D. HARRIS

SUBJECT: Latest Advisory Committee List

Attached is the latest draft of the Advisory Committee List.

Melanie -
This is the latest.
Elisa

Attachment

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. memo	From: Elisa Harris, To: Jennifer O'Conner, Diana Zuckerman, Cathie Woteki, Re: Latest Advisory Committee List [partial] (2 pages)	4/17/95	b(6)

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

FOLDER TITLE:
Gulf War Illness - Zuckerman Memorandum [1]

2014-0159-S
sb309

RESTRICTION CODES

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April 17, 1995

PROPOSED PRESIDENTIAL ADVISORY COMMITTEE MEMBERS

Scientists/Physicians

Art Caplan (medical ethics)
Director, Center for Biomedical Ethics
University of Pennsylvania

David Hamburg ~~(psychology)~~ psychiatry, wise generalist
President, Carnegie Corporation

005 (b)(6)

Philip Landrigan (epidemiology, environmental medicine)
Chairman, Department of Community Medicine
Director, Division of Environmental and Occupational Medicine
Mount Sinai School of Medicine

Elaine Larson (clinical medicine, infectious diseases)
Dean of Nursing
Georgetown University Medical School

Joyce Lashof (public health)
Professor Emeritus, School of Public Health
University of California at Berkeley

005 (b)(6)

005 (b)(6)

Military/Veterans

Admiral Donald Custis, M.D.
Retired
Paralyzed Veterans of America
Former VA Chief Medical Director

General Fred Franks
Vietnam and Gulf War Veteran

Marguerite Knox
Nurse and Gulf War Veteran

Wise Generalists

005 [redacted] (b)(6)

Jim Johnson

* Has not been contacted yet.

THE WHITE HOUSE

WASHINGTON

August 13, 1995

MEMORANDUM FOR HILLARY RODHAM CLINTON

FROM: **Diana Zuckerman**

RE: **Briefing for August 14, 1995**

Testimony at the First Meeting of the Presidential Advisory Committee on Gulf War Veterans' Illnesses

- Briefing
- Draft Copies of Secretaries' Prepared Testimony
- Testimony/Remarks

August 11, 1995

ADVISORY COMMITTEE MEETING ON GULF WAR VETERANS' ILLNESSES

DATE:	Monday, August 14, 1995
TIME:	9:40
LOCATION:	Congressional Room, 2nd floor Capital Hilton 16th and K
FROM:	Diana Zuckerman

I. PURPOSE

To address the first meeting of the President's Advisory Committee on Gulf War Veterans' Illnesses.

II. BACKGROUND

This is the first meeting of the President's Advisory Committee on Gulf War Veterans' Illnesses. The President announced that he would create the Advisory Committee at a VFW speech in March, and he announced the members just before Memorial Day.

You will be the first speaker. You will be introduced by Dr. Joyce Lashof, the Chair of the Advisory Committee. Robyn Nishimi, the staff director, will escort you into the room. Secretary Jesse Brown, Secretary Donna Shalala, and Deputy Secretary John White will speak after you. You are scheduled to leave before they speak.

You will address your remarks to the Advisory Committee members, although you also welcome the veterans in the audience at the beginning of your talk. The Committee meeting is open to the public, and we are expecting an audience of several hundred, although it could be considerably fewer. The audience will include at least two Gulf War veterans whom you have met with (Nancy Kapplan and Steve Robertson), and several others who have written to you. The latter include Betty Zuspann, whose husband is extremely ill, and Gina Whitcomb, whose son is very ill. Col. Herb Smith is in the hospital and therefore unable to attend, but his testimony will be presented by another Gulf War veteran. The press will be located behind the audience.

Monday's agenda for the meeting includes your remarks, followed by remarks and Q's & A's for the two Secretaries and the Deputy Secretary, and more detailed talks by Dr. Ken Kizer (VA Under Secretary for Health), Dr. Stephen Joseph (DOD Asst. Secretary for Health) and Dr. Henry Falk (Director of the Division of Environmental Hazards and health Effects at CDC). They will also answer questions after their presentations. After lunch, there is a public comment session, which will include brief presentations by veterans, a few researchers and health care providers, and the man who conducted Sen. Riegle's investigation of the use of biological and chemical weapons in the Gulf War.

Meet and Greet

After your remarks, you will have a few minutes to greet the Secretaries and the Advisory Committee members. This will include a photo op. If you choose to do so, you may go to the rope line to greet veterans and other audience members. Unfortunately, they are seated at some distance away so it may be difficult to greet them unless they go to the rope line.

III. PARTICIPANTS

Advisory Committee Attendees
Dr. Joyce Lashof, Chair
Dr. John Baldeschwieler
Dr. Art Caplan
Dr. Don Custis (Ret. Admiral)
Gen. Fred Franks (Gulf War veteran)
Dr. David Hamburg
Marguerite Knox, R.N. (Gulf War veteran)
Dr. Phil Landrigan
Dr. Elaine Larson
Rolando Rios
Dr. Andrea Kidd Taylor

IV. SEQUENCE OF EVENTS

- HRC arrives and proceeds to podium
- Dr. Lashof introduces HRC
- HRC gives remarks
- HRC thanks everyone, walks over to greet Secretaries
- HRC proceeds to meet & greet (10 minutes) members and rope line
- HRC departs

V. PRESS

Open press, photo op with Secretaries, Committee members, and possibly rope line

Wotecki

Statement by

Donna E. Shalala

Secretary of Health and Human Services

at

Meeting of the Presidential Advisory Committee

on Gulf War Veterans' Illnesses

Washington, D.C.

August 14, 1995

Thank you, Dr. (Joyce) Lashof.

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

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

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

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

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

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

At HHS, we have taken these challenges very seriously.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you.

DRAFT

Remarks
Hon. Jesse Brown
Secretary of Veterans Affairs

Presidential Advisory Committee
on Gulf War Veterans' Illnesses

Washington, DC
August 14, 1995

****

Dr. Lashof and distinguished members of the Committee;

Colleagues from other Departments and agencies;

Fellow veterans;

Honored Guests;

Ladies and gentlemen:

I am very happy to be here today.

More importantly, I am very happy that YOU are here today.

This is a very significant moment for our veterans and their families.

Today's first meeting of this Committee elevates the health problems of our Persian Gulf veterans to the highest possible level.

You -- ladies and gentlemen -- represent the best and the brightest our nation has to offer in a complex area of health and public policy.

Your work has been given top priority.

I think it is also very important that this Advisory Committee will look into reports of the possible detection of chemical or biological agents.

VA will continue to evaluate whether any of these veterans health problems might be the result of exposure to these agents.

We are also looking into the inoculations and medications they received to protect them from chemical and biological weapons.

And we are concerned about the long-term effects of the enormous stress that many of our Gulf War veterans experienced.

So there are clearly many reasons for concern.

Now --

-- Many veterans are reporting symptoms;
-- Some have undiagnosed illnesses; and
-- Nearly all have questions.

All of us have been looking for answers. But the information is incomplete and some answers have been elusive.

When I made this issue a top priority nearly two and a half years ago, only one thing was known for sure --

--Persian Gulf veterans were suffering.

They were suffering from fatigue, memory loss, painful joints, and other physical and psychological problems.

That is why I committed VA to doing everything possible to assist those who were suffering right then.

For the longer term, we not only launched our own research efforts, but teamed up with other Departments to focus our search for scientific answers.

There are a number of basic elements in our comprehensive approach to the problem:

The first step is evaluating immediate problems, and providing care.

• We offer a Special Health Examination -- which includes a free, complete physical with basic lab studies.

This is available to all Persian Gulf veterans concerned about their health, whether they are ill or not.

48,000 veterans have been examined so far, and the results have been entered in our Persian Gulf Registry.

We continue to monitor the Registry to identify any patterns of illnesses and complaints.

And this centralized registry allows us to provide veterans on the Registry with updates on health issues, research findings and new compensation policies.

• At our four Persian Gulf Referral Centers, experts evaluate the cases which are most difficult to diagnose. These are located at Washington, DC, Houston, Los Angeles and Birmingham.

• We offer veterans priority access to VA care for any disability that might be related to an environmental hazard or toxic exposure in the Gulf.

Clearly, this is important to Persian Gulf veterans with serious health problems. So we obtained special authority to augment VA's regular eligibility rules to treat them.

Following evaluation and treatment, our second step in responding to Persian Gulf veterans' concerns deals with disability compensation.

We supported, and worked hard to enact, legislation to pay compensation to Persian Gulf veterans with chronic disabilities --

-- even though their conditions are undiagnosed and have not yet been traced to their military service.

We felt veterans deserved the benefit of the doubt. The Congress agreed, and the President signed this law late last year.

In February, I was proud to join President Clinton in presenting one of the first compensation checks awarded under the new law to a veteran from Illinois.

We are contacting every Persian Gulf veteran who has had a VA registry exam, and urging them to file a claim for compensation benefits.

We are reviewing claims for every Persian Gulf veteran who had filed a claim based on environmental hazards.

The third step in our basic approach is one which I believe will most concern this committee: the matter of getting definitive answers.

This obviously involves research. We have already begun a large and ambitious effort in this direction.

- There are now over 30 government research projects looking into areas including general health, environmental effects and chemical agents.

• VA and the Defense Department have contracted with the National Academy of Sciences to review existing information in this area.

VA is also moving forward with our own research.

• For example, we established three special research centers focused specifically on the effects of exposure to environmental hazards.

• Our mortality rate follow-up study will compare causes of death for Persian Gulf veterans, with the cause of death for veterans serving in the same era, who were not deployed to the Gulf.

• Another of our studies will survey symptoms, illnesses and exposures of 15,000 Persian Gulf veterans. It will compare their experiences with those of a similar size group who served at the same time, but did not go to the Gulf. This study will also evaluate the health status of veterans' family members.

The final step in our approach is getting the word out.

• We are working closely with our nation's veterans service organizations, to reach out to Persian Gulf Veterans and their families.

• Our Persian Gulf Information Center -- operates a nation-wide, toll free information line staffed by trained operators.

We also provide 24-hour-a-day information through electronic bulletin boards.

• The Persian Gulf Review newsletter goes out periodically to everyone on the Persian Gulf Registry, providing them with the latest information on research and other developments.

• We are conducting a series of Persian Gulf Health Days at a number of our VA medical centers around the country. These seminars allow concerned veterans to get direct answers to their questions.

• And finally, VA officials -- from myself and Deputy Secretary Gober, to facility directors -- have participated in hundreds of media interviews, describing VA programs for Persian Gulf veterans.

There are too many things going on for me to describe them all in this setting, but that is a good part of the picture.

The Persian Gulf Veterans Coordinating Board -- which includes the VA, the Departments of Defense and Health and Human Services -- continues to coordinate extensive work on research, clinical issues and disability compensation.

In the end, I believe -- as the President has promised -- that no stone will be left unturned.

But I want to state in the strongest terms possible -- something I have said to many others: If there is anything we are not doing that you would like to see us do, let me hear from you.

Your counsel is very important to us.

And I believe you understand --

-- that we cannot send our men and women in uniform to foreign battlefields, have them put their lives on the line for national security, and then ignore them when they need us.

You, ladies and gentlemen, have a most important responsibility. I pledge to you VA's total cooperation.

Any records, data or other information you feel you need will be available to you. All you need to do is ask. We will respond fully and promptly.

I wish you good luck, and Godspeed in your work.

Thank you.

DRAFT 8/10/95,5:49 PM Gibson/Denny

Remarks by Deputy Secretary White
Presidential Advisory Committee on Gulf War Veterans' Illness
14 August 1995

Want to thank Secretary Brown, Secretary Shalala for leadership, sharp focus & hard work in helping DoD help Gulf War veterans and families who suffered illnesses after the war.

Together, we are aggressively carrying out President Clinton's commitment to address this serious problem.

- And we are energized by his personal attention to the plight of these veterans.
- Goals:
  1) Take care of our service members
  2) Openness; people have right to know;
  2) We don't have a corner on knowledge; want process of investigating and understanding the illness to be interactive.

Dr. Stephen Joseph, Assistant Secretary of Defense for Health Affairs, will brief you on the details of the Defense Department's actions.

- Secretary Perry has asked me to give personal and high-level attention to issue;
- I would like to provide highlights of our initiative.

Many of our Gulf War veterans are ill, and believe it's a result of their service.

- That's all the proof we need to give them the medical attention they need.
- Proust: "Pain we obey."

- The pain of our veterans we will obey.
- It's the least we can do for the men and women who put their lives at risk for our country.
- It's the right thing to do, our duty to do it, we have been doing it and we will continue to do it.

Secretary Perry and General Shalikashvili communicated to all service members on active duty who served in Persian Gulf urging them to come forward, report illnesses -- won't hurt career.

- Following up with four-part program:

1. Treat the illnesses.

- Fundamental and initial emphasis.
- Last June launched Comprehensive Clinical Evaluation Program for Gulf War Veterans.
- Have 23,000 who responded to SECDEF & Chairman's encouragement.
- August 1 report: Review of 10,020 of our in-depth medical exams shows no evidence of unique "Persian Gulf Illness";
- But rather, multiple illnesses with overlapping symptoms.
- Study is clinical, not perfect research nor final word.
- Will continue to provide care and review all records.

2. Understand the illnesses.

- DoD, VA, HHS also funding in-depth medical research into problem.
- In FY95 DoD dedicated $12 million.

- Research is being done by both government and non-governmental entities.

3. Investigate the illnesses.

- DoD, VA & HHS are aggressively gathering clinical information.
- In March, established Investigative Team to analyze Persian Gulf classified and unclassified DoD and non-DoD documents related to actions and incidents that could have had impact on health.
- Set up "1-800" number for people to report incidents and theories that may help investigation.
- Declassifying and analyzing operational and intelligence records.

4. Inform people about the illnesses and possible causes.

- Making all operational and intelligence documents relative to possible causes of illnesses available to the public.
- August 3, announced initial release of 3,700 pages of records, including defense intelligence and captured Iraqi documents.
- All information should be available by December '96.
- Making public access easier to information about illnesses and what we're doing about them by putting documents on 2 on-line databases on Internet.
- First, GULF-Link for the declassified documents.
- People can click onto this file, browse the data, move it around, put things together, analyze it anyway they like.
- Tried it myself; easy and informative to use.

- We'll update GULF-Link as we receive and declassify more documents.
- Second database for documents we publish, including the clinical report on the medical exams we conducted, press releases, fact sheets and research results.

Dr. Joseph will elaborate on these initiatives on 11 o'clock panel, but I want to reiterate the bottom line:

- As we have for the past year, we will continue our aggressive effort to treat, investigate, understand, and inform people about the illnesses.
- This Administration is committed to caring for our ailing veterans.

STATEMENT OF FIRST LADY HILLARY RODHAM CLINTON

TO THE

PRESIDENT'S ADVISORY COMMITTEE ON GULF WAR VETERANS' ILLNESSES

AUGUST 14, 1995

On behalf of the President, I want to thank the Chair and members of the President's Advisory Committee on Gulf War Veterans' Illnesses for your willingness to perform this public service. I also want to welcome all the veterans, their friends and families, who are here to talk about their personal experiences and to hear from the Administration officials who have been working diligently on the issues raised in the President's Executive Order creating this Committee.

I want to emphasize how proud we are of our victory in the Gulf War. Because of the enormous skill and bravery of our troops, we put an end to Saddam Hussein's brutal and illegal occupation of Kuwait. Because of the strength of U.S. leadership, the international community came together to stop and reverse unprovoked aggression against an innocent nation.

This Presidential Advisory Committee is an important example of the President's commitment to leave no stone unturned in the Administration's efforts to understand Gulf War veterans' illnesses and to make sure that the government is responsive to veterans' needs.

In his announcement, the President assured Gulf War veterans that we are grateful for their bravery, and we are as proud of them today as we were when they returned victorious in 1991. And most important, the President made it clear that just as we relied on our troops when they were sent to war, we must assure them that they can rely on us now.

The President and I have heard from many Gulf War veterans and their family members about their illnesses. We have received letters from all over the country, and have had the privilege of meeting with many veterans and family members in person. Several of these men and women, such as Steve Robertson and Nancy Kapplan, will be speaking to you this afternoon.

Veterans have told me about their frustrating efforts to find out why they are ill and how their illnesses can be treated. They have shared moving stories of the devastating effects on families when fathers and mothers become disabled and unable to work. They have described what it was like to serve their country in a desert land where oil well fires turned the day to night, and where sandstorms made it difficult to breathe. Some described scud missile attacks, or told of frequent use of insecticides to protect them from insect-born diseases.

Many Gulf War veterans have been outspoken in seeking and

Committee will determine whether the experiences these veterans describe in the Persian Gulf, and in receiving medical care, have been adequately addressed or whether there are additional actions that need to be taken.

When Secretary Jesse Brown and I met with veterans at the local VA Hospital, and when then Deputy Secretary of Defense John Deutch and I met with active duty soldiers at Walter Reed Hospital, the stories we heard touched us deeply, and provided important information as well. I know you will be working closely with veterans, who will be an invaluable resource in your deliberations, and I am pleased you will begin by hearing directly from Gulf War veterans today.

I have also met with the physicians, nurses, and other health care professionals from the VA and the Department of Defense who have worked with Gulf War veterans who are ill. They too express great frustration about the difficulties they have faced in helping some of the veterans and their family members whose illnesses remain undiagnosed. I know you will also work closely with these dedicated men and women, and learn from their experiences.

When the men and women of the U.S. military, Reserves, and National Guard were called to war in 1990, our Nation knew that we could rely on them. They served our nation honorably.

When the men and women of the U.S. military, Reserves, and National Guard were called to war in 1990, our Nation knew that we could rely on them. They served our nation honorably.

When we look back to the euphoric parades for returning U.S. troops in 1991, we can still remember a great feeling of relief. We had won the war, and most Americans had returned home safely.

But throughout 1991 and 1992, there was increasing concern about some of our Gulf War veterans. There were veterans who described symptoms that did not respond to treatment, and did not go away as expected. When my husband became President and learned that the numbers of veterans with chronic symptoms seemed to be increasing, he took an active interest in helping our veterans.

Because of the leadership and dedication of the Departments of Veterans Affairs, Defense, and Health and Human Services, this Administration has already made unprecedented efforts to help Gulf War veterans. For example, never before has an Administration moved so quickly to conduct research aimed at helping returning soldiers who are ill. This year alone, the three Departments will spend approximately $15 million to study possible environmental hazards, to determine whether illnesses

have been transmitted to spouses and children, and to develop improved treatment programs.

With the leadership of the VA, this Administration strongly supported laws to ensure that compensation is available to those who are disabled, even if the direct causes of the illnesses stemming from their military service are unknown. The VA is also providing priority medical care to Gulf War veterans, and both VA and the Defense Department have established special treatment centers to help veterans whose illnesses are particularly difficult to diagnose.

The Defense Department has also recently initiated a new program that will declassify documents and other information about the Gulf War, and make them available on Internet.

All these efforts will serve our veterans well, and most were accomplished with bipartisan support from the 103rd Congress, under the leadership of then Chairmen of the Veterans Affairs Committees, Sen. Jay Rockefeller and Rep. Sonny Montgomery, and their Committee members.

As President Clinton stated when he first announced this Advisory Committee, he is determined to do whatever it takes to respond to the concerns of Gulf War veterans.

This Administration has convened several other panels of outside experts to examine various issues pertaining to Gulf War veterans' illnesses, but came to realize that the issues are so complex that they require a more comprehensive, sustained effort.

And so the President established this Advisory Committee, to be independent and appropriately staffed, with the relevant experience and expertise that you represent. This Advisory Committee is unique because, as the President outlined in his executive order, you will review all aspects of the Federal governments' programs and policies that affect Gulf War illnesses, telling us what we are doing right and what we should be doing better.

The Executive Order specifies that you will provide "advice and recommendations" based on your review of the following: research; medical treatment; risk factors from service in the Gulf War, including possible environmental factors, and drugs and vaccines; reports of the possible detection of chemical and biological weapons; coordinating efforts that have been established by Federal agencies; external reviews by other expert panels; and outreach to veterans.

As you can see from that list, your mandate is broad. In your efforts to review all these programs and policies, the Secretaries are pledged to assist you, and you will find their

doors open to you. And the President has made it absolutely clear, in this Executive Order and in his announcement of this Advisory Committee, that when you consider your task, no issue is off limits and every reasonable inquiry should be pursued.

There are many opinions about how many Gulf War veterans are ill, what has caused those illnesses, and how they can best be treated. In talking to veterans and to those who are trying to serve them, it is clear that those opinions are as strongly held as they are diverse.

And so, your task is a difficult one. There are many unanswered questions, and we are counting on you to make sure that this Administration is doing all it can to catalog relevant questions and, in so far as possible, answer them.

For that reason, you were selected on the basis of your wide range of expertise in medical issues, scientific research, policy, and military matters. The veterans on the panel will contribute their invaluable perspectives from their military experiences, and it is particularly important that two of you served in the Gulf War. You all were selected because you do <u>not</u> have pre-conceived notions about the scope of the problem of Gulf War illnesses, or the causes and treatment.

None of us knows what the research now being conducted or called for in the future will tell us. So far, the research that the government has conducted indicates that thousands of veterans who were healthy when they left for the Gulf War are now ill. Many veterans believe that these symptoms cluster together into a "Gulf War Syndrome" that is unique. Based on the research to date, however, experts have concluded that there is not enough evidence to call this a syndrome. This is an issue that will continue to be studied as more research is completed.

There are disagreements about the likely causes and the best treatments for these symptoms. These issues also will continue to be studied as more research is completed.

The President has appointed this Advisory Committee because we do not yet have the answers to these important questions. These are complicated scientific questions that deserve careful scientific scrutiny.

In his Executive Order, the President has entrusted you to make sure that the Federal government is supporting appropriate research, and that, whenever possible, the results are being used to inform treatment, compensation, and priorities for future research. You are also entrusted to examine the wide array of Federal programs and policies to make sure that they not only

make sense, but also that they are being administered effectively and humanely.

I want to leave you with the image of an open door. Perhaps your most important tool as you serve on this Committee is your ability to be open-minded, to take advantage of our open-door policy to seek out the information you need to evaluate all existing programs and policies, and to make recommendations to ensure that this Administration will continue to be responsive and responsible to our veterans. We owe them that much, and more.

F

MEMORANDUM

To: Hillary Rodham Clinton

From: Diana Zuckerman

Re: Update on Gulf War Illness issues

Date: April 7, 1995

Hillary, I met w/ me working group today and I think we've got every thing moving in the right direction — MD

We really missed you while you were away, but managed to avoid any catastrophes. Here's the latest:

President's Advisory Committee

Veterans' Groups. The Gulf War veterans groups and the major VSOs remain positive about the Advisory Committee. I have kept in touch with the major players, and as a result they feel included in the process. However, it is unlikely that any of the veterans or doctors that they have recommended for the Advisory Committee will make the final list, and we will have to minimize the fallout that will result.

We can not include any of the doctors that have been recommended for a variety of reasons. First, many have "pet theories" and would not be considered open-minded. This is a particular problem because most of them are not university-affiliated, and are instead in private practice and could financially benefit from certain kinds of recommendations of the Advisory Committee. Unfortunately, even those who are university faculty have reputations as being "loose canon" or worse. All my efforts to find an acceptable candidate from their lists have been unsuccessful.

Their suggestions of veterans tend to be equally unacceptable. Most of those recommended have "Gulf War Syndrome" and we have already decided not to consider them. Most of the Gulf War veterans want us to include an ill veteran, and efforts to explain that the Advisory Committee will not include anyone with a conflict of interest, including anyone whose monthly compensation check could be affected by the deliberations of the Committee. One reporter called me and accused us of violating the Americans with Disability Act if we don't include sick veterans. (In fact, disabled veterans who have no conflict of interest, for example, one who was wounded in battle, would certainly be considered. However, I have found one Gulf War veteran who is a nurse who was recommended by someone who was recommended by one of these groups. Her name is Marguerite Knox, and although she is not known in the activist community (since she is not sick and has therefore has not been an activist) I think she would be seen as a credible choice.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. memo	From: Diana Zuckerman, To: Hillary Rodham Clinton, Re: Update on Gulf War Illness Issues [partial] (4 pages)	4/7/95	b(6)

COLLECTION:
Clinton Presidential Records
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Gulf War Illness - Zuckerman Memorandum [1]

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RESTRICTION CODES

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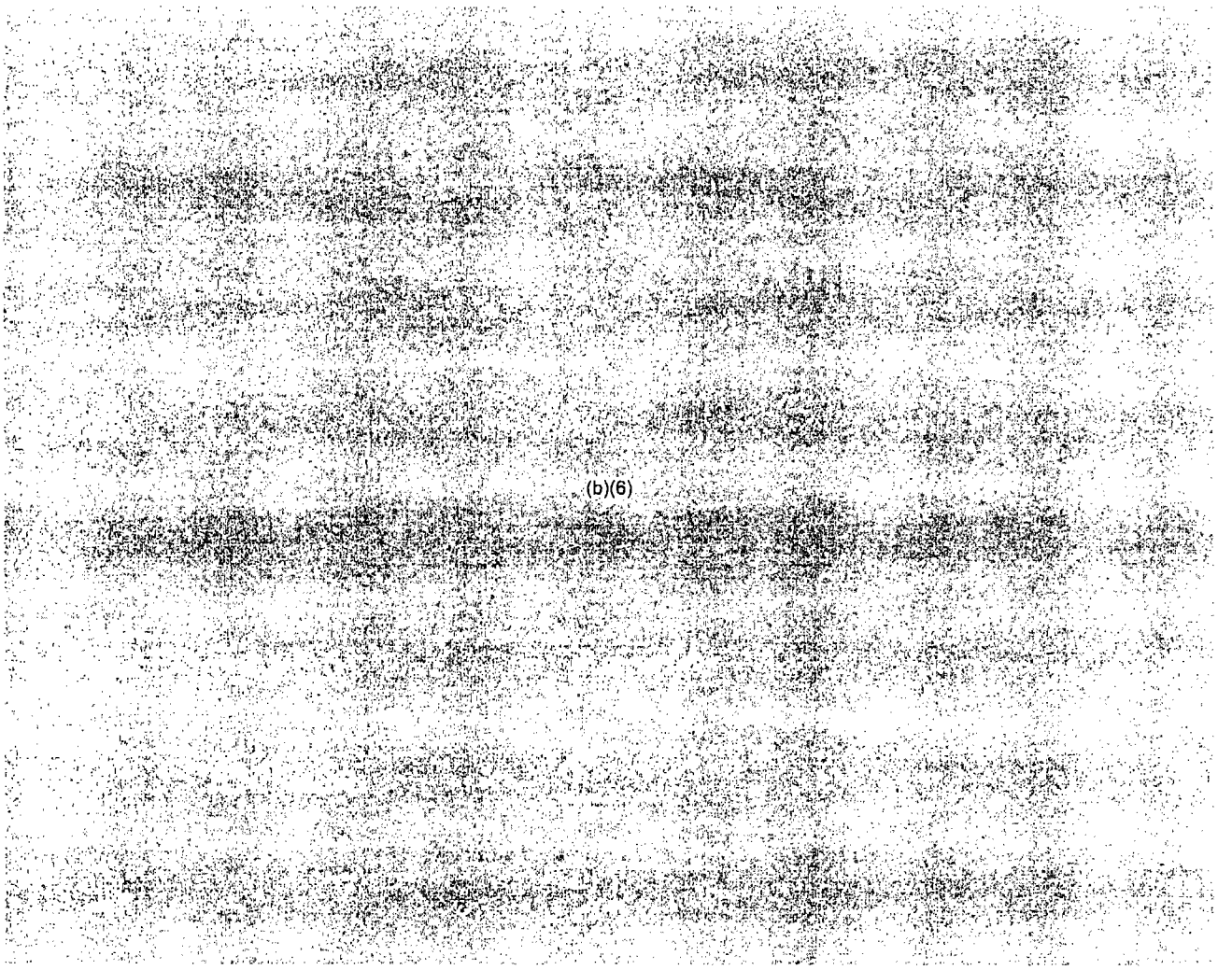
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8)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

Veterans' Representation on the Advisory Committee. There has been disagreement among our working group about what kind of veterans can best represent veterans on our Advisory Committee. Elisa Harris of NSC has been pushing for generals. I have explained that the VSOs and veterans do not consider generals to be representative of veterans; they are seen as representative of DOD. (It's like having Lee Iacocca represent auto workers.) I checked with VFW, American Legion, and Vietnam Veterans of America, and all agreed with me. We now have a letter from VFW to you that asks that you ensure that veterans are represented by real veterans on the Advisory Committee. We will probably include one general, but I think we should try to have only one unless there is a compelling reason to have two.

Elisa also seems convinced that we must include Don Custis on the Advisory Committee. He is a World War II veteran and also a doctor and former Medical Director of VA. He was very supportive of VA health care reform last year and a good man in every way, but quite old and not in good health, so he is not the ideal choice, but he was recommended by VA and his inclusion seems inevitable.



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Research Update

Still awake? There's research news with political implications.

The DOD scientist who recently completed a rat study of the combination of pyridostigmine bromide with DEET and permetherin (2 insecticides) found that when pyridostigmine is combined with either or both insecticides, the rats died. (In contrast, the combined insecticides were not more toxic than they were alone.) The DOD's initial response was to say that this is a preliminary study that doesn't mean anything. (In my opinion, it is a preliminary study that suggests that we should **move quickly** to do research with clearer implications for Gulf War veterans.)

The day after the second of two DOD briefings, a CBS reporter called DOD to ask about their rat study on PB and insecticides. DOD then spent 18 hours trying to write an explanation (for the press) of why the study did not mean anything, despite efforts by Maggie, Harold Ickes, Jennifer O'Connor, and I to convince them to be more forthright and less defensive. Since DOD is so fond of me, Jennifer did all the direct negotiating with DOD of the exact wording. However, she has many other responsibilities, and knew nothing about the study, so she tended to go along with DOD demands. I believe the compromise language is likely inspire accusations of "cover-up" if the reporter knows anything about the study. (The reporter is knowledgeable about the issue, but we don't know if she has a copy of the study results.)

Meanwhile, I got a call from the scientist who did the **cockroach** study of PB and insecticides. He told me he had been contacted by CBS and Prime Time Live, which is also planning a story on this issue **in the near future**. The CBS reporter had interviewed him for a previous story last fall.

In response to this information, I told Maggie about my concerns that we would have a repeat of the 60 Minutes experience on a new Gulf War topic. Personally, I think the Clinton Administration should take pride in supporting this research, and moving forward on this issue, but that position is apparently unacceptable to DOD. So, instead, I revised the drafted "response to press inquiries" to be more forthright and gave it to

Jennifer O'Connor, who is now working for Harold. I don't know if she has done anything with it.

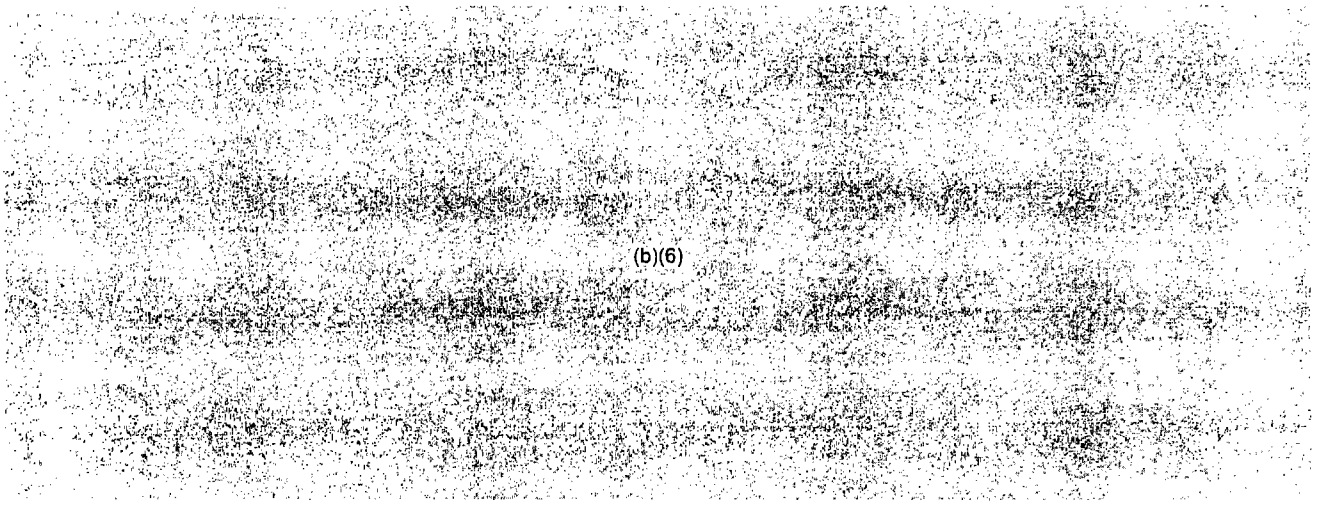
The issue is particularly pressing because a Duke University scientist who is being funded by Ross Perot is finishing up a study of pyridostigmine and pesticides that is even more damning than the DOD study. The Perot study found that sublethal doses of these substances **could cause permanent neurological damage in hens.** This is very important because **DOD and HHS officials and the IOM preliminary report have claimed that it is unlikely that the known side effects of pyridostigmine could lead to permanent damage.** We don't know when the Perot study will be made public; the scientist who is conducting it is extremely well respected, and it will be taken seriously. If they release their findings before DOD accurately releases the DOD findings, we will once again look like we are playing catch-up and possibly dealing with allegations that we are covering-up what we know.

Where to Go From Here

New Public Spokesperson. Now that you are back, I would like us to consider whether Mike McCurry or someone in the White House can take a more public role in discussing the Administration's commitment to understanding Gulf War illnesses. Currently, the White House press office sends all inquiring reporters to DOD. I don't think we can wait until the Advisory Committee is on board. Our immediate goal is to convey our openness to new ideas and information, but the truth is that neither DOD nor VA really are open. They can't convey it because they don't feel it.

Advisory Committee. Sandy Berger wants us to finalize our list of nominees tomorrow. This is difficult since there are still several unknown factors and disagreement about appropriate veteran representation.

In the last two weeks, several problems in our working group and "chain of command" have become more obvious. They are:



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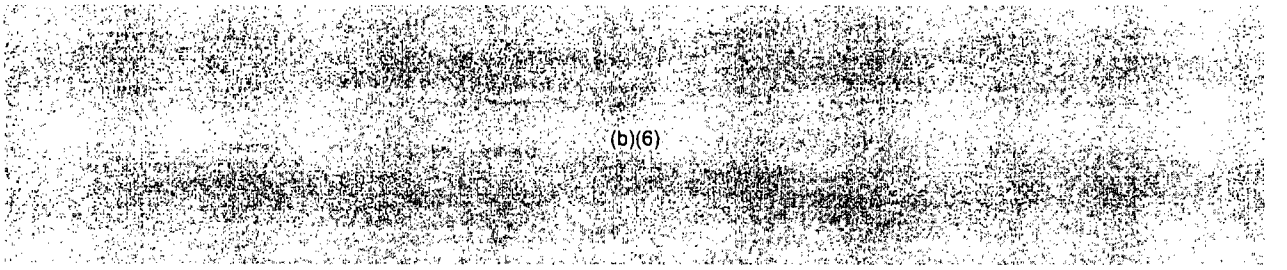

In my new role as a consultant based in OSTP, I would like to be the "point person,' replacing the roles of Elisa and myself when I was on your staff. I assume that Jack Gibbons would then replace Sandy Berger in any convening role, which I think would give us more control of the agenda (since Jack would tend to defer to you.) I think Harold should continue to be involved whenever we need his voice in a meeting of principals. You and Sandy would be the other two principals. I suggest that the working group now include: Melanne, Kitty Higgins, Elisa, and me (representing OSTP). This would elevate the level of the working group, which could help us when we are in disagreement with the Departments.

Does Kitty need to be a principal instead?

F

MEMORANDUM

To: Hillary Rodham Clinton

From: Diana Zuckerman

Re: Upcoming NBC Dateline Story re World War II Veterans

Date: April 6, 1995

A few days ago, I learned that NBC Dateline is planning a story that will criticize the U.S. government for failing to help World War II veterans who became sick as a result of being unwilling participants in experiments when they were POWs in Japan. Although the major problems apparently stem from the U.S. government's activities right after the war, it is likely that the Clinton Administration will also be faulted for being unresponsive for the last two years.

I had started investigating these claims last year, when I worked for Jay Rockefeller, so I know the issue quite well. However, a book was recently published in Japan which apparently provides the proof that had been lacking all these years. According to recent articles in the New York Times and LA Times (which are attached), several thousand American soldiers who were POWs in Japan were intentionally exposed to bubonic plague and other biological weapons by the Japanese military. When these POWs returned home and told their stories, nobody believed them. However, according to the New York Times, the U.S. Army knew what had happened, but agreed to cover it up in return for information about the results of these unethical experiments.

In the last few years, a veterans' group called the American Defenders of Bataan and Corregidor has obtained Japanese documents proving that their assertions are correct. In addition, the book that was recently published in Japan was written by men who conducted these unethical experiments, and now express remorse.

Implications for Veterans. Any former POW who has become disabled as a result of his military service, including any experiments conducted by Japan, would be eligible for free medical care at VA facilities, and monthly compensation checks. However, these POWs were denied such care and compensation because the VA did not have proof that the experiments occurred, and the POWs therefore could not prove that their disabilities were service-connected. These former POWs also believe that the Japanese government should provide reparations; that is obviously a much more difficult issue.

Responses of the Clinton Administration Thus Far. I have attached a letter that this veterans' group sent to President Clinton in January; it is the third letter that they sent on this issue. According to the Washington Times article of March 10, DOD and

VA spokespersons were quoted as saying they knew of no evidence to support the former POWs' claims.

There are probably only a few hundred survivors, and most of them are very old. Before they die, they would like the U.S. government to admit what happened to them, and they would like to receive the medical care and compensation that they deserve. I assume it will take a while for the VA to evaluate these claims in light of the new evidence that such experiments took place. However, it would be great if VA or President Clinton could make an announcement in the very near future (preferably before Dateline is aired) that makes it clear that the new evidence is under review and every effort will be made to provide the care and compensation that these veterans deserve. In addition, the son of one of the former POWs, Greg Rodriguez, recently returned from Japan with previously classified Japanese documents which he can not translate; perhaps the State Department could assist in these efforts, since these documents are supposed to provide proof of these experiments. Others may have better suggestions of possible quick responses, and it may be that the issue is being discussed at VA or elsewhere; all I know is that the veterans are unaware of any such discussions. The issue of reparations from Japan is something that I assume is a major diplomatic problem, but I think it is less important to most of the veterans than recognition from their own government.

cc: Sandy Berger
Kitty Higgins

LEVEL 1 - 1 OF 1 STORY

The New York Times

March 17, 1995, Friday, Late Edition - Final

SECTION: Section A; Page 1; Column 1; Foreign Desk

LENGTH: 2787 words

HEADLINE: Unmasking Horror -- A special report.;
Japan Confronting Gruesome War Atrocity

BYLINE: By NICHOLAS D. KRISTOF

DATELINE: MORIOKA, Japan

BODY:

He is a cheerful old farmer who jokes as he serves rice cakes made by his wife, and then he switches easily to explaining what it is like to cut open a 30-year-old man who is tied naked to a bed and dissect him alive, without anesthetic.

"The fellow knew that it was over for him, and so he didn't struggle when they led him into the room and tied him down," recalled the 72-year-old farmer, then a medical assistant in a Japanese Army unit in China in World War II. "But when I picked up the scalpel, that's when he began screaming.

"I cut him open from the chest to the stomach, and he screamed terribly, and his face was all twisted in agony. He made this unimaginable sound, he was screaming so horribly. But then finally he stopped. This was all in a day's work for the surgeons, but it really left an impression on me because it was my first time."

Finally the old man, who insisted on anonymity, explained the reason for the vivisection. The Chinese prisoner had been deliberately infected with the plague as part of a research project -- the full horror of which is only now emerging -- to develop plague bombs for use in World War II. After infecting him, the researchers decided to cut him open to see what the disease does to a man's inside. No anesthetic was used, he said, out of concern that it might have an effect on the results.

That research program was one of the great secrets of Japan during and after World War II: a vast project to develop weapons of biological warfare, including plague, anthrax, cholera and a dozen other pathogens. Unit 731 of the Japanese Imperial Army conducted research by experimenting on humans and by "field testing" plague bombs by dropping them on Chinese cities to see whether they could start plague outbreaks. They could.

A trickle of information about the program has turned into a stream and now a torrent. Half a century after the end of the war, a rush of books, documentaries and exhibitions are unlocking the past and helping arouse interest in Japan in the atrocities committed by some of Japan's most distinguished doctors.

Scholars and former members of the unit say that at least 3,000 people -- by some accounts several times as many -- were killed in the medical experiments;

none survived.

No one knows how many died in the "field testing." It is becoming evident that the Japanese officers in charge of the program hoped to use their weapons against the United States. They proposed using balloon bombs to carry disease to America, and they had a plan in the summer of 1945 to use kamikaze pilots to dump plague-infected fleas on San Diego.

The research was kept secret after the end of the war in part because the United States Army granted immunity from war crimes prosecution to the doctors in exchange for their data. Japanese and American documents show that the United States helped cover up the human experimentation. Instead of putting the ringleaders on trial, it gave them stipends.

The accounts are wrenching to read even after so much time has passed: a Russian mother and daughter left in a gas chamber, for example, as doctors peered through thick glass and timed their convulsions, watching as the woman sprawled over her child in a futile effort to save her from the gas.

The Origins
Ban on Weapon Entices Military

Japan's biological weapons program was born in the 1930's, in part because Japanese officials were impressed that germ warfare had been banned by the Geneva Convention of 1925. If it was so awful that it had to be banned under international law, the officers reasoned, it must make a great weapon.

The Japanese Army, which then occupyied a large chunk of China, evicted the residents of eight villages near Harbin, in Manchuria, to make way for the headquarters of Unit 731. One advantage of China, from the Japanese point of view, was the availability of research subjects on whom germs could be tested. The subjects were called marutas, or logs, and most were Communist sympathizers or ordinary criminals. The majority were Chinese, but many were Russians, expatriates living in China.

Takeo Wano, a 71-year-old former medical worker in Unit 731 who now lives here in the northern Japanese city of Morioka, said he once saw a six-foot-high glass jar in which a Western man was pickled in formaldehyde. The man had been cut into two pieces, vertically, and Mr. Wano guesses that he was Russian because there were many Russians then living in the area.

The Unit 731 headquarters contained many other such jars with specimens. They contained feet, heads, internal organs, all neatly labeled. "I saw samples with labels saying 'American,' 'English' and 'Frenchman,' but most were Chinese, Koreans and Mongolians," said a Unit 731 veteran who insisted on anonymity. "Those labeled as American were just body parts, like hands or feet, and some were sent in by other military units."

There is no evidence that Americans were among the victims in the Unit 731 compound, although there have been persistent but unproven accusations that American prisoners of war in Mukden (now Shenyang) were subject to medical experimentation.

Medical researchers also locked up diseased prisoners with healthy ones, to see how readily various ailments would spread. The doctors locked others

inside a pressure chamber to see how much the body can withstand before the eyes pop from their sockets.

Victims were often taken to a proving ground called Anda, where they were tied to stakes and bombarded with test weapons to see how effective the new technologies were. Planes sprayed the zone with a plague culture or dropped bombs with plague-infested fleas to see how many people would die.

The Japanese armed forces were using poison gas in their battles against Chinese troops, and so some of the prisoners were used in developing more lethal gases. One former member of Unit 731 who insisted on anonymity said he was taken on a "field trip" to the proving ground to watch a poison gas experiment.

A group of prisoners were tied to stakes, and then a tank-like contraption that spewed out gas was rolled toward them, he said. But at just that moment, the wind changed and the Japanese observers had to run for their lives without seeing what happened to the victims.

The Japanese Army regularly conducted field tests to see whether biological warfare would work outside the laboratory. Planes dropped plague-infected fleas over Ningbo in eastern China and over Changde in north-central China, and plague outbreaks were later reported.

Japanese troops also dropped cholera and typhoid cultures in wells and ponds, but the results were often counterproductive. In 1942 germ warfare specialists distributed dysentery, cholera and typhoid in Zhejiang Province in China, but Japanese soldiers became ill and 1,700 died of the diseases, scholars say.

Sheldon H. Harris, a historian at California State University in Northridge, estimates that more than 200,000 Chinese were killed in germ warfare field experiments. Professor Harris -- author of a book on Unit 731, "Factories of Death" (Routledge, 1994) -- also says plague-infected animals were released as the war was ending and caused outbreaks of the plague that killed at least 30,000 people in the Harbin area from 1946 through 1948.

The leading scholar of Unit 731 in Japan, Keiichi Tsuneishi, is skeptical of such numbers. Professor Tsuneishi, who has led the efforts in Japan to uncover atrocities by Unit 731, says that the attack on Ningbo killed about 100 people and that there is no evidence of huge outbreaks of disease set off by field trials.

The Tradeoff
Knowledge Gained At Terrible Cost

Many of the human experiments were intended to develop new treatments for medical problems that the Japanese Army faced. Many of the experiments remain secret, but an 18-page report prepared in 1945 -- and kept by a senior Japanese military officer until now -- includes a summary of the unit's research. The report was prepared in English for American intelligence officials, and it shows the extraordinary range of the unit's work.

Scholars say that the research was not contrived by mad scientists, and that it was intelligently designed and carried out. The medical findings saved many Japanese lives.

For example, Unit 731 proved scientifically that the best treatment for frostbite was not rubbing the limb, which had been the traditional method, but rather immersion in water a bit warmer than 100 degrees -- but never more than 122 degrees.

The cost of this scientific breakthrough was borne by those seized for medical experiments. They were taken outside in freezing weather and left with exposed arms, periodically drenched with water, until a guard decided that frostbite had set in. Testimony from a Japanese officer said this was determined after the "frozen arms, when struck with a short stick, emitted a sound resembling that which a board gives when it is struck."

A booklet just published in Japan after a major exhibition about Unit 731 shows how doctors even experimented on a three-day-old baby, measuring the temperature with a needle stuck inside the infant's middle finger.

"Usually a hand of a three-day-old infant is clenched into a fist," the booklet says, "but by sticking the needle in, the middle finger could be kept straight to make the experiment easier."

The Scope
Other Experiments On Humans

The human experimentation did not take place just in Unit 731, nor was it a rogue unit acting on its own. While it is unclear whether Emperor Hirohito knew of the atrocities, his younger brother, Prince Mikasa, toured the Unit 731 headquarters in China and wrote in his memoirs that he was shown films showing how Chinese prisoners were "made to march on the plains of Manchuria for poison gas experiments on humans."

In addition, the recollections of Dr. Ken Yuasa, 78, who still practices in a clinic in Tokyo, suggest that human experimentation may have been routine even outside Unit 731. Dr. Yuasa was an army medic in China, but he says he was never in Unit 731 and never had contact with it.

Nevertheless, Dr. Yuasa says that when he was still in medical school in Japan, the students heard that ordinary doctors who went to China were allowed to vivisect patients. And sure enough, when Dr. Yuasa arrived in Shanxi Province in north-central China in 1942, he was soon asked to attend a "practice surgery."

Two Chinese men were brought in, stripped naked and given general anesthetic. Then Dr. Yuasa and the others began practicing various kinds of surgery: first an appendectomy, then an amputation of an arm and finally a tracheotomy. After 90 minutes, they were finished, so they killed the patient with an injection.

When Dr. Yuasa was put in charge of a clinic, he said, he periodically asked the police for a Communist to dissect, and they sent one over. The vivisection was all for practice rather than for research, and Dr. Yuasa says they were routine among Japanese doctors working in China in the war.

In addition, Dr. Yuasa -- who is now deeply apologetic about what he did -- said he cultivated typhoid germs in test tubes and passed them on, as he had been instructed to do, to another army unit. Someone from that unit, which also had no connection with Unit 731, later told him that the troops would use the

test tubes to infect the wells of villages in Communist-held territory.

The Plans
Taking the War To U.S. Homeland

In 1944, when Japan was nearing defeat, Tokyo's military planners seized on a remarkable way to hit back at the American heartland: they launched huge balloons that rode the prevailing winds to the continental United States. Although the American Government censored reports at the time, some 200 balloons landed in Western states, and bombs carried by the balloons killed a woman in Montana and six people in Oregon.

Half a century later, there is evidence that it could have been far worse; some Japanese generals proposed loading the balloons with weapons of biological warfare, to create epidemics of plague or anthrax in the United States. Other army units wanted to send cattle-plague virus to wipe out the American livestock industry or grain smut to wipe out the crops.

There was a fierce debate in Tokyo, and a document discovered recently suggests that at a crucial meeting in late July 1944 it was Hideki Tojo -- whom the United States later hanged for war crimes -- who rejected the proposal to use germ warfare against the United States.

At the time of the meeting, Tojo had just been ousted as Prime Minister and chief of the General Staff, but he retained enough authority to veto the proposal. He knew by then that Japan was likely to lose the war, and he feared that biological assaults on the United States would invite retaliation with germ or chemical weapons being developed by America.

Yet the Japanese Army was apparently willing to use biological weapons against the Allies in some circumstances. When the United States prepared to attack the Pacific island of Saipan in the late spring of 1944, a submarine was sent from Japan to carry biological weapons -- it is unclear what kind -- to the defenders.

The submarine was sunk, Professor Tsuneishi says, and the Japanese troops had to rely on conventional weapons alone.

As the end of the war approached in 1945, Unit 731 embarked on its wildest scheme of all. Codenamed Cherry Blossoms at Night, the plan was to use kamikaze pilots to infest California with the plague.

Toshimi Mizobuchi, who was an instructor for new recruits in Unit 731, said the idea was to use 20 of the 500 new troops who arrived in Harbin in July 1945. A submarine was to take a few of them to the seas off Southern California, and then they were to fly in a plane carried on board the submarine and contaminate San Diego with plague-infected fleas. The target date was to be Sept. 22, 1945.

Ishio Obata, 73, who now lives in Ehime prefecture, acknowledged that he had been a chief of the Cherry Blossoms at Night attack force against San Diego, but he declined to discuss details. "It is such a terrible memory that I don't want to recall it," he said.

Tadao Ishimaru, also 73, said he had learned only after returning to Japan that he had been a candidate for the strike force against San Diego. "I don't

want to think about Unit 731," he said in a brief telephone interview. "Fifty years have passed since the war. Please let me remain silent."

It is unclear whether Cherry Blossoms at Night ever had a chance of being carried out. Japan did indeed have at least five submarines that carried two or three planes each, their wings folded against the fuselage like a bird.

But a Japanese Navy specialist said the navy would have never allowed its finest equipment to be used for an army plan like Cherry Blossoms at Night, partly because the highest priority in the summer of 1945 was to defend the main Japanese islands, not to launch attacks on the United States mainland.

If the Cherry Blossoms at Night plan was ever serious, it became irrelevant as Japan prepared to surrender in early August 1945. In the last days of the war, beginning on Aug. 9, Unit 731 used dynamite to try to destroy all evidence of its germ warfare program, scholars say.

The Aftermath
No Punishment, Little Remorse

Partly because the Americans helped cover up the biological warfare program in exchange for its data, Gen. Shiro Ishii, the head of Unit 731, was allowed to live peacefully until his death from throat cancer in 1959. Those around him in Unit 731 saw their careers flourish in the postwar period, rising to positions that included Governor of Tokyo, president of the Japan Medical Association and head of the Japan Olympic Committee.

By conventional standards, few people were more cruel than the farmer who as a Unit 731 medic carved up a Chinese prisoner without anesthetic, and who also acknowledged that he had helped poison rivers and wells. Yet his main intention in agreeing to an interview seemed to be to explain that Unit 731 was not really so brutal after all.

Asked why he had not anesthetized the prisoner before dissecting him, the farmer explained: "Vivisection should be done under normal circumstances. If we'd used anesthesia, that might have affected the body organs and blood vessels that we were examining. So we couldn't have used anesthetic."

When the topic of children came up, the farmer offered another justification: "Of course there were experiments on children. But probably their fathers were spies."

"There's a possibility this could happen again," the old man said, smiling genially. "Because in a war, you have to win."

GRAPHIC: Photo: Japan proposed using germ-war balloons against America. (From "Unit 731"/The Free Press) (pg. A1); Gen. Shiro Ishii, head of Unit 731. (pg. A12)

Map shows the location of Harbin, China. (pg. A12)

LANGUAGE: ENGLISH

LEVEL 1 - 1 OF 1 STORY

Los Angeles Times

March 20, 1995, Monday, Home Edition

SECTION: Part A; Page 1; Metro Desk

LENGTH: 2794 words

HEADLINE: TRUTH EMERGING ON AILING POWS, JAPAN GERM UNIT

BYLINE: By JEFF BRAZIL, TIMES STAFF WRITER

BODY:

With every wheeze, he thinks of the mysterious prodding with needles and waving of feathers under his nose and wonders: When will his government come clean?

No sooner had Charley Wilson and scores of other American servicemen been freed from a World War II Japanese concentration camp than the symptoms began -- the unexplained fevers, tremors, night sweats, reptilian-like skin peeling, numbness, heart afflictions.

First came the revelation that they had been experimented upon by Japan's infamous germ warfare specialists, Unit 731. Then came the charge that has left the bitterest of residues in Wilson's mouth and those of the other once-patriotic ex-captives: that the U.S. military knew American POWs in Mukden, Manchuria, had been subjected to biological testing and -- to this day -- has refused to admit it.

Half a century later, the release of a new tell-all book by six aging former members of Unit 731 and the declassifying of government documents have helped pry open one of the great secrets of World War II and salt a very old, painful wound. For the Mukden survivors who have fought for years for an apology, acknowledgment of their maladies and remuneration from the U.S. and Japanese governments, President Clinton's recently announced investigation of the Persian Gulf War Syndrome also has rubbed a nerve.

While pleased that Gulf War veterans suffering from inexplicable ailments are receiving attention so quickly, they believe their decades-old plight has been caught up in the stiff winds of international politics for too long. They fear -- and rightfully so, since most of them have reached their 70s and 80s -- that their time has just about run out.

As they approach death's doorstep, they would prefer to put aside what has become 50 years worth of anger and resentment. Going to the grave with a bad heart is one thing, they say; going to it with an embittered one is another. Although they once swelled with pride for the United States and willingly surrendered their youths on its behalf, they now feel betrayed, wrung out, played for fools.

"I've just resigned myself that I'll never get anything," Wilson, 75, of Vincennes, Ind., said. "They told me once that one way to prove this was to let them do an autopsy on me. I said, 'Well, I'd rather hold off on that.' "

As many as 1,500 Americans were believed to have been sent to Mukden in Japanese-occupied Manchuria after the fall of the Philippines in 1942, but as few as half emerged alive. About 200 are believed to be alive today, and it's unclear how many of those may have been used as guinea pigs.

Although the U.S. government's official posture on the Mukden imprisonments is that there are no known records to substantiate experimentation on Americans or a cover-up, some officials steadfastly believe the Mukdenites represent a little-known and awful wrong that, unlike other World War II atrocities, has never been formally acknowledged, let alone rectified.

"We are convinced that a number of American POWs in that prison camp were part of a methodical germ-warfare experiment," said legislative staffer David Roach, who has researched the issue for years for U.S. Rep. Pat Williams (D-Montana). "Many of them have been the victims of recurring maladies over the years.

"But this issue is so sensitive," Roach said, "our government and the Japanese won't own up. I wish they would do like the Department of Energy did with the radiation experiments and say, 'Yes, this happened and here are the documents.' "

The Japanese and U.S. governments maintain that many of the official records on the Mukden camp and its inmates were destroyed in fires or lost, a contention that only adds to the veterans' charges of a postwar conspiracy, especially as more and more documents appear.

"Not only should these guys be compensated, not only should our government admit what records it has . . . but we should tell these guys before they die, look, you were in a camp where you were experimented upon for these nine diseases, and that's why you've been sick for 50 years," Roach said. "It's a moral issue."

A Paper Trail of Cruelty

It has long been known that Japan's experiments claimed the lives of hundreds, if not thousands or more Chinese. But evidence also has surfaced over the last 10 years -- some in just the past three months -- that Americans also were subjected to immoral treatment at Mukden and the U.S. government chose not to prosecute the guilty parties in exchange for data.

Not long ago the diary of an ex-member of Unit 731 was discovered in a bookstore in Japan. It contained detailed drawings and passages about what kind of experimentation took place at Mukden -- anthrax, typhoid, tetanus, beriberi, dysentery, plague and numerous other germs were deliberately given to prisoners in varying doses to measure effects.

Several years ago, Dr. Murray Sanders, a key germ-warfare assistant to Gen. Douglas MacArthur, acknowledged before his death that the United States had, in fact, granted amnesty to Unit 731 members in exchange for test results.

Mukden vets and their families have used the Freedom of Information Act to extract from the Pentagon formerly top secret documents on Mukden.

The documents reveal that Unit 731, led by Gen. Shiro Ishii, cultured germs for numerous diseases and forced prisoners to ingest them by using injection, inhalation and contaminated fleas. The details, as disclosed in the records, are vivid and disturbing.

One document, for example, recounts the time 20 Manchurians were tied to poles or forced to sit on the ground near a bomb filled with bacteria. The subsequent explosion sent plague bacilli and anthrax bacilli into their bodies through wounds.

"The wounded," the document stated, "were kept in the laboratory until the symptoms of the disease appeared and when they were taken ill, they were given medical treatment and their cases were studied, but most of them died in agony."

Two U.S. scientists who examined Ishii's experimentation records declared them a gold mine -- medical data that "could not be obtained in our laboratories because of scruples attached to human experimentation," they wrote in 1948 -- and they expressed hope that immunity could be granted.

Although U.S. officials apparently believed Japanese postwar claims that they did not experiment on American POWs, they remained mindful of the potential embarrassment of such a revelation if they didn't prosecute Ishii or his subordinates, especially since the Soviets did plan to prosecute Unit 731 members for war crimes.

One now-declassified memo, dated March, 1948, cautioned: "Independent investigation conducted by the Soviets in the Mukden Area may have disclosed that American prisoners of war were used for experimental purposes of a BW (biological warfare) nature and that they lost their lives as a result of these experiments.

"There is a strong possibility," the unsigned document noted, "that the Soviet prosecutors will . . . introduce evidence of experiments conducted on human beings by the Ishii BW (biological warfare) group, which experiments do not differ greatly from those for which this government is now prosecuting German scientists and medical doctors at Nuremberg."

Yet another document -- the transcript of a Soviet war crimes tribunal -- also supports the experimentation claims of American survivors of Mukden:

Prosecutor: "Did Detachment 731 study the immunity of Americans to infectious diseases?"

Unit 731 officer named Karasawa: "One of the researchers of the detachment . . . told me . . . that he had come to Mukden to study immunity among American war prisoners."

Prosecutor: "And for this purpose tests were made of the blood of American war prisoners?"

Karasawa: "That is so."

Injections, Contaminated Feathers and the 'Zero Ward'

Max McClain says he knows it is so; wishes it were not.

Assigned to Barracks 2 at the camp, McClain left behind the comfort of his hometown in America's heartland, Franklin, Ind., and became a member of the Army's 59th Coast Artillery. At Mukden, he remembers, he and his fellow POWs got injections nearly every other week during one three-month period. Shortly after the shots, some would die. Some would get very sick. And others seemed unaffected.

The sickest were admitted to the camp's "Zero Ward," where those who went in rarely came out, McClain, 72, of Orlando, Fla., said.

When prisoners died, the Japanese doctors took a keen interest, giving each a toe-tag with a number scrawled on it, McClain said.

McClain can recall getting an injection the same day as bunkmate George W. Hayes. "I think I was two or three guys ahead of him in line to get a shot. He got a 'hot one.' I didn't," said McClain, who has been medically disabled since 1983. "We got it on Monday. . . . On Wednesday morning he said, 'Hey, Mac, come here. I don't know what they gave me, but I feel like s---.'

"When I got back that night, the boys at the morgue were cutting him up."

Almost overnight, McClain's experience at Mukden mysteriously transformed him from a strong and spirited young soldier to a man hobbled by endless illnesses and scared by the emotional destruction of it all.

Not long after the war ended in 1945 and McClain was liberated, he looked up from a table of friends, saw the faces of his Japanese tormentors and lunged at them. "They had to subdue him," said his son, Richard, 48, who said his father never received counseling from the U.S. Veterans Administration, which denied that Americans were experimented upon at Mukden.

Richard McClain believes that his father -- "a very peaceful man by nature" -- would have led a richer life if not for Mukden. He said that his father was the youngest of a Depression-era family of 11 who spent his youth in an orphanage and that it is no small thing that the rest of his life was all but taken from him too. "I think he'd have been much more social, a lot less isolated. He really suffered because of this."

Gregory Rodriquez Sr. also has a psyche seared with images from the camp. There was the time he was lying on his bunk one night suffering from fever and chills and a Japanese doctor sidled up and "stuck a mirror under my nostrils. Then he came back later and stuck a feather under my nose. I thought he was checking my breathing or something."

Years later, his son, while researching biological warfare, discovered that waving a contaminated feather in front of a test subject's nostrils was a common way to transmit germs.

"That jogged my memory," said Rodriguez Sr., 73, of Henryetta, Okla., who has been afflicted ever since with unexplained 104-degree fevers.

He cannot count the number of times he has been fine one minute and burning up the next. Through the months, which turned into years, which slipped into

decades, he has been tested and retested and tested and retested and always the result is the same: His doctors can identify no cause for his sickness.

Worse perhaps, as a father of six, he has remained wracked with guilt and angst over whether what happened to him at the camp was somehow passed on to his children, weakening their bodies. From infancy, two of his daughters suffered serious thyroid problems and one of his sons suffered from arthritis starting at an early age.

"The thing that affects me is that they could do that in the callous fashion that they did," the soft-spoken Rodriguez said of the U.S. government's information-for-immunity pact. "They more or less traded our futures for some information."

In all too-vivid detail, Frank James can recall going to a shed where bodies of fellow American prisoners were stored -- subzero temperatures prevented burial in the wintertime -- and being asked to retrieve corpses for dissection, but only certain ones.

"I was one of two men who used to pick up the bodies," recalled James, 73, of Redwood City, Calif. "I'd check the serial number to see if it was one they wanted."

Stricken with wet and dry beriberi during his three-year internment at Mukden, James has had severe skin, scalp and heart problems since he left Mukden, with his health precipitously declining when he reached his 40s. Every so often, he said, his arms and legs would go numb, preventing him from enjoying even the simplest of pleasures, like playing with his two daughters as they grew up. As if the injections in the camp were not enough, his limbs had to be pricked with pins time and again as doctors tried to diagnose the source of the numbness.

So severe was the numbness that James said he would sometimes accidentally burn himself and not know it. "I wouldn't feel a thing," he said.

Frail and raspy-voiced now, he is hardly the gung-ho youth who began working at a service station at age 8 and fled Kokomo, Ind., at 18 for the Army "to see the world." He speaks amid the ever-present hiss of an oxygen machine. He estimated he has been to the doctor about 1,000 times in the past 50 years. That said, he argues that he is lucky to have lived this long.

Mukden vet Warren W. (Pappy) Whelchel struggled for decades with sky-high fevers and more than a dozen other illnesses before he died in the fall of 1985.

Then there was Felix Kozakevitch, a soldier from New York forced to stand at attention in subzero weather in frostbite experiments at Mukden. He, too, died in late 1985.

"They told us at a debriefing in the Philippines that if we ever talked about what happened inside the camp we'd be court-martialed," James said. "But when it all started coming out, to hell with them."

A Plea for Compassion and Justice

Despite the tragedies of Mukden vets, their journey for justice has been a lonely one. Until now.

Just last month, half a dozen former members of Unit 731 broke their 50-year silence in a booklet called "The Truth About Unit 731." Published amid a burgeoning movement in Japan among students, academicians, politicians and journalists to come to grips with its half-century-old war crimes, the book is being translated into English.

Rodriguez Jr., whose persistent efforts on behalf of his father have single-handedly resulted in the release of many of the Mukden-related records, recently returned from Japan where he met with a member of the Japanese Diet and former members of Unit 731. He said the infamous unit's members were coming forward now because "they're older, and I think they've begun to feel some remorse."

"There are sympathetic portions of the (Japanese) government who want to expose this thing, to get it out in the open," added Paul Reuter, national adjutant of the American Defenders of Bataan and Corregidor, which is pursuing a lawsuit against Japan in the United Nations' World Court on behalf of the Mukden vets.

At the urging of Rep. Williams from Montana -- who has referred to the Mukden veterans' plight as the "longest and best-kept secret of World War II" -- a subcommittee of the House Veterans Affairs Committee in 1986 did convene a little-publicized half-day hearing, but legislators concluded that there was insufficient evidence.

Although U.S. lawmakers acknowledged the vets' longstanding chronic health problems, they say most were not unlike those of other prisoners of war or the problems of other veterans who smoke or drink.

"It's hard after 40 years to make that causal link," one congressional staffer said.

Numerous other factors have conspired to hinder the Mukden issue from getting a full airing: a reluctance to sully the legend of the late Gen. MacArthur, the "POW syndrome" that makes many vets ashamed to admit they were captured, the ever-sensitive nature of U.S.-Japanese relations and the relatively small number of Mukden survivors.

But those who have stepped forward, convinced they were robbed of a lifetime of health in the service of their country, say their requests are just: They want the U.S. government to acknowledge its complicity in a cover-up, make public whatever further records it has, and give, in their words, "an appropriate amount" of compensation to them and their families.

"Let us know what's wrong with us," said Sam Castrianni, 71, of Sanford, Fla., who was in Mukden from 1942 to 1945. "Our government had no business working a deal like that."

They want the Japanese government to do likewise. They strongly believe the Japanese should pay them, because the United States did just that for Japanese families placed in internment camps during World War II.

LEVEL 1 - 1 OF 1 STORY

The Washington Times

March 10, 1995, Friday, Final Edition

SECTION: Part A; WORLD; Pg. A17

LENGTH: 860 words

HEADLINE: GIs tell of germ horrors in Japan

BYLINE: Ben Barber; THE WASHINGTON TIMES

BODY:

The son of a World War II prisoner of war says he has new evidence the United States suppressed reports that Americans were among the victims of Japanese germ-warfare experiments in the 1940s.

Gregory Rodriquez Jr., whose father was among 1,500 American POWs sent to Mukden in Japanese-occupied Manchuria after the fall of the Philippines to Japan in 1942, said he found the report in U.S. archives.

Americans have claimed they were subjected to the experiments by Japan's infamous Unit 731, but U.S. authorities always said they had no reliable evidence to support the claims.

But recently documents show the U.S. government did receive reports on the experiments at the time.

A U.S. military Counter Intelligence Corps report in December 1945 said: "The commanding officer of the Ishii Detachment of the Surgeon's Corps during the war . . . had his assistants inject bubonic plague bacilli into the bodies of some Chinese in Harbin, China, and some Americans in Mukden, China, as an experiment."

Last month, six former Japanese members of Unit 731 broke their silence in a 74-page book, "The Truth About Unit 731," published by a small citizens group in Japan's northern state of Iwate.

The book describes how prisoners were subjected to shrapnel-induced gangrene, injected with germs, poisoned with chemicals and underwent surgery without anesthesia.

A 72-year-old man, who was not identified, says in the book that he saw unit members conduct many human vivisections.

Sometimes dissections were carried out without anesthesia while the subjects were fully conscious. They would let out a horrible shriek but then fall silent right away, he said.

Mr. Rodriquez recently returned from Japan, where he interviewed aging members of Unit 731, which conducted the germ-warfare experiments.

The Washington Times, March 10, 1995

"I spoke with them in Hiroshima in February - one was a microbiologist and another had bred fleas for rats as part of Unit 731," Mr. Rodriquez said in an interview.

"They had worked in Japan during the war. But they said people from their unit went to Mukden as part of a water-purification team," he said.

Since only American and a few British and Australian prisoners were kept at Mukden, and since Unit 731 was exclusively devoted to germ warfare and other experiments, Mr. Rodriquez says this proves the experiments included Americans.

After the war ended in 1945, the U.S. Occupation Army declined to prosecute the Japanese who ran the germ-warfare experiments. The research was transferred to the United States for further study.

Mr. Rodriquez said he thought special laboratories were built at Fort Detrick, Md., to Unit 731 commander Shiro Ishii's specifications for further research.

Experts from the Army biological-warfare center at Fort Detrick went to Japan to debrief Mr. Ishii and his co-workers, and the Japanese experimenters were brought to Maryland for further questioning, the Baltimore Sun reported.

In 1985, Dr. Murray Sanders, a retired lieutenant colonel and adviser on biological warfare to the U.S. Army in Japan, told reporters that the Army kept the Japanese germ-warfare project secret.

The U.S. and Japanese governments refused to acknowledge that the experiments took place and refused to provide compensation or medical and psychological treatment to the surviving POWs.

This week, Department of Veterans Affairs spokesman Ken McKinnon said, "The Veterans Administration has never seen evidence that research was done on U.S. POWs. We would be more than willing to see new information on how POWs were treated and review the causes of injury and death."

Mr. McKinnon said the VA depends on the Pentagon for analysis and documentation about POWs from World War II, as well as on other wars.

A Pentagon spokesman said he had never heard about U.S. POWs and the germ-warfare experiments at Mukden.

Under its founder and commander, Mr. Ishii, Unit 731 sought to develop biological and chemical weapons as well as defenses against these and other military threats.

He exposed prisoners to plague, anthrax and mustard gas, scorching heat, subzero cold - all the while taking meticulous notes on how they died. Many of the records were destroyed.

Previous estimates put the death toll at around 3,000, though a recent book by American historian Sheldon Harris writes that at least 12,000 were put to death.

The Washington Times, March 10, 1995

Mr. Rodriquez is an official with the American Defenders of Bataan and Corregidor, scene of the last organized resistance to the Japanese invasion of the Philippines. He seeks congressional and Clinton administration support to obtain compensation from Japan for victims of the medical experiments.

His father, for example, long has suffered mysterious fevers that could not be diagnosed by VA doctors.

When he and other Mukden survivors sought compensation and special treatment, the Army told them all documents relating to the topic had been returned to Japan because the cost of translating them was too great.

GRAPHIC: Graphic, Part of a U.S. counterintelligence document unclassified after 47 years.

LANGUAGE: ENGLISH

LOAD-DATE-MDC: March 10, 1995

AMERICAN DEFENDERS OF BATAAN & CORREGIDOR, INC.

Including any unit of force of the Asiatic Fleet, Philippine Archipelago, Wake, Mariana Islands, East Indies.

COMMANDER William Wells USN Ret.
Honorary Commander

VICE/ ADM (RC) Kenneth Wheeler USN Ret.
MAJ/GEN Donald Curtis USMC Ret.
B/GEN Richard Fellows USAF Ret.
LT/COL Benson Guyton USA Ret.
LT/COL Madeline M. Ullom USA Ret.
Honorary Vice Commanders

CHARLES L. PRUITT
Commander
1231 Sweetwater-Venore Road
Sweetwater, TN 37874

MELVIN L. ROUTT
Sr. Vice Cdr.
Tracy, CA

JAMES R. FLAITZ
Jr. Vice Cdr.
Dothan, AL

ELMER E. LONG JR. PNC
National Secretary
Membership Chairman
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New Bern, NC
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National Judge Advocate
Summerfield, FL

PAUL REUTER
Adjutant/Legislative
Oxon Hill, MD

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RALPH LEVENBERG PNC
Special Project Chairman
Reno, NV

GREG RODRIQUEZ
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ARTHUR G. BEALE PNC
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ANDREW MILLER PNC
Historian
Albuquerque, NM 87110

(615) 337-5190

January 10, 1995

1231 Sweetwater-Venore Rd.
Sweetwater, TN. 37874

The Honorable Bill Clinton
President of The United States of America
The White House
Washington, D. C.

Dear Mr. President:

This is the third letter we have written to your office requesting support of the claim for reparations from the government of Japan.

As we have advised you in past letters, The American Defenders of Bataan & Corregidor (a group of former prisoners of war of the Japanese during World War II) are involved in a law suit claiming reparations and an apology from Japan for the torture and inhumane treatment we suffered as slave laborers while POWs of the Japanese. Our law suit is being pursued through the United Nations Commission on Human Rights.

Mr. President, each response that we have received from the State Department and from the U.N. Ambassador (Mrs. Albright) advised us that we had NO claim...that our right to sue was waived in the Peace Treaty of 1952.

Our claim is being submitted under the **Economic and Social Resolution 1503 (XLVII) (1970) of the Commission on Human Rights.** The claim is based upon facts that the Japanese flagrantly disregarded the human rights of the prisoners of war, international legal and moral standards as recognized by the Universal Declaration of Human Rights of the United Nations. Further, that the actions of the Japanese government in WWII reflected a consistent and deliberate flaunting of the Geneva Convention of 1929, long sanctioned as the International legal standard of the treatment of prisoners of war.

Mr. President, we do not feel that **all claims against Japan for its conduct in World War II have been settled!** Our claim is based upon the horrific treatment meted out by the Japanese during our incarceration.

For nearly four long years, these men suffered torture, starvation and horrible diseases such as beri-beri, dengue fever, dysentery and maleria. And all the while, forced to be slave laborers in industries that helped the Japanese government in their war against the United States. The American servicemen who were incarcerated by the Japanese continue to suffer from these diseases contracted while they were prisoners of war.

We only ask that the United States government publicly support our claim as submitted via the United Nations Human Rights Committee.

Thank you for your kind consideration.

Respectfully,

CHARLES L. PRUITT
National Commander
American Defenders of Bataan
and Corregidor, Inc.

DEPARTMENT OF VETERANS AFFAIRS Cont from Page 5

5. REGIONALIZATION:

The Committee heartily endorses the Secretary's favorable commitment to a pilot program to regionalize adjudication of POW examinations at centralized offices on a one to two year trial basis.

RICHARD A. STRATTON, MA MSW
Captain, USN (Retired)

INTERNATIONAL LAW VIOLATIONS

February 10, 1995

2716 Eastshore Place
Reno, Nevada 89509
(702) 827-3191

Mr. Eric Tistounet
Room D204,
Centre For Human Rights
Palais des Nations,
United Nations Office at Geneva.
Ch-1211 Geneve 10, Switzerland

Dear Mr. Tistounet:

It is my honor and privilege to enclose 18 copies of a communication on behalf of the American Defenders of Bataan & Corregidor, Inc., with reference to our claim against the Government of the United States of America.

This claim is based on specific violations of international law committed by the United States as particularly noted under the various provisions of the International Covenant on Civil and Political Rights.

It is recognized that the United States ratified the International Covenant in the Fall of 1992, but, that it has not, as of this date, entered into the Optional Protocol of the Covenant.

We would therefore request that the Human Rights Committee of the United Nations consider the claim pursuant to Article 40 of the International Covenant as part and parcel of the Committee's jurisdiction in this context.

As you are aware, Article 40 provides that the Human Rights Committee has the power to review the reports issued by State Parties with reference to the International Covenant on Civil and Political Rights with specific reference to the progress made by the individual State Partica in giving effect to the individual rights recognized under the Covenant.

In accordance with the Rules of Procedure established by the Human Rights Committee it would be our understanding that the attached communication could be made available to the Committee for its evaluation in the context of its Article 40 review of the United States of America report.

It is our further understanding that the United States will be the subject of such evaluation in March of this year in New York as part and parcel of the Human Rights Committee Agenda for the period commencing March 20 and terminating April 7, 1995.

We would like to take this opportunity to express our appreciation to the Committee for its consideration of our communication.

Respectfully,
RALPH LEVENBERG
Major, USAF (Retired)
Special Projects Chairman for
The American Defenders of Bataan
and Corregidor, Inc.

JUSTICE DEPARTMENT ADVISES VA ON SUPREME COURT DECISION

Washington, January 23 — Secretary of Veterans Affairs Jesse Brown is announcing that the Department of Justice has responded to his request for advice in interpreting a recent Supreme Court decision in the *Brown v. Gardner* case.

The court overturned VA's interpretation of a law dealing with disabilities veterans incur as a consequence of VA medical care. VA had taken the position that its liability was identically parallel to the private sector, i.e., the department was clearly responsible for medical errors or negligence but not for the possible or unintended consequences of procedures whose risks were known and accepted by the patient.

In a January 20 letter, the Justice Department stated: "As your letter notes, the scope of the exclusion identified by the Supreme Court in the second part of footnote 3 to the Gardner opinion is not entirely clear .. Nevertheless, we believe the footnote itself is read most accurately as excluding from coverage under section 1151 only those injuries that are the certain, or perhaps the very nearly certain, result of proper medical treatment."

Brown said, "I appreciate the Attorney General's prompt response. VA can now proceed on a solid legal footing in deciding pending claims with less likelihood of further time-consuming litigation."

Based on this advice, the Department of Veterans Affairs (VA) will move quickly to revise existing regulations consistent with the Justice Department guidance and adjudicate pending claims as soon as the revised regulations are final.

The Supreme Court's December 12 opinion was clear with regard to certain categories of claims that had been held in abeyance pending the Court's decision. VA had been moving on a parallel course to decide those cases while awaiting Justice Department guidance on other categories of pending claims. The department will continue to adjudicate those claims while the revised regulations, expected to be published in the near future, are being finalized.

REUNION INFORMATION

The Northwest Chapter of the American Defenders of Bataan and Corregidor will have their 1995 reunion in Sandpoint, Idaho, June 9 to 11. Registration and information, Hugh E. Branch, P.O. Box 283, Cut Bank, MT 59427. Phone: 406-873-2476.

REUNION

4th Marine Regiment (Corregidor-Bataan) reunion will be held in San Antonio, TX May 22 to May 26, 1995. For information write Pat Hitchcock, Food Broker Consultants, 41 Stonebrooke Place, Suite 134, Jackson, TN 38305.

Thank you.

GUEST OF AN EMPEROR

Enclosed is a copy of my recently edited book, "GUEST OF AN EMPEROR". I published it myself, and have a thousand copies on hand, and they can be purchased direct from me at a cost of $14.95. This includes postage and handling.

Respectfully,
Virgil V. Vining
11852 Cherry Hills Drive E
Sun City, AZ 8535103868