Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	From: Diana Zuckerman, To: Hillary Rodham Clinton, Re: Today's meeting re Gulf War Advisory Committee (4 pages)	3/21/95	b(6)
002. memo	From: Diana Zuckerman, To: Mrs. Clinton, RE: Agenda for Saturday's 11 AM Meeting [partial] (1 page)	3/10/95	b(6)
003. memo	From: Diana Zuckerman, To: The First Lady, Re: Summary of Accomplishments and Issues re Gulf War Illnesses [partial] (2 pages)	2/27/95	b(6)
004. memo	From: Diana Zuckerman, To: The First Lady, Re: Summary of Accomplishments and Issues re Gulf War Illnesses [partial] (2 pages)	2/27/95	b(6)
005. memo	From: Elisa Harris, National Security Council, To: John Deutch, Ken Kizer, Kevin Thurm, Melanne Verveer, Kitty Higgins, Re: Draft Memo on Gulf War Illnesses (4 pages)	2/22/95	P1/b(1)
006. fax	From: Ken Kizer, M.D., M.P.H. Department of Veterans Affairs, To: Sandy Berger Deputy Assistant to the president for National Security Affairs (1 page)	2/20/95	b(6)

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

FOLDER TITLE:
Gulf War Illness - Zuckerman Memorandum [2]

2014-0159-S
sb310

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]

Sen. Daschle will
be at home
Sunday 537-1354

Melanne has Jay's
number. 304 345 - 1926
Sonny's schedule
is attached.

— Linda

F

MEMORANDUM

To: The First Lady

From: Diana Zuckerman

Re: Talking to Jay Rockefeller, Tom Daschle, and Sonny Montgomery this weekend

Date: March 3, 1995

The purpose of this memo is to provide talking points for your calls regarding the President's announcement of an Advisory Board on Gulf War illnesses. I have made preliminary staff contacts, and I think that if you can reach these three, they are likely to be supportive in statements to the media, etc.

The main goal is to make them feel consulted and part of the decision-making process. Of course, the basic decision has already been made, but you can convey your interest in their views, and ask that they make suggestions in the coming weeks as final decisions are made about the focus of this Advisory Board.

Senators Rockefeller and Daschle are likely to say that the VA and DOD are not doing enough; Rep. Montgomery is likely to say that VA is doing everything right and no more needs to be done. So, for Rep. Montgomery you may want to emphasize the perception problem; with Rockefeller and Daschle you would be safer emphasizing the real concerns expressed by veterans you have talked to. Jay would appreciate praise for his work last year. Tom would appreciate acknowledgement of his leadership role on legislation for Gulf War veterans' medical care, and his past similar role regarding Agent Orange exposure. Sonny would appreciate praise for his work on the compensation bill.

- I know of your interest and involvement regarding Gulf War illnesses, and wanted to let you know that I've been talking to veterans, and to the VSOs about these issues, and am very committed to making sure that our Administration is doing all it can to help these veterans.

- On Monday, the President will be giving a speech at the VFW Annual Washington Conference at 11 a.m.

- **During this speech, for the first time, the President will discuss his concern about Gulf War veterans' illnesses.**

- He will announce **several new initiatives** that are aimed at improving the government's efforts to address the needs and concerns of Gulf War veterans.

- **The major new initiative is a [Presidential] Advisory Committee on Gulf War Veterans' illnesses**, that will review and make recommendations on all the major activities of the government on this issue. For the first time, a fully independent expert panel will be created to make sure that the government's response is as open and effective as possible. This will be a longer term effort than previous panels -- continuing until December 1996.

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

- In contrast, the [Presidential] Advisory Committee will:

    - make sure that we are doing everything possible to provide effective medical care to those who are ill;

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

    - make sure that information about these issues is made publicly available as soon as possible

The following examples are likely to be useful in showing how this Advisory Board can accomplish much more than the previous efforts:

    - For example, the NIH panel met for only 3 days and was intended to just determine whether they could define "Gulf War Syndrome" [they couldn't].

    - The Lederberg panel, which was created by the Defense Department (and therefore was not perceived as independent), focused on DOD issues for 6 months.

    - The Institute of Medicine expert panel is making recommendations about the types of research that are needed, but not about other issues.

- You were instrumental in making sure that VA and DOD would make unprecedented efforts to diagnose and treat these illnesses, and to compensate veterans who are disabled from them. Unfortunately, the Republicans are not so committed to this issue. The President believes that this independent Advisory Committee will be very helpful in determining what we are doing right and what we could be doing better.

- **The President will also announce other new initiatives, such as:**
  - new research projects on anti-nerve gas drugs and pesticides (as initiated by Rockefeller)
  - research and medical evaluations of the possible transmission of illnesses to spouses and children (initiated by Rockefeller and Daschle)
  - new plans to release information about reports of detections of biological and chemical weapons and about data on serious illnesses among Gulf War veterans.
- We'll provide your staff with detailed information Monday morning.

ONE HUNDRED THIRD CONGRESS

G.V. (SONNY) MONTGOMERY
CHAIRMAN

U.S. House of Representatives
COMMITTEE ON VETERANS' AFFAIRS
335 CANNON HOUSE OFFICE BUILDING
Washington, DC 20515

*********** FAX COVER PAGE ***********

DATE: 3/3/95 **TIME:** _____

TOTAL NUMBER OF PAGES: _____

PLEASE DELIVER TO:

NAME: Diana Zuckerman

FAX NUMBER: 456-6244

FROM:

NAME: Pat Ryan

FAX NUMBER: 225-2034 **TELEPHONE NUMBER:** 225-9756

MESSAGE: Mr. Montgomery should be reachable after 4:30-5 on Sunday, March 5 at 202 225 5031 Office
703 524 4500 Switchboard
703 462 3074 Direct Home

He will also be in his Meridian office between 10 and 12 (EST) at (601) 693 6681 on Saturday

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	From: Diana Zuckerman, To: Hillary Rodham Clinton, Re: Today's meeting re Gulf War Advisory Committee (4 pages)	3/21/95	b(6)

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

FOLDER TITLE:
Gulf War Illness - Zuckerman Memorandum [2]

2014-0159-S
sb310

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]

F

MEMORANDUM

To: Mrs. Clinton

From: Diana Zuckerman

Re: Article in USA Today re Gulf War illnesses

Date: March 10, 1995

Just wanted to mention a few things about the article in USA Today. It quotes a researcher named Howard Urnovitz about his research evidence that veterans were exposed to biological or chemical weapons.

The main thing I wanted to mention is that there is no way to tell from an individual's illness whether they were exposed to chemical weapons or chemical substances like pesticides and pyridostigmine. That's because the substances are so similar -- all are nerve agents, and their effect on the body are similar if the dosage is too high.

I met with Dr. Urnovitz a few months ago and he seemed credible (as far as I could tell), but his research is still in a very early stage. He is the kind of person who should apply for a DOD research grant to pursue his research.

FYI, he will be presenting his research at a meeting of Gulf War veterans support groups in Texas this weekend. It's a relatively extremist gathering, and it's unclear what kind of press coverage it will get. Fortunately, one of the veterans handling the press coverage, Paul Sullivan, is a loyal Democrat (who used to work for Tom Lantos) and is very enthusiastic about the President's speech and the decision to create an Advisory Board. So far, his statements to press have reflected those views. Unfortunately, Sen. Riegle's former staffer is also playing a pivotal role at this conference.

I also wanted to tell you you've had some phone calls from fans, saying things like "You don't know what it means to us (Gulf War veterans) to have the First Lady and President involved in this. Tell the First Lady that we love her, and don't change a thing."

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. memo	From: Diana Zuckerman, To: Mrs. Clinton, RE: Agenda for Saturday's 11 AM Meeting [partial] (1 page)	3/10/95	b(6)

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

FOLDER TITLE:
Gulf War Illness - Zuckerman Memorandum [2]

2014-0159-S
sb310

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]

F

MEMORANDUM

To: Mrs. Clinton

From: Diana Zuckerman DMZ

Re: Agenda for Saturday's 11 a.m. Meeting

Date: March 10, 1995

This memo will describe the agenda that Melanne and I think is essential for Saturday's meeting; however, Sandy Berger is running the meeting and we have not discussed it with him.

1. **Chairman and Membership of Advisory Committee**

You can tell everyone that you have arranged to see (b)(6) 002 Tuesday. We are getting the word out to Members of Congress, VSOs, etc. to suggest members; what is the deadline for selection and how will members be chosen?

2. **Budget**

I shared information regarding the budget for the Human Radiation Advisory Committee (they will cost approximately $4.5 million for 13 months and have 40+ FTEs) with NSC, Cabinet Affairs, and DOD staff. We assume that the annual cost will be lower for the Gulf War advisory committee; and DOD is asking their budget experts for guidance. The Advisory Committee will be housed in GSA space (not at DOD) and professional staff and Committee members will not be Federal employees. DOD has agreed to pay all expenses, but the amount that decide will determine how much work can be done.

3. **Executive Director and White House Point Person**

These two staff positions need to be decided soon. How and when? Should suggested names for the Executive Director (or Staff Director, whatever they want to call it) come only from DOD, VA, or HHS and from (b)(6) or should VSOs, Congress, and others also have input?

002

(b)(6)

002

Melanne - F

This is from one of the major sources of chem/bio weapons info to the press.

See ref to the Clintons.

Gulf War Veterans of Georgia

Phone & Fax (404) 377-3741

To: Diana Zuckerman Phone: 202-456-6266
Office of First Lady Fax: 202-456-6244
From: Paul Sullivan Number of pages: 7
Date: 8 Mar 95

Diana,

Thanks for all of your great work. Please send us details on the Presidential Advisory Committee. We would hope a Gulf War Veteran organization is represented on the panel. Also, here is our March 1995 news letter.

— Paul

Gulf War Veterans of Georgia, Inc.
A non-profit veterans' service organization
Unit H-1 • 307 Adair Street • Decatur, Georgia • 30030-2923 • Phone & Fax (404) 377-3741

F

MEMORANDUM

To: The First Lady

From: Diana Zuckerman

Re: Summary of Accomplishments and Issues re Gulf War Illnesses

Date: February 27, 1995

The purpose of this memo is to summarize our accomplishments of the last month regarding Gulf War illnesses, and to list the unresolved issues that would benefit from the oversight of an independent commission or advisory committee.

Accomplishments

1. DOD and VA high level officials are now more attentive to veterans' complaints and frustrations regarding the government's response to Gulf War illnesses. They are making more efforts to improve the situation and to improve the public's perceptions.

2. The American Legion and the Veterans of Foreign Wars, the two largest veterans' service organizations, are impressed by the interest and commitment of the First Lady and the President.

3. Your visits to the Washington, DC VA Medical Center and Walter Reed Army Medical Center were very well received by patients and staff, including General Blanck, who is Commander of Walter Reed.

4. Gulf War veterans, the media, and the public are beginning to be aware of the interest of the First Lady and President.

5. You reportedly impressed and inspired members of the Interagency Gulf War Illnesses Research and Clinical Committees whom you spoke to at Walter Reed. These Committees include the most involved staff from VA, DOD, and HHS. Your involvement in this issue encourages them to be less content with the status quo; we have feedback that this is especially likely for the HHS staff.

6. The National Security Council is more aware of the issues involved, and supportive of your interest and concerns.

7. DOD is revising their research plans so that they will comply with the law requiring them to provide at least $5 million for research grants to independent scientists in FY 1995.

8. VA is planning public service announcements to make Gulf War veterans more aware of medical services and compensation that are available to those with undiagnosed illnesses.

9. VA is seriously considering a surveillance system for birth defects among Gulf War veterans.

10. DOD will soon make public relatively detailed responses to several recently reported allegations regarding the detection of chemical or biological weapons.

Other Good News

Progress is being made on other fronts, in response to Congressional efforts and other pressures.

1. The DOD is, for the first time, conducting a study of pyridostigmine use by women. Volunteers will take the pills for 3 weeks, whereas previous studies usually were for one week or less. [The study includes 30 men and 30 women who will take the drug, and 15/15 on placebo. Although not a large sample, it is a clear improvement over the 4-8 men in most studies conducted prior to the Gulf War.]

2. The DOD study of the effects of combining pyridostigmine and pesticides on rats will be completed in March. **I have confidential information (that we can't yet share with anyone) that the results will show that the combination of pesticides with each other or with pyridostigmine are more toxic that they would be alone.** The fact that these combinations kill rats does not necessarily mean they are causing illnesses for people who did not have an immediate adverse reaction; more research will be needed. While we can't call this good news, it does suggest that we soon may be able to determine some of the causes of Gulf War illnesses and prevent illnesses in future deployments.

3. The VA Gulf War Expert panel, which is meeting this week, will, for the first time, listen to Gulf War veterans and their ill family members. This is the first meeting that will be chaired by an independent scientist; previous meetings were chaired by Dr. Susan Mather.

4. I have contacted experts in the field of neurology to ask whether there are diagnostic tests (such as SPECT scans or brain mapping) that could determine if Gulf War veterans have chemically-induced brain damage. Herb Smith and other ill veterans and their advocates have claimed that such tests exist but that VA and DOD refuse to use them. According to the experts, these tests are not accurate and are easy to manipulate to "prove" damage that doesn't exist. Therefore, VA and DOD have made the right decision in not providing these exams.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. memo	From: Diana Zuckerman, To: The First Lady, Re: Summary of Accomplishments and Issues re Gulf War Illnesses [partial] (2 pages)	2/27/95	b(6)

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

FOLDER TITLE:
Gulf War Illness - Zuckerman Memorandum [2]

2014-0159-S
sb310

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]

Examples of Unresolved Issues that Could Be Reviewed by an Independent Entity

1. President Clinton signed a law (The Veterans' Benefits Improvement 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, but the VA research is less essential than access to exams, since DOD is already required to fund similar research.

2. According to Dr. Fran Murphy, VA has no intention of complying with a provision of that same law that would require VA and DOD to include **medical tests of reproductive problems,** such as semen analysis for veterans whose wives complain of "shooting fire."

3. 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 (see the Good News, #1 item above), 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?**

4. 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. It was clear from Jesse Brown's remarks, and from the statements to you by staff at the VA Medical Center, that they tend to believe that the illness caused the stress and depression, more than vice versa. We have heard from veterans (such as (b)(6) 003 who say they were under no stress at all before becoming ill. **Are active duty soldiers who are treated at Walter Reed being inappropriately diagnosed and treated for mental illness?**

003

5. (b)(6) and many other veterans 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.

6. **Government experts continue to claim that pyridostigmine bromide is proven safe, despite the lack of research.** When John Deutch asked the Interagency Committees about the need for research on long-term use at Walter Reed last week, Gen. Blanck erroneously claimed that such research has already been done. Similarly, government experts continue to claim that Gulf War soldiers did not have immediate adverse reactions to the pyridostigmine, despite reports to the contrary by (b)(6) (who spoke to you at Walter Reed) and other Gulf War veterans. These discrepancies harm the credibility of Administration officials. 003

<u>Would a new expert panel be better than previous expert panels?</u>

VA and HHS officials claim that a new advisory panel would accomplish nothing more than past expert panels. To be more effective, a new expert panel should avoid the following problems:

1. The NIH panel **met for only 3 days** and therefore **relied heavily on limited information** provided by DOD, VA, and HHS. For example, the NIH panel was denied access to DOD information they requested regarding biological or chemical weapons, and they were even denied access to information being gathered by the Lederberg panel.

Similarly, a member of the NIH expert panel informed me that they were given no copies of the DOD pyridostigmine research that revealed adverse reactions. That panel member also said that one of their members, Dr. Herb Schaumburg, persuaded them that pesticides and pyridostigmine were probably safe. They were not informed that Dr. Schaumburg had testified as an expert witness on behalf of Dow and other chemical companies against Vietnam veterans exposed to Agent Orange, and against civilians exposed to pesticides. [Dr. Schaumburg did not reveal those financial ties on his conflicts of interest forms.]

2. Veterans groups do not view the members of the Lederberg panel as independent of DOD.

3. The VA claims that they already have a Gulf War panel composed mostly of outside experts. **However, until 1995, the VA expert panel was chaired by Dr. Susan Mather, the VA official who is responsible for research on the issue.** In contrast, the new chair, Dr. Eula Bingham, is not a VA employee and is viewed as more willing to question VA assumptions. However, the majority of the members of that expert panel were and still are researchers and clinicians who have never seen or studied a Gulf War veteran patient and therefore tend to rely on information from VA members, such as Dr. Fran Murphy and Dr. Susan Mather.

4. The Institute of Medicine interim report was very critical of DOD, VA, HHS, and Congressional investigations. **DOD and VA** claim that IOM's criticisms of their research are not valid, and therefore may try to ignore them. **Sen. Rockefeller** is writing

a letter to the IOM pointing out that IOM's claims regarding the safety of pyridostigmine do not take into account the research DOD has conducted, and that their claims that pesticides are unlikely to have long-term neurological effects in the absence of acute symptoms are incorrect (according to the findings of a 1992 IOM book). The **American Legion** complains that the IOM's denial that biological or chemical weapons were used is based on the Lederberg panel and is inappropriate since IOM did not examine the issue independently.

MEMORANDUM

To: The First Lady

From: Diana Zuckerman

Re: Summary of Accomplishments and Issues re Gulf War Illnesses

Date: February 27, 1995

The purpose of this memo is to summarize our accomplishments of the last month regarding Gulf War illnesses, and to list the unresolved issues that would benefit from the oversight of an independent commission or advisory committee.

Accomplishments

1. DOD and VA high level officials are now more attentive to veterans' complaints and frustrations regarding the government's response to Gulf War illnesses. They are making more efforts to improve the situation and to improve the public's perceptions.

2. The American Legion and the Veterans of Foreign Wars, the two largest veterans' service organizations, are impressed by the interest and commitment of the First Lady and the President.

3. Your visits to the Washington, DC VA Medical Center and Walter Reed Army Medical Center were very well received by patients and staff, including General Blanck, who is Commander of Walter Reed.

4. Gulf War veterans, the media, and the public are beginning to be aware of the interest of the First Lady and President.

5. You reportedly impressed and inspired members of the Interagency Gulf War Illnesses Research and Clinical Committees whom you spoke to at Walter Reed. These Committees include the most involved staff from VA, DOD, and HHS. Your involvement in this issue encourages them to be less content with the status quo; we have feedback that this is especially likely for the HHS staff.

6. The National Security Council is more aware of the issues involved, and supportive of your interest and concerns.

7. DOD is revising their research plans so that they will comply with the law requiring them to provide at least $5 million for research grants to independent scientists in FY 1995.

8. VA is planning public service announcements to make Gulf War veterans more aware of medical services and compensation that are available to those with undiagnosed illnesses.

9. VA is seriously considering a surveillance system for birth defects among Gulf War veterans.

10. DOD will soon make public relatively detailed responses to several recently reported allegations regarding the detection of chemical or biological weapons.

Other Good News

Progress is being made on other fronts, in response to Congressional efforts and other pressures.

1. The DOD is, for the first time, conducting a study of pyridostigmine use by women. Volunteers will take the pills for 3 weeks, whereas previous studies usually were for one week or less. [The study includes 30 men and 30 women who will take the drug, and 15/15 on placebo. Although not a large sample, it is a clear improvement over the 4-8 men in most studies conducted prior to the Gulf War.]

2. The DOD study of the effects of combining pyridostigmine and pesticides on rats will be completed in March. **I have confidential information (that we can't yet share with anyone) that the results will show that the combination of pesticides with each other or with pyridostigmine are more toxic that they would be alone.** The fact that these combinations kill rats does not necessarily mean they are causing illnesses for people who did not have an immediate adverse reaction; more research will be needed. While we can't call this good news, it does suggest that we soon may be able to determine some of the causes of Gulf War illnesses and prevent illnesses in future deployments.

3. The VA Gulf War Expert panel, which is meeting this week, will, for the first time, listen to Gulf War veterans and their ill family members. This is the first meeting that will be chaired by an independent scientist; previous meetings were chaired by Dr. Susan Mather.

4. I have contacted experts in the field of neurology to ask whether there are diagnostic tests (such as SPECT scans or brain mapping) that could determine if Gulf War veterans have chemically-induced brain damage. Herb Smith and other ill veterans and their advocates have claimed that such tests exist but that VA and DOD refuse to use them. According to the experts, these tests are not accurate and are easy to manipulate to "prove" damage that doesn't exist. Therefore, VA and DOD have made the right decision in not providing these exams.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. memo	From: Diana Zuckerman, To: The First Lady, Re: Summary of Accomplishments and Issues re Gulf War Illnesses [partial] (2 pages)	2/27/95	b(6)

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

FOLDER TITLE:
Gulf War Illness - Zuckerman Memorandum [2]

2014-0159-S
sb310

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]

Examples of Unresolved Issues that Could Be Reviewed by an Independent Entity

1. President Clinton signed a law (The Veterans' Benefits Improvement 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, but the VA research is less essential than access to exams, since DOD is already required to fund similar research.

2. According to Dr. Fran Murphy, VA has no intention of complying with a provision of that same law that would require VA and DOD to include **medical tests of reproductive problems**, such as semen analysis for veterans whose wives complain of "shooting fire."

3. 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 (see the Good News, #1 item above), 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?**

4. 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. It was clear from Jesse Brown's remarks, and from the statements to you by staff at the VA Medical Center, that they tend to believe that the illness caused the stress and depression, more than vice versa. We have heard from veterans (such as (b)(6) 004 who say they were under no stress at all before becoming ill. **Are active duty soldiers who are treated at Walter Reed being inappropriately diagnosed and treated for mental illness?**

5. (b)(6) 004 and many other veterans 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.

6. **Government experts continue to claim that pyridostigmine bromide is proven safe, despite the lack of research.** When John Deutch asked the Interagency Committees about the need for research on long-term use at Walter Reed last week, Gen. Blanck erroneously claimed that such research has already been done. Similarly, government experts continue to claim that Gulf War soldiers did not have immediate adverse reactions to the pyridostigmine, despite reports to the contrary by (b)(6) (who spoke to you at Walter Reed) and other Gulf War veterans. These discrepancies harm the credibility of Administration officials. 004

Would a new expert panel be better than previous expert panels?

VA and HHS officials claim that a new advisory panel would accomplish nothing more than past expert panels. To be more effective, a new expert panel should avoid the following problems:

1. The NIH panel **met for only 3 days** and therefore **relied heavily on limited information** provided by DOD, VA, and HHS. For example, the NIH panel was denied access to DOD information they requested regarding biological or chemical weapons, and they were even denied access to information being gathered by the Lederberg panel.

Similarly, a member of the NIH expert panel informed me that they were given no copies of the DOD pyridostigmine research that revealed adverse reactions. That panel member also said that one of their members, Dr. Herb Schaumburg, persuaded them that pesticides and pyridostigmine were probably safe. They were not informed that Dr. Schaumburg had testified as an expert witness on behalf of Dow and other chemical companies against Vietnam veterans exposed to Agent Orange, and against civilians exposed to pesticides. [Dr. Schaumburg did not reveal those financial ties on his conflicts of interest forms.]

2. Veterans groups do not view the members of the Lederberg panel as independent of DOD.

3. The VA claims that they already have a Gulf War panel composed mostly of outside experts. **However, until 1995, the VA expert panel was chaired by Dr. Susan Mather, the VA official who is responsible for research on the issue.** In contrast, the new chair, Dr. Eula Bingham, is not a VA employee and is viewed as more willing to question VA assumptions. However, the majority of the members of that expert panel were and still are researchers and clinicians who have never seen or studied a Gulf War veteran patient and therefore tend to rely on information from VA members, such as Dr. Fran Murphy and Dr. Susan Mather.

4. The Institute of Medicine interim report was very critical of DOD, VA, HHS, and Congressional investigations. **DOD and VA** claim that IOM's criticisms of their research are not valid, and therefore may try to ignore them. **Sen. Rockefeller** is writing

a letter to the IOM pointing out that IOM's claims regarding the safety of pyridostigmine do not take into account the research DOD has conducted, and that their claims that pesticides are unlikely to have long-term neurological effects in the absence of acute symptoms are incorrect (according to the findings of a 1992 IOM book). The **American Legion** complains that the IOM's denial that biological or chemical weapons were used is based on the Lederberg panel and is inappropriate since IOM did not examine the issue independently. The IOM panel went beyond their narrow mandate (which was supposed to be to recommend research that was needed) and this may have resulted in premature conclusions.

MEMORANDUM

To: Mrs. Clinton

From: Diana Zuckerman

Re: HHS and VA Opposition to PGW Commission or Advisory Panel

Date: February 24, 1995

Sandy Berger has scheduled a meeting with the Secretaries and you to discuss the PGW Commission/Advisory Panel on Monday at 1:00. Apparently, Jesse Brown and Donna Shalala are strongly opposed.

The HHS opposition seems to be coming from Kevin Thurm and/or Bill Corr, who think that the Commission is not needed or not politically helpful. I have been advised (off the record, of course) that Phil Lee is our best bet for support. Perhaps it would help if you or Melanne called Phil of Donna this weekend. Peter Beach, who is the HHS career employee who handles veterans issues, is very supportive of the idea because he thinks it is needed and that it is good politically as well. Unfortunately, he seems to be cut out of the decision-making process. It is perhaps worth noting that he is a veteran (WWII, I think), although probably British rather than American.

The VA opposition is quite different. Ken Kizer seems supportive of the idea as long as the Commission/Panel oversees DoD-related issues, rather than VA shortcomings. He told me that he is confident that he can take care of these "few reports" of veterans who are not getting medical care or waiting a few years for compensation. One possible response is that "if VA is doing a great job, then all the more reason to have that conclusion in any report by a Commission." We certainly don't want report that focuses exclusively on programs that are being botched badly. FYI, I am attaching a letter I just received today from a veteran who referred to VA's PGW referral center in Los Angeles as "a joke." The LA Center has been strongly criticized by others as well. (By the way, you may wonder who the letter was sent to; my new name seems to be "Donna Cuckerman.")

Attached

Ken Kizer has only been at VA for 3 months or so, and may truly believe there are no problems or that he can easily solve any problems. He may not have any idea of the kind of mail that you have received from disgruntled veterans who were denied any medical care, or who were sent to the psych ward instead of receiving the medical treatment they needed. Or he may think that these few reports are unimportant.

Sandy Berger is preparing a memo to the President regarding the Commission. The current draft (which we do not yet have) says that Sec. Brown and Sec. Shalala strongly oppose the idea. It would certainly be preferable not to say that on the final memo, so it would be helpful if we could reduce the opposition to one Department.

Attached

MEMORANDUM

To: Mrs. Clinton

From: Diana Zuckerman

Re: Memo to the President Re PGW Commission

Date: February 24, 1995

Here is the draft of the memo that we were asked to comment on. My main concern is that the overall impression of this memo is that the Commission is not a great idea. It does not convey a moral obligation to help veterans, or desire to be open and honest. It instead may convey the impression that the main purpose of a Commission is to respond to 60 Minutes and to "some veterans" who complain.

Jennifer O'Connor from Cabinet Affairs shares my concerns. I have shared them with Elisa Harris of Sandy Berger's staff, but she is waiting for input from Melanne or you as well. I have prepared a separate sheet of comments that could potentially come from Melanne.

FYI, I am gathering information about the Radiation Advisory Committee. Thus far, the most interesting news is that: 1) the members are strong academic types, not stars, and the chair is a biomedical ethicist; and 2) they have a very large staff (50 people!). Although we may not want to imitate them exactly, I think we may want to consider the lower profile, work-oriented orientation.

REVISIONS FOR PGW COMMISSION MEMO TO THE PRESIDENT

1. Add an introductory paragraph on the veterans' concerns about their undiagnosed illnesses.

2. Delete the last sentence of third paragraph regarding lack of evidence that illnesses were caused by chemical exposures. Since there is no conclusive research, there is no evidence for or against these theories.

3. Add a few sentences to convey that veterans deserve to know the truth and we can do more to help them feel confident that the government is honest with them.

4. Delete reference to 60 Minutes and replace with more general reference to media coverage on this issue.

5. Cons section: I don't see how a Commission creates "false expectations...that the causes of their health problems can be readily found."

6. Perhaps we should not assume that we want a low profile advisory committee because the Committee is likely to be critical of the Administration.

~~CONFIDENTIAL~~

~~CONFIDENTIAL~~

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20506

February 22, 1995

Melanne
I thought it would be presumptuous of me to send this to the First Lady directly!
Elisa

MEMORANDUM FOR JOHN DEUTCH
KEN KIZER
KEVIN THURM
MELANNE VERVEER
KITTY HIGGINS

FROM: ELISA D. HARRIS

SUBJECT: Draft Memo on Gulf War Illnesses

Sandy Berger has asked me to provide you with a copy of the attached draft memo on Gulf War illnesses. Please review the draft to ensure that we have characterized your position accurately. I would appreciate receiving any comments you might have by COB Thursday, February 23.

cc: Larry Cavaiola
Fran Murphy
Peter Beach
Diana Zuckerman
Jennifer O'Connor

~~CONFIDENTIAL~~
Declassify on: OADR

~~CONFIDENTIAL~~

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. memo	From: Elisa Harris, National Security Council, To: John Deutch, Ken Kizer, Kevin Thurm, Melanne Verveer, Kitty Higgins, Re: Draft Memo on Gulf War Illnesses (4 pages)	2/22/95	P1/b(1)

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

FOLDER TITLE:
Gulf War Illness - Zuckerman Memorandum [2]

2014-0159-S
sb310

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]

Dear Dr. Cuckerman,

I am writing to you today to express some of the extreme difficulty that I and other veterans of Desert Storm have experienced. During Desert Storm I was a Blackhawk helicopter pilot for the 101st Airborne Division. In order to become a pilot I had to prove beyond a shadow of a doubt that I was completely heathy and in good physical condition. Before the Gulf War I was, since the war I have suffered from Non-Hodgkins Lymphoma Cancer, extreme chronic fatigue, memory loss, skin bumps and rashes, painful joints, digestive problems, bloody nose, elevated levels of liver enzymes, and other symptoms. This list of symptoms is exactly what thousands of veterans are currently living with on a daily basis.

Even worse is the fact that spouses and children are being inflicted with the same terrible problems. I did not meet my wife until a year and a half after returning from the Gulf, now she has the same symptoms as other Desert Storm Veterans. My daughter, Heather, was born with deformed feet, a fact she must live with for the rest of her life. I consider myself fortunate to even have a daughter. Many families have experienced miscarriages and horrible birth defects.

With all of the publicity and thousands of sick veterans the VA and DOD still conveniently ignore the problem. I myself have been through the VA's Desert Storm Registry. I also spent an entire day at the West Los Angeles VA facility which is supposed to be one of three specialty centers in the U.S. for Desert Storm Syndrome.

The Desert Storm Registry of the VA is a complete joke! While I spoke with the doctor who examined me he had absolutely no concern over any exposure I might of had to dangerous substances. Some of the things I mentioned were chemical and biological weapons, depleted uranium, beryllium, and possible exposure to anthrax. The doctor said he had no knowledge of any other D.S. vet with cancer (even after major publicity in the news) and sent me to see a psychiatrist for PTSD. The psychiatrist pronounced my perfectly healthy and sent me on my way. After this ordeal I got a nice form letter in the mail that basically said "Besides the fact you have cancer your perfectly healthy".

A month or so after that ordeal I found out that the VA had set up three specialty centers in the U.S. to refer extreme cases of Desert Storm Syndrome. There I sat with Cancer wondering if I was going to live and I never got a referral to the LA facility which was less than an hour drive from my house. After weeks of trying to find out were to go and how to get an appointment for this so called specialty center I finally got in. On the day I had my appointment I found out they had no special procedures, no system in place, and no one even knowledgeable about the symptoms of Desert Storm Syndrome. Basically they just had me check in and see the first available doctor. I just happened to get the chief of staff doctor (Doctor Klienman) as the one who examined me. Again there were no special test, no interest in any exposures I might of had, and he rationalized every one of my symptoms as a normal condition. He even suggested that he could set me up for an appointment with a psychiatrist and I assured him that had already been done. To this day I have not read one shred of evidence or talked to one veteran who believes the VA or DOD has any real interest in investigating the true cause of our problems.

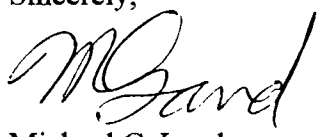
I personally have been on NBC, the front page of the Orange County Register in Southern California, and in a live interview on CNN with Senator Riegle and the Undersecretary of Defense. Every time I am in the news my telephone starts to ring. Every new ring is another sick family, dying veteran, or wife of a devoted servicemen who is to scared to talk about his illness for fear of repercussions. Some of the stories I have heard are heart breaking, some of the people I talk to just want to know how to get better, or don't even know their sick. Every time I meet someone new I ask about them If they know of anyone who served in the Gulf. If the answer is yes my next question is "Are they sick or do they know anyone who is?". It truly is a surprise to hear someone say "No". How many people are sick? I don't think anybody really knows, I'm sure my name doesn't appear on any list. How contagous is this? One study showed over 90% of spouses of sick veterans had the same symptoms. Is it really a problem? The blood banks are still accepting donations from Desert Storm Veterans, sick or not. Action must be taken to stop this tragedy before it can't be stopped, we may very well allready be to late.

When I applied for a service connected disability, which should be a simple matter. I was told it would take over nine months to hear anything from the VA. At the time I was undergoing heavy doses of chemotherapy (from a civilian H.M.O.) and I asked "What if I die before that time" the response was "Sorry we cannot offer any financial or medical benefits until the rating board reaches a decision". That was a nice thing to hear. How many more veterans will have to suffer before someone gets the point? I firmly believe that the only reason I was ever given a disability rating was because I testified in front of Congress in November of 1993. My rating came in one day after that only because a Congressman got on the phone to the VA. I am one of the few lucky veterans who has been rated but as far as the VA is concerned my illness still has nothing to do with the Gulf War.

As far as my family goes we will continue to deal with our sickness as best we can. We are not even seeking treatment for our symptoms because the doctors don't have a clue what to do to help us. Untill someone gets real serious about finding out what is wrong with Desert Storm Veterans there are going to be a lot of Americans being deprived of a whole and happy life.

If there is anything that you can do to help us get treatment for our illness please help us. If there is anything that I can do I am willing, just let me know.

Sincerely,



Michael C. Land
2439 S. Avoca Circle
Mesa, Arizona 85028
(602) 924-3507

MEMORANDUM

To: Mrs. Clinton

From: Diana Zuckerman

Re: Update and materials re President's Gulf Illnesses Announcement

Date: February 22, 1995

I called Dr. Ken Kizer (VA) today to once again try to enlist his help regarding our efforts to consider new Gulf War illnesses initiatives that could be included in the President's announcement next Friday. I was pleased when he told me that he had written to Sandy Berger to express his concerns that the Commission (or whatever) needs to really examine the issue of environmental toxins (weapons and other substances). I told him we were in full agreement about the importance of these issues but were assuming that the Commission would do so. He sent me a copy of his letter to Sandy, and revised description of the Commission's "terms of reference", which are enclosed.

I let him know that the VA staff who were representing the VA in the meetings have themselves been almost completely opposed to the idea that environmental toxins are potential sources of problems. I also told him that the VA staff had opposed the inclusion of the birth defects surveillance program that Ken himself had mentioned to us at our meeting with him in January. I expressed my concerns that VA may not be implementing the laws regarding reproductive diagnostic tests. I also suggested the need for the VA to be more open to issues that pertain to them, such as making mortality and morbidity data publicly available. He said he would make some efforts to make sure that VA was more supportive to these initiatives, but made it clear that he has limited time to spend on this and doesn't know who else he could delegate to.

I have also enclosed the materials that I gave you prior to yesterday's meeting, which I needed to copy for myself. I will be working with the other staff to revise those materials tomorrow.

DEPARTMENT OF VETERANS AFFAIRS
UNDER SECRETARY FOR HEALTH
WASHINGTON DC 20420

FEB 2 2 1995

MEMORANDUM FOR:

Sandy Berger
Deputy Assistant to the President
for National Security Affairs
Executive Office of the President
The White House

In follow up to our discussion yesterday, I have carefully reviewed the proposed Terms of Reference for the proposed Committee/Commission.

In brief, I find the proposed statement of mission and terms of reference unfocused and overly broad. Based on what I heard to be the principal concerns - and the area which I personally feel least secure about - I suggest the Committee/Commission be more tightly focused on the issue of environmental exposures. What do we really know? What efforts were put in place to deal with the anticipated exposures? Do we have sufficient (quantitatively and qualitatively) data to derive conclusions today in light of health complaints? Are there things we should learn from this for the next time? Etc., etc. I feel a Committee/Commission oriented along these lines would be much more likely to be responsive to the concerns being expressed.

I will be happy to discuss further at your convenience.

Kenneth W. Kizer, M.D., M.P.H.

Attachment

DRAFT
2/22/95
(from Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health
Department of Veterans Affairs)

Terms of Reference for the Independent Advisory Committee on Environmental Exposure of Gulf War Veterans

Statement of Mission: The Committee will review data and data sources dealing with environmental exposures that may have affected U.S. personnel who served in the Gulf War and make recommendations for research and/or other action based on the adequacy of such data.

This commission draws its authority from Executive Order. . . . (required E.O. being prepared by DOD).

Areas to be Studied:

The Committee will:

(1) review all information relating to reports of chemical or biological weapons use during the Gulf War to determine the reliability and veracity of such reports, especially with regard to the data's ability to make associations between exposure to such agents and the occurrence of health complaints in Gulf War servicemen;

(2) review and evaluate all available data regarding exposure to non-weapon environmental toxicants or other environmental hazards to determine the reliability and adequacy of such data, especially with regard to potential association of environmental conditions or agents and the occurrence of health complaints in Gulf War servicemen;

(3) review efforts to monitor environmental conditions and hazards prior to and during the Gulf War so as to link then prevalent conditions or potential exposures to later health complaints and to make recommendations for further research or occupational health measures that should be considered in the event of future such conflicts;

(4) review the data pertaining to prophylactic measures undertaken in preparation for the conflict, especially with regard to potential associations between known

risks attendant with those measures and later occurrences of untoward health effects; and

(5) review current research activities being pursued by government and nongovernment agencies and make recommendations regarding areas needing additional effort, especially with regard to environmental hazards.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
006. fax	From: Ken Kizer, M.D., M.P.H. Department of Veterans Affairs, To: Sandy Berger Deputy Assistant to the president for National Security Affairs (1 page)	2/20/95	b(6)

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

FOLDER TITLE:
Gulf War Illness - Zuckerman Memorandum [2]

2014-0159-S
sb310

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]

DRAFT
2/20/95

Terms of Reference for the President's Commission on Gulf War Illnesses

Statement of Mission: The Commission will review and make recommendations on U.S. government activities related to the illnesses being reported by U.S. service personnel who served in the Gulf War (hereinafter referred to as Gulf War illnesses).

This commission draws its authority from Executive Order....(required E.O. being prepared by DOD).

Areas to be Studied:

Research: Review and evaluate Gulf War illnesses-related epidemiological, clinical and other research.

Coordinating Efforts: Review and evaluate the activities of the Persian Gulf Veterans Coordinating Board, including the Research Coordinating Council, the Clinical Coordinating Council, and the Disability/Compensation Coordinating Council.

Medical Treatment: Review and evaluate medical examinations and treatment related to Gulf War illnesses, including the Comprehensive Clinical Evaluation Program and the Persian Gulf Registry Medical Examination Program.

Outreach: Review and evaluate public outreach efforts such as hotlines and newsletters related to Gulf War illnesses.

External Reviews: Review and evaluate steps taken to implement recommendations in external reviews by the Institute of Medicine's Committee to Review the Health Consequences of Service During the Persian Gulf War, the Defense Science Board Task Force on Persian Gulf War Health Effects, the National Institutes of Health Technology Assessment Workshop on the Persian Gulf Experience and Health, the Persian Gulf Expert Scientific Committee, and other bodies.

Risk Factors: Review the possible risks associated with prophylactic drugs and vaccines; infectious diseases; environmental chemicals, radiation and other toxic

substances; smoke from oil well fires; depleted uranium; physical and psychological stress; and other factors.

Intelligence: Review information related to reports of the possible detection of chemical or biological weapons during the Gulf War.

Work Products: The Commission should submit an interim report to the President within six months of beginning its work. This interim report should include an evaluation of U.S. government efforts in the areas described above and make recommendations for enhancing the U.S. government response to Gulf War illnesses and for future planning. The Commission's final report should be submitted by no later than December 1996.

DRAFT
2/20/95

GULF WAR ILLNESSES SPEECH
OUTLINE

Objectives:

1. To demonstrate that the President cares about and is compassionate towards Gulf War veterans who are suffering from illnesses that may be related to their service in the Gulf.

2. To underscore the President's commitment to ensuring that no effort is spared in seeking the origins of the illnesses being reported by Gulf veterans and in providing comprehensive medical care to those affected.

3. To draw attention to the major Administration actions to date in areas such as research, diagnosis and treatment, and to unveil new Administration initiatives, including the establishment of a Presidential Commission on Gulf War Illnesses.

Points to Make:

1. The President cares about those who served in the Gulf and believes we have the same obligation to them as we do to our World War II veterans.

-- Last June I traveled to Normandy, and earlier this month I went to Iwo Jima, to honor those who served with courage and distinction to defeat the forces of fascism in Europe and the Pacific some fifty years ago.

-- I believe that the brave men and women who fought in the Gulf some forty-five years later are owed a similar debt of gratitude. They, too, must not be forgotten, especially those who are still suffering from illnesses that may be related to their service on behalf of this great nation. We must and will take care of them.

2. This is a complex problem, which we have been grappling with since the end of the Gulf War.

-- Nearly 700,000 Americans served their nation in the Gulf, in both active duty and reserve units. Since then, roughly half have left military service.

-- Reports began to surface of persistent, sometimes inexplicable illnesses, within a short time after U.S. forces began to return home.

-- Over time, these very real and sometimes disabling health problems became known as *Gulf War Syndrome*. But, in our efforts to diagnose and treat these veterans, we have not discovered a single syndrome or illness. In fact, there appear to be many different types of *Gulf War illnesses*.

-- A number of causes have been suggested for these illnesses, including:

* smoke from oil well fires;
* depleted uranium from U.S. munitions;
* tropical diseases;
* possible exposure to chemical or biological weapons, or the drugs and vaccines used to protect against such weapons;

-- We have examined and are continuing to examine these and other possibilities but, thus far, no single cause has emerged, just as no single illness explains all of the symptoms being reported by our veterans.

-- We are as frustrated as Gulf veterans themselves over our inability to get to the bottom of this problem.

3. We will leave no stone unturned in our efforts to determine the origins of the illnesses affecting our veterans. We will also spare no effort to ensure that our veterans get the medical care they need, and get it quickly.

4. Many important initiatives have already been undertaken, or are underway, to respond to the needs of Gulf War veterans who are ill. Some of the most important of these are in the areas of diagnosis, treatment and compensation. For example:

-- Any Gulf War veteran who believes that his or her illness or symptoms may have been caused by exposure to a toxic substance or environmental hazard is now given <u>free</u> medical care by the VA.

-- The VA has established a Persian Gulf Registry program that offers free, complete physical examinations to every veteran who served in the Gulf who has health concerns, whether or not that veteran is ill. Thus far, some 40,000 veterans have participated in this program.

-- Gulf War veterans who are still in military service, and their families, can take advantage of DOD's comprehensive clinical evaluation program for both diagnosis and treatment. Since its establishment last June, some 13,000 people have joined this program, more than 8,000 of which already are undergoing in-depth medical evaluations.

> * I want to encourage every Gulf War veteran, whether in the military or not, to participate in these important VA and DOD medical programs.

-- In the area of compensation, I made sure, by legislation I signed last fall, that veterans disabled by unexplained illnesses receive a monthly check, even as we continue to search for what is causing their illnesses.

> * I am pleased to have with us here today ____ and ____, who have received some of the very first of these checks.

-- On the research side, we have more than 30 studies already underway on a range of subjects, such as mortality, environmental hazards, and exposure to oil well fire smoke.

5. I hope this gives you a sense of how hard we are already working to respond to the medical needs of our Gulf War veterans. But as proud as I am of what has been accomplished, it is clear to me that <u>it is not enough</u>.

6. Today I'd like to draw your attention to a number of other initiatives which are just now getting underway, or will soon be established, to help deal with the medical problems of Gulf War veterans. Some of the most important of these are in the research area.

-- We are spending between $7-12 million on new research on the effects of drugs and vaccines used to protect against chemical or biological weapons, on infectious diseases present in the Gulf, and on possible reproductive health risks from exposure to chemicals such as pesticides. We are also beginning new research to see if a combination of these and other factors could be causing the illnesses of Gulf War veterans.

-- Of particular note, as well, is a major study which is looking at whether Gulf War-related illnesses can be passed on to others, or if they can cause birth defects or miscarriages.

-- On the treatment side, DOD is establishing Specialized Care Centers in Washington, D.C. and San Antonio, TX to provide care

for patients who have already had comprehensive examinations at other DOD facilities and need additional testing or treatment.

-- And, in a move toward even greater openness, DOD will, in response to individual requests, prepare and make available analyses concerning reports of the detection of chemical or biological weapons.

7. Finally, to ensure that we are doing all of this right, I have decided to establish a Presidential Commission on Gulf War Illnesses.

-- This Commission will review and evaluate the full range of U.S. government activities related to the illnesses being reported by U.S. service personnel who served in the Gulf War, in areas such as research, diagnosis and treatment and public outreach.

-- I will ask the Commission to provide an interim report within six months of beginning its work, and to include in this report not only an evaluation of the activities we have underway, but also recommendations on what else we should be doing, or should be doing differently.

8. I am committed to ensuring that we learn from the mistakes that the government made in its handling of Vietnam veterans exposed to Agent Orange.

-- For many years, those veterans were denied both disability benefits and the medical care they needed and deserved. <u>This will not happen again.</u>

9. So, as we recall the sacrifices of those on the battlefields of Europe and the beaches of the Pacific some fifty years ago, so too should we remember and, indeed, do all that we can to help, our younger veterans. That is my solemn pledge.

DRAFT
2/20/95

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release Date

FACT SHEET

Gulf War Illnesses: Ongoing Initiatives

Shortly after returning from the Persian Gulf following Operations Desert Storm and Desert Shield, some U.S. military personnel began to report a variety of symptoms, such as fatigue, muscle and joint pain, and headaches. In order to address these Gulf War veterans' health concerns, the Administration has taken many steps, highlights of which are listed below.

COMPENSATION

To make sure that veterans with chronic disabilities resulting from Gulf War service are compensated, the Administration is moving quickly to compensate those with both diagnosed and undiagnosed illnesses.

- **Compensation for Diagnosed Illnesses:** Under traditional disability compensation programs, veterans receive monthly compensation checks for diagnosed disabilities connected to their service. As of January 31, 1995, 16,390 veterans are receiving this type of disability compensation, including 472 for disabilities resulting from exposure to environmental hazards.

- **Compensation for Undiagnosed Illnesses:** President Clinton strongly supported and signed legislation to allow for compensation to veterans suffering from undiagnosed illnesses. This is the first time ever that the Department of Veterans Affairs (VA) has compensated veterans before their illnesses are diagnosed. The first compensation checks under this new program were delivered on [date]. All Gulf War veterans who have had disability compensation denied have been contacted to reapply under this new program.

TREATMENT

The Administration's first priority for Gulf War veterans is to provide them with the best possible medical care, even when diagnoses are elusive.

- **Priority Access to Health Care:** In 1993 and again in 1994, President Clinton signed legislation that enables veterans to bypass usual eligibility rules to obtain free medical care for illnesses that may be related to service in the Persian Gulf. To date, more than 140,000 veterans have benefited from this program.

- **Free Specialized Health Examinations:** Under the VA Persian Gulf Registry Health Examination Program, every Gulf War veteran who has health concerns, whether or not the veteran is ill, is eligible for a free, complete physical exam. More than 40,000 veterans have participated in this program since it began. Veterans with unexplained illnesses, whose medical condition require a more specialize approach also have access to a free comprehensive health examination available in VA and military medical centers nationwide.

- **Specialized Persian Gulf Illness Diagnosis Centers:** VA has established Persian Gulf Referral Centers in Washington D.C., Houston, TX, and Los Angeles, CA, to treat Gulf War veterans whose illnesses elude diagnosis. To date, more than 200 veterans have been assessed at the centers; the majority were ultimately diagnosed with known or definable conditions.

- **Special Treatment for Military Personnel who Served in the Gulf:** Under the Defense Department's (DOD's) Comprehensive Clinical Evaluation Program, more than 13,000 Gulf War veterans still on active duty have registered for extensive medical exams and treatment; between 8,000 and 9,000 veterans have begun to receive these exams and treatment. Military personnel register by hotline and are then examined and treated at local military medical centers and then, if necessary, at 16 major medical centers in the U.S., Hawaii and Germany.

DECLASSIFICATION

In June 1994, DOD announced that it was declassifying all of the material related to the potential causes of Gulf War illnesses.

The Department is proceeding with declassification efforts and releasing information as it becomes available.

OUTREACH & EDUCATION

Because the most frustrating aspect of undiagnosed Gulf War illnesses is the lack of medical knowledge about the cause or cure, the Administration is reaching out to military personnel and veterans to educate them about available medical exams, treatment and compensation, as well as about new findings as they develop.

- **Hotlines:** DOD, as of June 1994, and VA, as of February 1995, began operating hotlines to provide Gulf War veterans easy access to medical examinations and treatment. Callers are referred to the appropriate DOD or VA medical treatment facility. In addition, the VA hotline provides information on all VA medical care, compensation and research programs for Gulf War veterans. The hotline numbers are: DOD, 1-800-796-9699; VA, 1-800-PGW-VETS. VA is also providing medical and compensation benefits information on an electronic computer bulletin board, available 24 hours per day. This number is 1-800-US1-VETS.

- **Defense Secretary and Joint Chiefs Chairman Letter to Veterans:** In May 1994, Secretary Perry and General Shalikashvili jointly sent letters to active and reserve Gulf War veterans, encouraging them to go to any medical facility for an evaluation and exam if they have experienced health problems since returning from the Gulf.

- **Staying Healthy Handbooks:** DOD published and distributed "Staying Healthy" handbooks to help troops protect against hazards present in the Persian Gulf in autumn 1994, as well as in Somalia and Haiti. These handbooks were developed to provide safeguards that were not consistently available during Operations Desert Shield and Desert Storm.

- **Persian Gulf Review:** VA publishes a quarterly newsletter, Persian Gulf Review, which is sent to everyone on its registry, each VA Medical Center, and veterans service organizations. It provides information relevant to the health and compensation concerns of Gulf War veterans and their families.

RESEARCH

More than thirty individual research projects are underway to try to determine all possible causes of Gulf War illnesses. The research projects include epidemiological investigations, environmental hazards research, psychological and neurological studies, and studies of the effects of the anti-nerve gas drug pyridostygmine bromide, of occurrences of the tropical disease leishmaniasis, and of the effects of exposure to depleted uranium. A few of the more than thirty studies are highlighted below.

- **Environmental Hazards Research Centers:** Opened in October 1994, VA Environmental Hazards Research Centers, located in Boston, MA, East Orange, NJ, and Portland, OR, are carrying out fourteen research projects in such areas as: the effects of toxic exposures on behavior, memory, the immune system, the development of cancer and Post Traumatic Stress Disorder, and the nervous, immune and psychological systems. Other studies are examining chemical hypersensitivity, chronic fatigue syndrome, and risk factors for undiagnosed illnesses.

- **Mortality Study:** The VA Epidemiology Service is completing a mortality study that compares the death rates and causes of death of those who served in the Gulf War with veterans not deployed to the Gulf. Results are expected in 1995.

- **Birth Defects Study:** The Centers for Disease Control (CDC) and the Mississippi State Health Department examined a report of increased rates of birth defects in the children of Mississippi National Guard members. The study, completed in December 1994, found no increase in major or minor birth defects.

- **Pilot Study, Including Effects on Families:** At Congressional request, the Administration is conducting a pilot survey of Gulf War veterans from Iowa, comparing a random selection of those who served in the Gulf War with a random selection of those who served elsewhere. This CDC study includes a detailed assessment of veterans' health concerns as well as those of their families.

- **Kuwait Oil Fires Study:** This ongoing study is examining health risks to military troops and personnel exposed to oil fire smoke in the Gulf. The study's initial findings,

released in September 1994, concluded that the risks of cancer and other respiratory illnesses were well below U.S. regulatory standards.

- **Anti-Nerve Gas Drug Studies:** DOD is conducting studies of the effects of pyridostigmine bromide, an anti-nerve gas drug given to troops in the Gulf. The studies are examining the effects of this drug on women and also the effects of interactions between this drug and other environmental chemicals such as insecticides that were present in the Gulf.

- **Tropical Disease Study:** DOD, VA and CDC are examining the occurrences of the tropical disease leishmaniasis in Gulf troops. These studies aim to develop better diagnostic tests and treatment for this disease.

- **California Studies:** This group of large epidemiological studies, begun in October 1994, is being carried out by the Naval Health Research Center in San Diego. The studies are comparing the health of Gulf War Construction Battalion (SeaBee) service members, hospitalization rates among all Gulf War veterans, and birth outcomes in all Gulf War veterans and their families with U.S. military populations who did not serve in the Gulf. Preliminary results are expected in late 1995.

REVIEWS BY OUTSIDE EXPERTS

To ensure that all avenues for research on Gulf War illnesses are being aggressively pursued, the Administration has asked several panels of non-governmental scientists to review ongoing activities and make recommendations for further research. These reviews indicate a consensus in some areas. For example, there is agreement among reviewers that, rather than a single cause or illness, there are likely to be several causes and illnesses among Gulf War veterans.

- **National Institutes of Health (NIH):** In April 1994, the NIH Technology Assessment Workshop examined research efforts to date and made recommendations for future research in areas such as epidemiology, stress related diseases, pyridostygmine bromide and leishmaniasis. Many of these recommendations are now being implemented.

- **National Academy of Sciences, Institute of Medicine (IOM):** As directed by Congress, an IOM panel is reviewing and evaluating current efforts related to Gulf War illnesses. The group's first report, issued in January 1995, provided a number of recommendations for continuing research in this area. Many of the IOM's recommendations are being implemented, including: initiation of research into birth defects, reproductive health, vaccines, anti-nerve gas agents; establishment of comprehensive, peer-reviewed research; and better coordination of data gathered by different federal Departments. The IOM is also reviewing and evaluating DOD's Comprehensive Clinical Evaluation Program.

- **Defense Science Board Task Force:** This panel, headed by Nobel laureate Dr. Joshua Lederberg, was asked by DOD to examine information related to possible troop exposure to nerve gas, intelligence and other reports of possible chemical or biological exposure, and potential health consequences resulting from low level chemical exposure, environmental pollutants, Kuwait oil fires and other health hazards. The panel's report, released in June 1994, concluded that there was no evidence of the use of chemical or biological warfare against US troops in the Gulf.

DRAFT
2/20/95

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release Date

FACT SHEET

Gulf War Illnesses: New Initiatives

Various steps have already been taken by the Clinton Administration to respond to the health concerns of U.S. military personnel who served in the Gulf War. Today, the President announced a number of new initiatives aimed at further enhancing the U.S. government response to the needs of Gulf War veterans who are ill.

PRESIDENTIAL COMMISSION

The President will establish a Presidential Commission on Gulf War Illnesses to review and make recommendations on U.S. government activities related to the illnesses being reported by U.S. military personnel who served in the Gulf War. This Commission, which will begin its work in the spring of 1995, will review and make recommendations on Gulf War illnesses-related research, the activities of the Persian Gulf Veterans Coordinating Board, medical examination and treatment programs, public outreach efforts, the implementation of recommendations from external reviews, possible risk factors, and intelligence related to reports of the possible detection of chemical or biological weapons. The Commission is to provide an interim report to the President within six months of beginning its work and a final report by no later than December 1996.

TREATMENT

The Department of Defense (DOD) and the Department of Veterans Affairs (VA) are enhancing their current programs for diagnosing and treating Gulf War veterans.

- **Specialized Care Centers:** DOD is establishing Specialized Care Centers in Washington, D.C. and San Antonio, TX, to provide care for patients who have had comprehensive medical examinations at local military medical facilities and need

additional testing or treatment. These centers will open in March 1995.

- **Reproductive Problems:** VA and DOD diagnostic test programs for Gulf War veterans will soon include tests to evaluate the possible causes of reproductive problems. A new directive to implement this policy will be issued to all VA and DOD medical facilities in spring 1995.

EXPANDED RESEARCH

In addition to the research that is already underway, VA and DOD are planning to spend at least $7-12 million on new research on Gulf War illnesses in 1995. Most of these studies will be designed, peer reviewed and conducted by university researchers and other independent scientists or, in the case of VA research, by scientists at VA medical centers across the country. Applications for these studies have not yet been reviewed; the research is expected to begin later this year.

- **Epidemiological Research:** For the first time, epidemiological studies will be conducted to examine whether various exposures, such as medication, vaccines, pesticides, oil fires, and other toxic substances; certain geographic locations; experiences in the Gulf War; or personal traits, such as age, gender or weight, are associated with specific symptoms of Gulf War veterans. DOD will provide grants for studies that include diagnosed and undiagnosed illnesses and symptoms among a random sample of Gulf war veterans or civilians employed by DOD, as well as miscarriages, birth defects, and other reproductive health problems; and illnesses among spouses or children. VA is initiating a study that will compare the health of 15,000 Gulf War veterans and 15,000 veterans who served during the same years but not in the Persian Gulf.

- **Drugs and Vaccines:** New research is being conducted on the drugs and vaccines provided to U.S. military personnel in the Gulf to help protect against chemical or biological weapons. This research will include further studies on the anti-nerve agent pill pyridostigmine bromide, alone and in combination with other medications or chemicals such as pesticides. Research on the long-term effects of anthrax and botulism vaccines will also be conducted, for the first time.

- **Medical Evaluations of Spouses and Children:** For the first time, VA will provide medical evaluations and diagnostic tests to spouses and children of Gulf War veterans. These

steps are being taken as part of a research project on the possible relationship between the illnesses of Gulf War veterans and those of their spouses and children. Dependents of veterans who are enrolled in the VA Gulf War Registry will be selected for inclusion in this study. The study will begin in the next few months.

- **Environmental Hazards:** DOD and VA will support new research to expand existing information on infectious and parasitic diseases, possible reproductive risks from chemical exposures, and the effects of exposure to petrochemicals, lead, depleted uranium and other toxic substances.

- **Improving Treatment:** Later this year, DOD and the Department of Health and Human Services will accept research proposals from scientists across the country designed to improve treatment for Gulf War veterans with diagnosed and undiagnosed illnesses and symptoms.

OUTREACH

In February 1995, VA Secretary Jesse Brown sent letters to all VA Gulf War Registry participants informing them of new compensation regulations for undiagnosed illnesses.

FUTURE SAFEGUARDS

DOD is developing a comprehensive plan in response to criticisms that have been raised about the lack of information available to U.S. troops in the Gulf War and gaps in their medical records. This new plan will improve training and documentation, and thus help reduce the risk to U.S. personnel in future deployments. This plan will be completed within the next few weeks.

- **Training:** The plan will strengthen training on the risks of toxic exposure and make more information about such risks available to individual service members.

- **Documentation:** The plan will also improve documentation of each service members' health, medical problems and exposures before, during and after deployment.

OPENNESS

In response to individual requests for information about reports of detection of chemical or biological weapons, DOD will prepare and make available analyses of such reports.

PGW NEWS UPDATE

The rumor is that 60 Minutes has "incontrovertible" evidence of the use of chemical weapons in Iraq.

Dr. Bob Roswell (Birmingham VA) said something to a Birmingham, AL reporter about a possible presidential announcement of something that was supposed to be this week, but maybe will be next week. The reporter got my number from Gen. Blanck, and called to ask me. I told him (and possibly convinced him) that he was probably talking about the compensation check photo op. I then called Bob and told him that nothing should be said to anyone about anything. He denied having said much, but got the hint.

To: Mrs Clinton
From: Diana
Fyi

February 17, 1995

First Lady, Hillary Rodam Clinton
1600 Pennsylvania Avenue
Washington, D.C. 20420

Attn: Ms. Diana Zuckerman

Re: Sgt. Joseph E. Dulka Jr. File #310/211A/DH XCSS 048 52 4231

Dear Ms. Zuckerman,

Let me first commend you for your continuing work on the Desert Storm Veteran health problems. You are one of very few who seems to care about this issue.

I am writing you on behalf of my deceased husband, myself, our children and the tens of thousands of other veterans and their families of Desert Storm. My husband died on August 28, 1994 of pancreatic cancer at the age of 37. We applied for full 100% disability compensation from the veterans administration in June of 1994. We were denied.

Since my husbands death, I have carried on this battle, not only for my family, but for the other Desert Storm Veterans and their families. I have appealed on several occasions to the VA and been denied. The basis for the denial is that my husband had no documented symptoms during the first year after his return. Pancreatic cancer has no symptoms The cancer was only discovered when a tumor the size of a baseball blocked his intestinal track. Before that he showed no symptoms.

My husband was a National Guardsman with the 143rd MP Company out of Hartford, CT. They were activated for the Desert Storm conflict to guard the Iraq Prisoners in Saudi Arabia. During their tour they were ordered to spray the P.O.W.'s with benzene a form or lindane, a known cancer causing substance. They were ordered to spray these P.O.W.'s with no warning of the toxic which they were using, no protective clothing, or masks were provided. This substance was inhaled, and absorbed through the skin by the M.P.'s. Originally, a medical company stationed with the MP's was ordered to do this, upon their refusal, the MP's were ordered to do it.

These are
VA employees
who could lose
their jobs for
trying to help.

My husband was proud to serve his country, willing to go, he knew he may not come home. He felt confident that the VA would provide for his family, He had 13 years in the National Guard. Now a yellow ribbon hangs from the American Flag at his grave. How does the military expect to have any volunteer's for the service if they don't take care of their Veterans?

As you can see from the information I have sent you, This has become a full time job for me. I have written numerous letters, sent faxes, made telephone calls, to no avail. Each time I put in an appeal, my case is denied. I have received many phone calls offering support, and instruction as to how to fight the VA's decision. Dr. William Eddy has been an unbelievable source of support and information to me. He heard of my story in June, and tried to help me along with others in my situation. Dr. Eddy has done this on his own time, with great risk to his position and family financial security. He has been in constant contact with me, keeping me updated as to what is going on and what I can do to try to get my situation resolved. I have also received help from Dr. Charles Jackson. He instructed my husbands Doctor on which test to run for heavy metals testing and where to have his blood samples sent, along with spending time with me on the phone. I have received help from so many, but their hands are tied. I'm sure with your help, our Veterans can receive the help and benefits due to them.

The American public is being lied to as are the Veterans of Desert Storm. The VA is not releasing true figures on the amount of cancer cases of Desert Storm Veterans. The registry is lying when they are called and asked how many cases they have registered. When my husbands Doctor called the registry in May 1994 to report my husband's case, he was told their were no other cases, which I know was a direct lie. Had his Doctor known, he would have run other testing and done some more research which would have helped my case.

I have tried with no success to get answers to the following questions. How much lindane was brought over to Saudi Arabia and how much came back? How many cases of cancer and neoplasma's are there among our Desert Storm Veterans? How many deaths from these same illnesses have there been. How many of these claims have been denied? How many have been approved? The bodies that were brought back from the war to Delaware and autopsied, how many of the medical staff which performed these autopsies are sick? Can you or your office find the answers to these questions?

Please take a moment and look through the information I have sent to you. It will show you the road I have traveled since May 1994 and help your better understand why I am writing to you. I need to know why I am a widow and why my children have no father. How do I explain to a 3 and 8 year old that their father died because our military didn't protect its own soldiers and then cast them away after their job had been completed? I am aware that during times of war, certain

procedures can not be followed, but it appears that no concern or protection was given our soldiers and now the VA has turned its back on the Veterans and their families. I would much prefer to tell my children that their father fought proudly to defend our country and lost his life as a result of his duty, but that the Veterans have taken care of us and your daddy provided these benefits through his duty.

Sincerely,

Diane Gates Dulka

Diane Gates Dulka
17 Midland Road
Windsor Locks, CT 06096
(203)623-1456

This was sent to:
Senator Rockerfeller
Mr. Steve Robinson
Congressman Joe Kennedy
Jessie Brown
Mark Regan

June 27, 1994

I AM REQUESTING A HARDSHIP DISABILITY COMPENSATION RATING OF 100% IMMEDIATELY FOR MY PANCREATIC CANCER. IF I SHOULD DIE BEFORE YOU CONSIDER MY RATING, CONSIDER THIS, INDEMNITY COMPENSATION. My name is Joseph Eugene Dulka Jr., my social security number is 048-52-4231. I am a Gulf War Veteran. I was with the 143rd Military Police Company out of Hartford, CT. I was sent to Saudi Arabia on January 22, 1991 and returned to Westover Air Force Base on May 5, 1991. During my tour, we were grouped with the 400th M.P. B.N. I was stationed at the P.O.W. camp and in charge of guarding the P.O.W.'s. I was repeatedly exposed to benzene, a known cancer causing agent, while processing the P.O.W's. On January 13, 1991 I was given malaria pills, February 14, 1991 I was given the antrax vaccine and cipro 500 pill. I was exposed to bombed out tanks, oil fires, sand storms, and constant scud alerts, and bombings. While processing the P.O.W.'s, I was constantly in contact to filthy, lice infested, sickly Iraq soldiers. The entire company came down with diarrhea while in the Gulf.

Upon returning home my wife became pregnant with my son in June 1991. My son was born with cleft lip and palate. There is no history of this in our family on either side. He has had 2 surgery's and still needs another one possibly 2 more. I also have a 7 year old daughter who was born normal. My wife has experienced constant vaginal yeast infections, and abnormal pap smears since my return. This has caused her severe discomfort.

Approximately 7 to 8 months after my return home, I as my family noticed several changes in my personality, such as, depression, lack of motivation, short temper, unable to concentrate or finish something which had been started. In November 1993 I began having problems with my upper abdomen. I was told I had Gastritis, for which I was treated. In January 1994 I developed diarrhea, massive weight loss, and pain in my upper back. After months of testing I have been diagnosed with pancreatic cancer. I have been given a very short time to live.

I am in St. Francis Hospital in Hartford, CT as of this date. I did go to the VA Hospital in Newington, CT on May 4, 1994 for some testing. I was unable to follow it up due to my illness. Their phone number is (203)667-6757.

I believe my son's facial imperfections, my wife's infections, and my cancer are a direct result of my involvement in the Desert Storm Operation. I have served my country proudly over the last 14 years and was more than willing to do it for my country. I now need your help. I have made the ultimate sacrifice for my country.

BASED ON THE HARDSHIPS I AM FACING AND THE SHORT TIME I HAVE LEFT TO LIVE, I AM REQUESTING A IMMEDIATE DISABILITY RATING OF 100%, AND I AM ALSO APPLYING FOR AN UNEMPLOYABILITY RATING..

I can be reached at the address and phone given below. My doctor's name, address, and phone are also listed below.

PLEASE DO NOT SEND THIS CLAIM TO LOUISVILLE.
Thank You

Joseph E Dulka J

Joseph E. Dulka Jr.

Joseph or Diane Dulka Jr
17 Midland Road
Windsor Locks, CT 06096
(203)623-1456

Dr. John Polio
1000 Asylum Avenue
Hartford, CT
(203)522-1171

HARTFORD GASTROENTEROLOGY ASSOCIATES, P.C.

JAY B. BENSON, M.D.
JOHN POLIO, M.D.
1000 ASYLUM AVENUE
HARTFORD, CONNECTICUT

TELEPHONE 522-1171

SUITE 3215

6/28/94

Re: Joseph Dulka Jr.

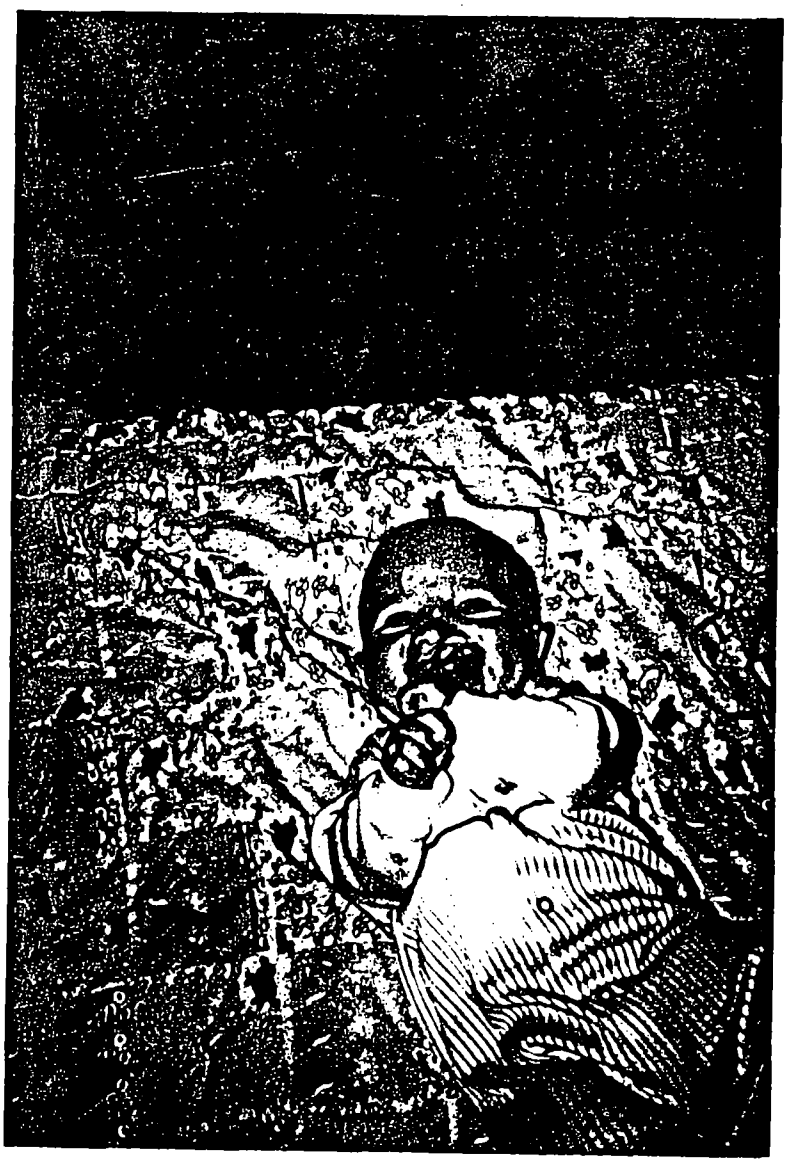
To Whom it may concern:

Mr. Joseph Dulka has been a patient of mine since November 1993. At that time he presented with a one month history of gastrointestinal symptoms. He was ultimately diagnosed with pancreatic carcinoma in May 1994. I believe that his initial presenting symptoms were in fact due to this diagnosis. It is likely that the development of the tumor preceded his initial symptoms by a number of months.

Sincerely,

John Polio

John Polio M.D.



Joseph E Dulka Jr

PERSONAL HEALTH HISTORY (Continued) 048-52-4231

MEDICATIONS TAKEN REGULARLY (e.g., insulin, digitalis)
Médications pris regulièrement (e.g., insuline, digitale)

Health problem — Problème de santé	Generic and trade names of medication — Noms génériques et commerciaux de la médication	Medication dosage — Dose de médication	Physician's remarks — Remarques du médecin	Physician's signature — Signature du médecin

OPHTHALMIC INFORMATION (prescription glasses)
Information ophtalmique (lunnettes prescription)

	Sphere Sphere	Cylinder Cylindre	Axis Axe	Prism Prisme	Base Courbe
(OD) Ocular dexter / Oculaire droit					
(OS) Ocular sinister / Oculaire gauche					

Add _____ Base curve _____

Addition _____ Courbe base _____

Other _____

Autre _____

OTHER IMMUNIZATIONS/PROPHYLAXIS RECEIVED
Autres immunisations/prophylaxies reçues

(Immune globulin, malaria, measles, etc.)

Date	Vaccine/prophylactic drug Vaccin/drogue prophylactique	Dose	Physician's signature Signature du médecin
9JAN91	Tet-Dip	.5 cc	Donald W. Pott
	GG	2.0 ml	LTC, MC 193-28-1491
	MGC	.5 cc	Donald W. Pott
9JAN91	FLU	.5 cc	LTC, MC 193-28-1491

14feb91	Anthrax	.5cc	Dunlap 301 ST
23Mar91	GG	2.0cc	Desert Shield

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO.
DULKA, JOSEPH EUGENE	ARMY/ARNG	048 52 4231

4.a. GRADE, RATE OR RANK	4.b. PAY GRADE	5. DATE OF BIRTH (YYMMDD)	6. RESERVE OBLIG. TERM. DATE
SSG	E-6	570731	Year 00 Month 00 Day 00

7.a. PLACE OF ENTRY INTO ACTIVE DUTY	7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)
HARTFORD, CT	WINDSOR LOCKS, CT

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8.b STATION WHERE SEPARATED
143D MILITARY POLICE CO. FORSCOM (FC)	FORT DEVENS, MA

9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE
CONNECTICUT ARMY NATIONAL GUARD ARMORY, HARTFORD, CT 06105-3795	☐ None Amount: $100,000

11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)

95B30, MILITARY POLICE, 13 YRS 07 MOS//
NOTHING FOLLOWS

12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period	91	01	03
b. Separation Date This Period	91	05	25
c. Net Active Service This Period	00	04	23
d. Total Prior Active Service	00	03	25
e. Total Prior Inactive Service	13	02	12
f. Foreign Service	00	03	12
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	85	06	01

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

ARMY LAPEL BUTTON//ARMY SERVICE RIBBON//NATIONAL DEFENSE SERVICE MEDAL//EXPERT BADGE M-16 RIFLE//ARMY RESERVE COMPONENT ACHIEVEMENT MEDAL(1ST OAK LEAF CLUSTER)//ARMY ACHIEVEMENT MEDAL //HUMANITARIAN SERVICE MEDAL//SHARPSHOOTER BADGE .45 CALIBER PISTOL//NOTHING FOLLOWS

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)

NA

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes	No	16. DAYS ACCRUED LEAVE PAID
		X		X		NONE

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION X Yes ☐ No

18. REMARKS

ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION DESERT SHIELD/DESERT STORM IAW, 10 USC 672// DD FORM 215 WILL BE ISSUED BY ARPERCEN/STATE ARNG HQ TO PROVIDE MISSING INFORMATION// INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST-SERVICE BENEFITS AND ENTITLEMENTS //SERVICE IN SOUTH WEST ASIA 910124 TO 910505//NOTHING FOLLOWS

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)	19.b. NEAREST RELATIVE (Name and address, include Zip Code)
17 MIDLAND RD WINSOR LOCKS, CT 06096	DIANE DULKA, 17 MIDLAND RD WINSOR LOCKS, CT 06096

20. MEMBER REQUESTS COPY 6 BE SENT TO: CT DIR. OF VET AFFAIRS	✓ Yes	☐ No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)
21. SIGNATURE OF MEMBER BEING SEPARATED			EMMA F. GOOCH, SFC, USA, CHIEF, TPU

DD Form 214, NOV 88 — Previous editions are obsolete. — MEMBER - 1

RELIEF FROM ACTIVE DUTY — HONORABLE

AR 635-200 CHAPTER 4 — LBK — NA

EXPIRATION TERM OF SERVICE

NONE

MEMORANDUM

To: Mrs. Clinton

From: Diana Zuckerman DMZ

Re: Enclosed videotapes and letter

Date: February 7, 1995

The enclosed letter and videotape regarding the Susan Powter show reflect a growing hysteria regarding the Gulf War Syndrome issue. This is exactly the kind of media coverage we would like to defuse by showing your involvement in this issue.

The program takes a little information and mixes it with a lot of hostility and anger. The main guest, Betty Zuspann, is one of the most vocal of the wives of Gulf War veterans; it is my impression that most of the veterans find her to be too extreme, but she is representative of a small number of very desperate and angry veterans and spouses.

I don't know what the audience share is for a show like this, but it would not surprise me if this kind of coverage gets more common after the 60 Minutes piece.

I have also enclosed a videotape of a hearing that Jay Rockefeller chaired in August on reproductive hazards associated with military service. The first panel of witnesses includes: Jackie Maxwell (spouse of a WWII POW exposed to radiation at Hiroshima); Smoky Parrish (a Cold War veteran who was exposed to nuclear testing); Tom Goonan, a Vietnam vet exposed to Agent Orange; Kelli Albuck (spouse of a Gulf War veteran, who describes "shooting fire"), and Steve Miller (a Gulf War vet). All experienced multiple miscarriages, children with birth defects, etc. It's too long to watch the whole thing, but if you have the time to watch part of it, I think you will find it very moving and interesting. It's a good antidote to the other tape.

Internal Meeting re: Gulf War Syndrome Commission
List of Participants

Mrs. Clinton
Melanne Verveer
Diana Zuckerman

Sandy Berger, NSC
Elisa Harris, NSC
Bob Bell, NSC
John Deutch, DoD
Larry Cavaiola, DoD
Ken Kizer, VA
Kitty Higgins, Cabinet Affairs
Jennifer O'Connor, Cabinet Affairs

MEMORANDUM

To: Mrs. Clinton

From: Diana Zuckerman

Re: Today's Meeting re Gulf War Illnesses Presidential Commission

Date: February 21, 1995

The purpose of this memo is to describe a few key issues that you will want to know about before your meeting with Sandy Berger and the Departments officials at 1:00 p.m.

1. Donna Shalala and Jesse Brown apparently expressed their lack of enthusiasm for a Presidential Commission on Gulf War illnesses, in a call to Leon Panetta or Harold Ickes, and to Secretary Perry. This information comes from Jennifer O'Connor of the Cabinet Affairs office, and she doesn't know the reasons. HHS has not been particularly involved in the Gulf War health issues, so the opposition could be related to lack of information or interest rather than opposition to the Commission per se. The situation is different at VA; many of the people who are most involved in the issue (such as Dr. Fran Murphy and Dr. Susan Mather, both of whom you have met) say that VA is doing a great job and they don't see why any oversight is needed.

2. The process of planning the Commission (and the announcement thereof) that was put in place by Sandy Berger has unfortunately not been conducive to having the kind of input we had hoped for. Sandy Berger put his staffer, Elisa Harris, in charge of coordinating the staff (from VA, DOD, HHS, Cabinet Affairs, and our office) who were working on this project this last week. She is smart and confident but she knows less about the issue than anyone else, so she tends to seek consensus on most issues before they can be included in any work product. Since the VA staff generally refuse to acknowledge any problems with the Gulf War health issues, it has been almost impossible to persuade the Departments to consider any new initiatives. (DOD and HHS have been more open, but Fran Murphy even objects to new DOD initiatives, and since she is more knowledgeable and opinionated than the HHS and DOD staff she has controlled the debate).

3. The other problem is that, according to Elisa, Sandy Berger's views on this project are different from yours in two major ways. I have no way of knowing if she is accurately portraying his views, so it would be helpful if you can find out. According to Elisa:

a. Sandy does not want to publicly acknowledge any problems or wrong-doing, or blame the previous administration in any way, but instead wants to focus on the positive, new things we are doing. This sounds reasonable, but unfortunately the public cynicism is such that I don't think we can be credible without acknowledging past mistakes, and those mistakes were made by the previous Administration.

b. Sandy wants to focus entirely on Gulf War veterans, rather than the broader issues of safeguards for military personnel, and the implications for future military service. In contrast, the DOD staffer has been open to the idea of minimizing future toxic exposures through better safeguards, etc., which HHS and we think is terribly important.

In a way, the three issues go together. I think it would be hard to justify a Presidential Commission if we were focusing exclusively on helping sick Gulf War veterans, and if we believed everything that DOD and VA say, since they claim that almost all the Gulf War veterans are being adequately helped. It would be crazy to have a Presidential Commission to help a few hundred sick veterans, given all the other priorities in the country. However, if we believe that there are thousands of ill veterans who are not being effectively treated, if we believe that Government should be responsive to its veterans, and if we believe that many of these health problems could be prevented in the future, then the Commission makes a lot of sense. You know I have had some concerns about a Commission myself, but after everything that I have seen in the last few weeks, I agree with you that it is the best chance we have to really provide oversight for what the Departments are doing.

Possible Issues to Raise at the Meeting:

1. In addition to the Commission, what new initiatives can we say the Administration is working on? [Most of the suggestions I made were rejected by VA and therefore do not appear on the draft list that you will be given by Sandy. Practically all that is left are the research initiatives that Sen. Rockefeller initiated, since those provisions of law have not been implemented yet.]

2. The Commission should be concerned with implications for future military service, not just the illnesses of Gulf War veterans. Pesticides, decontamination agents, vaccines, anti-nerve gas pills, etc. will be needed in the future. How can we minimize health risks?

3. We should use Hazel O'Leary's radiation announcement as the model of openness. She admitted that mistakes had been made and said that we will find out what was done and share the information with the American people. Why can't we be as open to the possibility that mistakes were made, especially since they involve the previous Administration?

4. The Commission must be independent. At our previous meeting, John Deutch offered to have DOD pay for the Commission. I was told that he also said DOD would staff it, although I did not hear that. Obviously, staff should be independently hired, although the money could come from DOD as long as it isn't controlled by DOD.

5. Laws that the President signed are not being properly implemented. This meeting is probably not the time to raise this issue, but you might want to keep it in mind. In

addition to DOD's plan to conduct research that was supposed to be conducted by university faculty, VA is apparently doing its best to ignore or revise some of the provisions that Jay Rockefeller initiated regarding spouses and children of Gulf War veterans. The DOD problem has been fixed thanks to our first meeting with them; I just found out about the VA problem yesterday, and will try to reach Ken Kizer about it before today's 1:00 meeting.

THE WHITE HOUSE

Office of the Press Secretary

FACT SHEET

Persian Gulf War Illnesses: New Initiatives

Medical Testing and Treatment

* **Specialized Care Centers.** DOD is establishing Specialized Care Centers in Washington, DC and San Antonio, TX to provide care for patients who have had comprehensive medical examinations at local military medical facilities and need additional testing or treatment. These centers will open in March 1995.

* **Reproductive Problems.** For the first time, VA and DOD will be required to medically evaluate reproductive problems in their diagnostic test programs. A new directive to implement these and other changes in this program will be issued to all VA and DOD medical facilities in Spring 1995.

New and Expanded Research

In addition to the research that is already underway, VA and DOD are planning to spend at least $5-10 million on new research on Gulf War illnesses in 1995. Most of these studies will be designed, peer reviewed, and conducted by university researchers and other independent scientists, and in the case of VA research, by scientists at VA medical centers across the country. Applications for these studies have not yet been reviewed; the research is expected to begin later this year.

* **Epidemiological Research**. For the first time, epidemiological studies will be conducted to examine whether various exposures, such as medication, vaccines, pesticides, oil fires, and other toxins; certain geographic locations; experiences in the Gulf War; or personal traits, such as age, weight, and sex are associated with specific symptoms. DOD will provide grants for studies that include diagnosed and undiagnosed illnesses and symptoms among a random sample of Gulf War veterans or civilians employed by DOD, as well as miscarriages, birth defects, and other reproductive health problems; and illnesses among spouses or children. VA has initiated a study that will compare the health of 15,000 Gulf War veterans and 15,000 veterans who served during the same years but not in the Persian Gulf.

* **Drugs and Vaccines Research.** A new research focus will be to study the effects of drugs and vaccines that were provided to US troops in the Gulf to protect them against chemical and biological weapons. These will include studies of pyridostigmine bromide, an anti-nerve gas pill, alone and in combination with pesticides and other chemicals and medications. Research on the long-term effects of anthrax and botulism vaccines will also be conducted for the first time.

* **Medical Evaluations of Spouses and Children.** For the first time, VA will pay for medical evaluations and diagnostic tests of spouses and children whose illnesses may be related to the veterans' service in the Persian Gulf, as part of a study of the possible transmission of Gulf War illnesses to family members. Dependents of veterans who are enrolled in the VA Gulf War Health Registry will be included in this pilot study. In addition, objective medical information about miscarriages and birth defects will be included. This study will begin within the next few months.

* **Research on Environmental Hazards.** DOD and VA will also support research on infectious and parasitic diseases; research on possible reproductive risks from chemical exposures; and research on exposure to petrochemicals, lead, depleted uranium, and other toxic substances.

* **Research on Treatment.** Later this year, DOD and HHS will be accepting research proposals from scientists across the country, aimed at improving treatment for Gulf War veterans with diagnosed and undiagnosed illnesses and symptoms.

Outreach

In February 1995, Secretary Brown sent letters to all VA Gulf War Registry participants informing them of the new compensation regulations for undiagnosed illnesses.

Future Safeguards

DOD is developing a comprehensive plan in response to criticisms that have been raised about the lack of information available to US troops in the Gulf War, and gaps in their medical records. These new plans will improve training and documentation.

* **Training.** The plans will reduce the risks of toxic exposures in future military service by strengthening training of all service members regarding the risks of toxic exposures. The goal is to make information more available to each individual.

* **Medical Documentation.** The plans will also improve documentation of each service member's health, medical problems, and exposures before, during, and after deployment. These improvements will help protect the health of all service members. In addition, in cases where exposures or other military experiences cause disabling medical problems, improved documentation will help them qualify for disability compensation. These plans will be completed within the next few weeks.

Detections of Chemical and Biological Weapons

In response to individual requests for information about reports of detections of chemical or biological weapons, DOD will prepare and provide their analyses of the accuracy and implications of the reports.

Proposals Rejected by the Departments

* **Data on Serious Illnesses.** Data regarding cancers and other serious illnesses among all Gulf War veterans for whom data are available (based on Registry data and medical records at VA and DOD medical facilities) will be made public, and the Centers for Disease Control will analyze the implications of those findings by providing comparable information for the general population matched by age, sex, and race.

[PLEASE NOTE: The purpose of this initiative would be to respond to rumors of unusual numbers of deaths, cancers, and heart conditions among Gulf War veterans. VA is already conducting a study of deaths, but not of serious illnesses. CDC's analysis would probably not be a statistical analysis, because it is unlikely that such an analysis would be possible. However, CDC could presumably provide relevant comparison data.]

* **Investigating Access to VA Medical Care.** VA will ask the IG to evaluate any reports by Gulf War veterans that they have been denied free medical care at specific VA Medical Centers.

[PLEASE NOTE: Is this the best way for VA to show it has nothing to hide and welcomes an outside review of this problem? Does VA have an estimate of the number of VA Medical Centers that have been accused of denying this treatment, on the basis of Congressional hearings, letters from Members of Congress or veterans, etc? Is the IG the appropriate mechanism, or are there others that would be preferable?]

These are the "new initiatives" that can be announced. Most are mandated by law.

Hartford, CT 06106

Hartford Courant Monday 2/20/95

Pentagon accused of withholding evidence of gulf war chemical use

By THOMAS D. WILLIAMS
Courant Staff Writer

A former U.S. senator says the Pentagon withheld critical evidence from a congressional inquiry into illnesses afflicting veterans of the Persian Gulf War.

Donald W. Riegle Jr., a Michigan Democrat who recently retired, said a 1991 chemical incident log — obtained by a Georgia veterans' group in January — would have eased an investigation he conducted in 1993 and 1994 as chairman of the Banking Committee.

In an interview last week, Riegle called the log "a very powerful piece of evidence" that shows what military authorities were thinking and doing about reported chemical and biological incidents during the war.

Many veterans complain they have failed to receive proper medical care, and Riegle has said it is crucial for doctors treating them to know what they were exposed to.

In March 1994, Riegle asked for such a log during his committee's investigation, but the U.S. Department of Defense responded: "Central Command has conducted a search and has identified no documents that meet that description."

Jim Turner, a Defense Department spokesman, said Riegle had been told the department could not find a "U.S. Central Command log" but would continue looking if Riegle could be more specific. Riegle never made another request, Turner said.

An aide to Riegle said they continued to make requests for the log, but got nowhere.

Paul Sullivan, president of Gulf War Veterans of Georgia, asked for the chemical and biological incident log from the U.S. Central Command, now based in Florida, last August and received parts of it in January. He turned it over to a former Riegle aide.

It is unclear why the log could not be located earlier, or why many dates are still missing.

"Why did they hide it from us? Did it now get out in a purposeful way or did it get out by accident?" asked Riegle, now an instructor at the University of Michigan and an adviser to a Washington, D.C., public relations firm.

The daily log, which contains military jargon and shorthand, records reports of chemical or biological incidents that Central Command received during the gulf war. The log's three columns break down the reports into time, incident and action taken.

Some complaints or reports are described as unfounded. Others do not show any action taken or any conclusions made. In several instances, an incident is discounted before any subsequent action is reported in the log. The log records reports that some chemical testing equipment showed positive readings for chemical warfare gases.

For example, the log reports:

- Jan. 18, 6:06 p.m.: "Israeli police confirmed nerve gas probably."
- Jan. 20, 8:17 p.m.: "Czech recon . . . report 'detected GA/GB [sarin and tabun, two warfare nerve gases]' and that hazard is flowing down from factory/storage bombed in Iraq. Predictably, this has become/is going to become a problem."
- Jan. 21, 9:15 p.m.: "Czechs were called who reported trace quantity of 'Tabun [nerve gas], Soman [nerve gas] and Yperite [mustard gas]' . . . which was caused by fallout from bombing of Iraqi CW [chemical weapons] storage/weapon sites."

At least 57,000 American servicemen and women of the 697,000 who served during the war are seeking treatment for post-traumatic stress disorder, cancer, heart disease, nerve and digestive disorders, and a variety of other illnesses including some contagious diseases. More than 2,360 veterans have died from sickness.

The parts of the log released last month contain only four days in January 1991 and three days in March 1991. Absent are weeks when the air war and the ground war were ongoing.

Riegle, who suspects that Iraqi chemical weapons in the Persian Gulf did contribute to the continuing sickness of some U.S. troops, says the rest of the log needs to be made public.

James Tuite III, Riegle's former investigative aide, said he has given the log to staff members in both political parties working for the Senate Armed Services Committee.

"The withholding of [the logs] not only interfered with the conduct of a congressional committee's investigation, but also misled medical research efforts into this issue for a period of nearly one year," Tuite said.

Turner, the Defense Department spokesman, said an independent medical commission reviewed the logs and other evidence and concluded none of the troops were exposed to chemical or biological weapons.

For your Monday
mtgs re: Gulf War.

Jay

Col Smith (Perot, Coors)

HHS VA 1500
I of Med & OTA
better coord. of
projects

MEMORANDUM

TO: Mrs. Clinton

FROM: Diana Zuckerman

RE: Monday Meeting with DoD re Gulf War Illnesses

DATE: January 21, 1995

The purpose of this memo is to provide background information for our afternoon meeting with DoD Under Secretary John Deutch and Dr. Stephen Joseph, the DoD Assistant Secretary for Health. Melanne and I will meet with you at noon, which will give us the opportunity to discuss any questions and think about how best to focus this meeting. Our plan was that that you would meet with Dr. Joseph, but Under Secretary Deutch also wants to attend. Deutch is DoD's point man on Gulf War illnesses, but his main role thus far has been to deny that U.S. troops were exposed to biological or chemical weapons. I don't know if he is knowledgeable about the health issues.

For this first meeting, the following points seem most important:

1. You and the President have received **hundreds of letters** from men and women who fought in the Gulf War who describe debilitating symptoms that they believe are related to their military service. In some cases, their spouses and children are also ill. Many complain that DoD and VA have refused to take their illnesses seriously or treat them fairly.

2. Your goal is to ensure that DoD, VA and HHS are as responsive as possible to those concerns, and **move quickly to implement the legislative provisions** that have resulted from similar Congressional concerns.

3. You realize that the Defense Reauthorization bill, which includes provisions related to Gulf War illnesses, was signed just a few months ago, and that **it takes time to implement new programs**. However, you want to make sure that progress has been made so that the **research will be underway as soon as possible.**

4. Many veterans' organizations and individuals who served in the Gulf War apparently believe that DoD and VA remain indifferent to the problems of those who served or are covering up problems that resulted from the mistakes of the Bush Administration. The **President wants to work with DoD, VA, and HHS to change that perception** (and to make sure that perception is not accurate). (At this first meeting, you may want to focus on the perception rather than expressing concerns about whether the perception is accurate, since the latter is likely to make them very defensive.)

I don't know to what extent you want to imply the President's involvement at this early stage. On the one hand, it would be beneficial to make it clear to DoD that these concerns are from the Commander in Chief. On the other hand, you may want to emphasize that the White House has just started to focus on this issue and wants to work closely with the agencies right from the start. Your description of the President's involvement also has implications for press inquiries, including 60 Minutes (now scheduled as an hour program the second Sunday of February). We can discuss this issue at the noon meeting.

Summary of Legislation

Sen. Rockefeller introduced amendments to the National Defense Authorization Act that require DoD to provide grants for **three types of studies** of Gulf War illnesses. This law was signed in October 1994.

The DoD is required to spend at least $5 million in FY 1995 for grants to fund research that will be conducted by non-Federal scientists, such as university faculty. The three types of studies are as follows:

(1) The first type of study will be an **epidemiological study or studies** of the incidence, prevalence, and nature of the illnesses and symptoms of men and women who served in the Gulf War. It will also attempt to determine the risk factors (e.g. toxic exposures, use of experimental drugs or vaccines, location and type of military service in the Persian Gulf, etc.) associated with symptoms or illnesses. These studies can include information about the health status of family members of those who served.

(2) The second group of studies will determine the **health consequences of the use of an experimental drug, pyridostigmine bromide,** as a pre-treatment antidote enhancer during the Persian Gulf War.[1] The pyridostigmine (pronounced pa rid o **stig** meen) may be dangerous alone or in combination with insecticides or other environmental toxins.

> (A) The first project of this second group of studies will be a **retrospective study of members of the Armed Forces** who served in the Gulf War. They will be contacted and asked questions about their current health, and their use of pyridostigmine and insecticides during the War.

---

[1]Pyridostigmine is called a pretreatment antidote enhancer because it enhances the protection of atropine and 2-PAM, which are antidotes given after exposure to chemical weapons. Pyridostigmine must be given **before** exposure to chemical weapons, and will only work if atropine and 2-PAM are given afterwards.

(B) The second type of pyridostigmine project will consist of **animal research** designed to determine whether the use of pyridostigmine bromide in combination with exposure to insecticides or other relevant chemicals can result in increased toxicity.

(3) The final group of studies can include clinical research or **other kinds of studies on the causes and treatment** of Gulf War syndrome. This should include studies of the **possible transmission to family members**, including birth defects and illnesses.

The animal studies of pyridostigmine and insecticides (described in 2B above) are intended to follow-up on the cockroach research conducted by a USDA scientist in Gainesville (Dr. Jim Moss, the scientist who lost his job after testifying before Congress about his research). All of the studies described above are to be funded by DoD but conducted by independent researchers from universities. The peer review process to fund grant proposals will take a few months.

Other Research and Services Issues

DoD is apparently so concerned about Dr. Moss' findings regarding pyridostigmine and insecticides that they decided to conduct their own study on rats, which was supposed to start this month. In early December, I told a DoD official that Dr. Moss offered to provide information about his research in order to help the DoD researchers, and I was told that DoD would contact Dr. Moss. As of last week, DoD scientists had not contacted Dr. Moss to ask him anything about his research.

DoD is also conducting other research which was recently strongly criticized in a preliminary report prepared by the Institute of Medicine. (The IoM report was required by law). In addition, active duty military personnel who served in the Gulf War have complained to Congress that the DoD procedures for testing their symptoms (which seem impressive on paper) are being used to cover up the problems rather than help those who are ill.

Context

You may want to mention your concern that the problems regarding the lack of research and information about potentially toxic exposures are not unique to Gulf War illnesses. Similar problems have been expressed by atomic veterans (who were exposed to radiation), WWII veterans and Cold War era veterans who participated in military research, and Vietnam veterans exposed to Agent Orange. One goal is to establish safeguards that will minimize these problems in the future.

I - GULFWAR CC Melanne

MEMORANDUM

To: Hillary Rodham Clinton

From: Diana Zuckerman

Re: Meeting with British Legion and Parliament Members re PGW

Date: July 3, 1995

On Friday, I met with representatives of two British veterans group and three members of the British Parliament who are concerned about Gulf War illnesses. This small delegation came to the U.S. to gather information about the illnesses from VA, DOD, the American Legion, Jim Tuite (Sen. Riegle's former staffer) and others.

The three members of Parliament were Lord Burnham (House of Lords), Mr. Alf Morris MP (Labour Party), and Mrs. Edwina Currie MP (Conservative Party). Mrs. Currie seemed the most outspoken and concerned.

They asked how "Gulf War Syndrome" was perceived by the Administration and the public. I told them that you and the President had been very moved by the veterans you had met and heard from, and that the public is very aware of the issue because it has received considerable media attention. My main point was that, despite all our efforts, we know very little about the prevalence or possible causes of the symptoms, but that research is now underway or soon will be, that will enable us to answer those questions. I also explained that the purpose of the President's Advisory Committee is to ensure that the Administration is doing everything it can in terms of research, access to medical care, and disability compensation.

They asked to be kept informed of our progress, and I told them ~~they~~ at we would also appreciate their letting us know of any new developments in their country. Last year, the British government was saying that none of their Gulf War veterans were ill, but they are now estimating that approximately 1% of their troops are ill. Since all their citizens have access to free medical care, and there is no separate medical system for veterans, and since they had fewer troops in the Gulf, the numbers of sick veterans have been less obvious than in the U.S.

Thanks again for all your efforts on my behalf. I really appreciate it, and I really feel badly that so much heavy lifting has been required.

Diana