

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	To Diana Zuckerman from veteran's wife re: Gulf War illness (partial) (2 pages)	10/25/95	b(6)
001b. report	Report of Medical History (4 pages)	05/18/95	b(6)
001c. report	Compensation and Pension Exam Report (10 pages)	07/31/95	b(6)
001d. letter	To Commander at Walter Reed Army Medical Center from veteran re: illness (partial) (2 pages)	08/11/95	b(6)
002. letter	To Hillary Clinton from veteran's wife re: illness (partial) (1 page)	05/18/95	b(6)
003a. letter	To Hillary Clinton from veteran's wife re: illness (partial) (1 page)	04/19/95	b(6)
003b. envelope	To First Lady Ms. Hillary Clinton from veteran's wife (partial) (1 page)	04/19/95	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Maggie Williams (Subject Files)
OA/Box Number: 12631

FOLDER TITLE:

Letters to be Answered

2013-0359-S

ry1489

RESTRICTION CODES

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

P1 National Security Classified Information [(a)(1) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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

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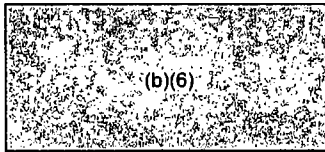
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[0012]

25 OCTOBER 1995

Ms. Diana Zuckermann
Office of the First Lady
Old Executive Office Building
Washington, DC

Dear Ms. Zuckermann,

Per your request at the first meeting of the Presidential Commission on Gulf War Illnesses, I feel it is now appropriate to write you about recent events involving our family.

My husband retired from the Army effective 1 JUL 1995. This was due to approval of a, 31 MAR 1995, Request for Voluntary Early Retirement as an Exception To Policy. The request was submitted because of several factors:

1. The Gulf War Comprehensive Clinical Evaluation Program (CCEP) at Walter Reed Army Medical Center, was delaying investigation and treatment of three medical problems for my husband (Cardiac, Gastroenterology, and Neurology) and had provided no effective evaluation or treatment for our 6 year old daughter, Taryn. Additionally, the evaluation of my own medical situation was still inconclusive, even though there are multiple abnormal laboratory and diagnostic findings. Our primary diagnosis from the CCEP was Somatiform disorder, a psychological diagnosis. It was only after Dr. Chung and Dr. Follensbee were unable to substantiate this diagnosis in accordance with the psychiatric diagnostic manual (DSM IV) or with supporting psychiatric and psychological findings, that other medical avenues were explored. Evaluation of any major medical problems were initiated only after a Somatization Diagnosis for my husband and I was passed forward to Bethesda Naval Hospital for inclusion in the DOD statistics. Copies of dated CCEP documents that prove this timeline are available.

2. Even after the reconfirmation of my husband's above medical problems, the senior CCEP military doctor, Dr. Raymond Chung, refused a medical retirement for my husband. Moreover, he would only support a "10% psychiatric discharge".

3. The multitude of medical appointments for my husband and our family was keeping him away from his military duties for immense amounts of time. This was a drain on both my husband, our family, and the units he had been assigned to for the previous four years. This was the reason stated on the retirement request.

The senior Army Personnel leadership made final approval of my husband's retirement request on 21 MAY 1995. His military retirement physical took place at Walter Reed Army Medical Center on 18 MAY 1995. This physical was completed by the physician who had followed my husband and our family for the three previous years. It listed approximately 20 diagnosable medical problems, not one was psychiatric. Additionally, Barry's Veteran's Administration Medical Examination, 31 JUL 1995, concurred with these findings and found additional medical problems. Both medical examinations are enclosed.

Attached is our 11 AUG 95 letter to Major General Blanck, then commander of Walter Reed Army Medical Center. This letter is reference the multiple problems our family had with the CCEP and the reporting of invalid diagnosis. There has been no response, although the letter was hand delivered to the General's secretary. His receipt of this letter was confirmed on 25 OCT 1995.

Due to the overwhelming medical evidence, the VA has issued an 80% disability rating to my husband on 21 SEP 1995. Additionally, during an administrative review held 23 OCT 1995, the Persian Gulf Claims Center of the Philadelphia VA office increased this to "100% Totally Disabled - Unemployable". As stated in the letter to Major General Blanck, the VA medical community is dumbfounded that (b)(6) was not medically retired.

My husband and I strongly believe that the evaluation methods and diagnosis by the CCEP and the resultant DOD statistics are faulty. This applies not only for our family but for many others also. Moreover, our daughter has never been included in the DOD statistics, because her CCEP evaluation was never concluded.

We are now attempting to correct (b)(6) military records, via the Legal Assistance Office, Groton Naval Base, Connecticut. This change from Voluntary Early Retirement to a 100% Medical Retirement would provide the correct disability retirement income and a true reflection of my husband's military medical status.

I would appreciate any recommendations or assistance that you or the First Lady might provide with these issues.

Sincerely,

(b)(6)

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001b. report	Report of Medical History (4 pages)	05/18/95	b(6)

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[0010]

11 AUG 1995

Commander
Walter Reed Army Medical Center
Washington, DC

Sir,

My wife and I have tried several times to arrange a meeting, through 1LT Huntly, with you to discuss our perception of the Gulf War Comprehensive Clinical Evaluation Program. As this has failed, we are writing as a courtesy, prior to our testifying before the Presidential Advisory Council. This testimony was requested by the office of the First Lady.

I enrolled in the CCEP on 2 AUG 94, and became immediately concerned at the low priority given to the previously documented medical problems identified at WRAMC. Since JAN 92, I had been an inpatient twice at WRAMC (JAN, 1992 and DEC, 1992) with major surgery performed, was sent medical TDY to WRAMC (NOV, 1993), and was PCS'ed to FT Meade, MD to be followed by the Comprehensive Clinical Evaluation Program. Dr. Roy (Gulf War Illness Center) was very intent on repeating the Psychiatric portion. I was concerned, as this was previously found to be normal at WRAMC (Dr. Stasko, 8 DEC 92). However, significant previous medical findings were being ignored by Dr. Roy and Dr. Chung. These disregarded findings included:

- a. Multiple positive "Q" fever titers (USAMRID, WRAIR, Mayo Clinic).
- b. Increased cranial pressure with reactive lymphocytes present in the fluid. Included with this is left facial "pins and needles" sensations with similar sensations of the left arm and dizziness. Mayo Clinic requested another spinal tap to validate their findings, which Dr. Chung refused to pursue.
- c. Cardiac findings (97th General and WRAMC) of symptomatic PVC, trigeminy, bigeminy, and enlarged left atrium were disregarded, without further consult to your cardiology service.
- d. An extensive post- Gulf War history of Gastrointestinal problems (97th General, WRAMC). Status post Nissan - fundaplication. Dizziness after eating, abnormal bowel movements, GI pain, recurring reflux, gastritis, elevated LFT's and enlarged liver / spleen.

These medical issues were reported to Dr. Chung and Dr. Roy during my initial interview, and were included on my CCEP Phase 1 paperwork. I was dismayed in late

September when COL Chung tried to convince my wife and I that I had a somatization disorder. Especially when the above issues had not been addressed. I contacted Dr. Roy in writing, reference his note and "diagnosis" of somatization disorder (19 SEP 94), with no reply. Dr. Chung referred us to Dr. Folensbee for a "more accurate" discussion. We were prepared for this meeting (25 OCT 94, 0800 hrs), to include researching the DSM III and DSM IV, reference somatization disorder and the new undifferentiated somatization disorder. Dr. Folensbee initiated the meeting by stating if I did not accept this diagnosis and treatment, that when I was out of the service I would not receive any compensation. After a long confrontational meeting, Dr. Folensbee could not support the diagnosis IAW the DSM IV, admitted he had not reviewed my previous medical history, and promised a more prepared discussion at the next follow-up. Several weeks later at the follow-up (7 NOV 94, 1100 hrs), the same situation repeated itself. Dr. Folensbee again did not carefully review the extensively documented medical history, which would have helped to query any psychiatric diagnosis. I closed the meeting when Dr. Folensbee became extremely agitated and began cursing in front of my wife. His frustration appeared to be due to our intensive preparation for the meeting, our ability to refute each of his points by using the DSM IV, and his continued lack of knowledge reference my medical history. My immediate intent was to pursue charges of conduct unbecoming an officer against Dr. Folensbee. We immediately went to see Dr. Chung, however he negotiated the situation by admitting to medical protocol problems and giving us consults to Cardiac and Gastroenterology. Thus, the cardiac, GI complaints and previous WRAMC lab findings were disregarded until after a Somatization Disorder Diagnosis was inaccurately documented and passed forward to Bethesda. Given the strong attempt to "railroad" this diagnosis through, I must suspect the validity of what is being reported to the board.

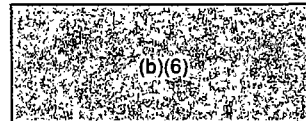
The cardiac and GI consults (NOV 94 - MAY 95) both revalidated the abnormalities found earlier. Additionally, the cardiac service diagnosed me with "Myocarditis- Chronic, Related to Environmental Causes" and issued me an extensive "P2" profile. Gastritis was again found along with abnormal appearing esophageal tissue. The positive "Q" fever titers were not addressed until after my return to care by my WRAMC Infectious Disease physician. The increased cranial pressure and neurological symptoms still have not been re-evaluated.

In late March 1995, my wife asked Dr. Chung about the chances of a medical retirement for me. Dr. Chung stated "the only thing I can support is a 10% psychiatric discharge". Thus, with the documentation provided by the other services at WRAMC and my primary care physicians, I submitted for a Waiver to the Voluntary Early Retirement Program. This was due to the extensive time spent away from my assigned unit, being at WRAMC for appointments for myself and my sick family members. I have not been on "sick-call" since May 1991. The DA DCSPER approved the retirement on 21 MAY 95. However, the VA medical community is dumbfounded at the documentation on my "retirement physical" and the fact that I was not medically retired.

Within the CCEP, the disregard of the documented medical issues identified by clinical evidence, seem to lead to questions on standards of care / standards of practice. Additionally, in retrospect, I am not sure what the mission or goals of the WRAMC CCEP were, and based on my experiences in the CCEP, the reporting methods must remain suspect.

It is my goal to ensure the paperwork sent outside the WRAMC CCEP correctly reflects my medical status. Due to the two confrontational meetings with Dr. Folensbee and Dr. Roy's refusal and non reply to my written request reference the same, I intend to also forward my concerns to Dr. Kelly Brix at the Institute of Medicine. Included will be copies of all pertinent documents.

I hope that we will be able to meet prior to my wife and I testifying to the Presidential Advisory Committee, Monday, 14 AUG 95. We will be staying Sunday night at the Manor Host Inn, Georgia Ave., (202) 722-1600.



Feb 1996
HRC might
want to contact
these families
now to tell
them that
diagnostic testing
will be available
thru VA.

— Jim

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~~Photo attached~~

(b)(6)

[002]

May 18, 1995

First Lady Hilary Clinton
c/o Diana Zuckerman
Room 101 OEOB
White House
Washington, D.C. 20500

Dear Ms. Clinton:

I have a 21 month old son named (b)(6) who was born following the Persian Gulf War. He was diagnosed with Goldenhar Syndrome, esophagal atresia, and TEF. He does not have a left ear. His jaw and right ear are small and are deformed. He has undergone eight unsuccessful surgeries to correct his esophagal problems. He is being fed by a gastrointestinal tube (G-tube) 20 hours per day. He is only allowed 4 hours off of the pump to enjoy playing with his two brothers. I believe his birth defects were caused by my husband's participation in the Persian Gulf War. To date there are 8 cases of Goldenhar Syndrome reported just from Gulf War families. One of the other Goldenhar cases is a serviceman who did not go to the Gulf War. Instead he received all the inoculations in preparation, if called.

This is a great concern of mine. This syndrome is extremely rare and it is not a genetic problem. We have two other sons (age 9 and 5) who were born normal with no birth defects and before the Gulf War. I feel the need for testing all vets, spouses, and effected children is an absolute must. I viewed the interview that President Clinton addressed regarding the research needed into the "Gulf War Syndrome". I agree, and support him 100%. But I also feel the VA is not conducting enough in helping all of us. Many interviews show Dr. Roswell speaking of funding and conducting research on all the birth defected children. To date not one person has contacted my family or the other 8 Goldenhar families for any testing or questions. My husband has pursued Gulf War testing on his own and has begun the Phase I at Fort Meade.

I am asking for your influence to keep pushing the Department of Defense as well as Congress to not only help my child, but all the other babies who are ill, the born and the unborn.

Sincerely,

(b)(6)

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Dear First Lady Hillary Clinton,

4-19-95

Hello! Sometime ago, I wrote you a letter describing a belief we have concerning the inoculations my Husband received to do Peace Time in the Gulf, even though he did not have to go, he did get the inoculations. To make a long story short my daughter has Goldenhar Syndrome and we believe it may be a result from the inoculations. Now this is only our theory.

I am wondering if you are aware of the alarmingly rising number of Goldenhar Syndrome coming forth?

I am writing again, after viewing a documentary that had both you, the First Lady, and us, the Blake's, and several other families in. I was very upset with how 'lightly' the issue is being taken.

I think the most important thing to remember, when trying to find the 'cause' is not so much who was at fault, but WHY this happened. Everyone always seems to think when people want answers there is an ulterior motive, but I can genuinely say that I am more concerned about our daughter and any future off-spring, above anything else.

I, myself, can't believe that the Government isn't concerned about figuring out why there are so many children with so many different types of birth defects.

Without a doubt, if it wasn't the inoculations that caused this I believe this is an environmental issue, myself.

I think it is time to wake up and save the innocent children before it is too late!

In our case, it is not genetic, there is NO REASON, for this to have happened. I am very frustrated with the dead ends and I have been more than patient trying to get the answers we 'so well deserve'.

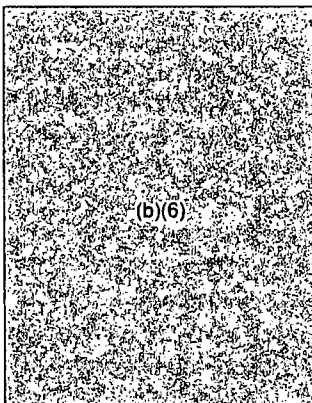
It is hard not knowing what the future holds for my daughter or any other children we may have. "Sporadic" is not going to cut it for me.

If only, all the people who are doubtful of these beliefs, could and would walk a day in our, the families affected, shoes they would understand what this is all about. It is sad to say, it has to happen to you before you understand this.

In some peoples views they would say that my Husband is fortunate to be alive that many died for their Country. Yes, this is true. But for all those people who aren't or haven't served their Country....What are they? If the inoculations caused this to happen to my Daughter it seems like this was a high price to pay when viewed from that aspect.

I am looking forward to hearing back from you and I hope that you can understand how frustrating this is. Since we were compassionately reassigned to this area, I have met several families, like us, and they too can't get through the "red tape" to get the answers either. It is terrible how time consuming this gets to find what you need. I guess that is why so many people give in so quickly. Fortunately, for my Daughters sake, it is going to take a lot more for me to give in. I am in for the "long haul". Please help make this journey a little less than it has to be?

Respectfully Yours,



[003a]

Withdrawal/Redaction Marker

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003b. envelope	To First Lady Ms. Hillary Clinton from veteran's wife (partial) (1 page)	04/19/95	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Maggie Williams (Subject Files)
OA/Box Number: 12631

FOLDER TITLE:

Letters to be Answered

2013-0359-S
ry1489

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.

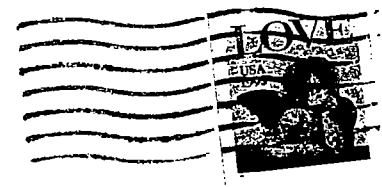
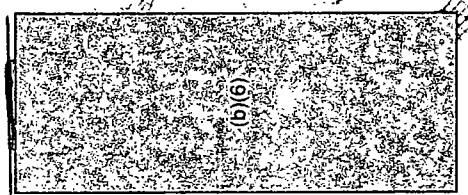
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

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]

[0036]



First Lady
Mrs. Hillary Clinton
The White House
c/o Diana Zuckerman
Washington, D.C.
20500