September 7, 2000 E-Mail This Article

Gulf War Study: No Illness Links

By THE ASSOCIATED PRESS

WASHINGTON -- There is insufficient evidence to link the chronic illnesses suffered by some Gulf War veterans to a specific cause, concludes a study by the Institute of Medicine.

The agency studied the toxic nerve agent sarin; a drug used to pretreat against exposure to nerve gas; depleted uranium; and vaccines to prevent anthrax and botulism but was unable to find a strong link between them and the illnesses.

''We'd like to give veterans and their families definitive answers, but the evidence simply is not strong enough,'' Harold C. Sox Jr., chairman of the committee that did the research, said in a statement. Sox heads the department of medicine at the Dartmouth-Hitchcock Medical Center in Lebanon, N.H.

The Defense Department says an estimated 90,000 troops who served in the Gulf War complain of illnesses such as fatigue, skin rashes, headaches and muscle and joint pain.

The Pentagon requested the study by the Institute of Medicine, an arm of the National Academy of Sciences, an independent agency chartered by Congress to provide scientific advice to the government.

The institute reviewed all available research on the ill veterans and concluded that the studies done so far were insufficient to support any final conclusion.

A study published in May in the British Medical Journal suggested a link between multiple vaccines given to soldiers deployed in the Persian Gulf War and the unexplained illnesses. That report was based on 923 British Gulf War veterans.

The study by the Institute of Medicine noted that British research

has provided ''limited evidence of an association'' with multiple vaccinations.

But the new study added that 99 workers at Fort Detrick, Md., who received multiple vaccinations had been studied for 25 years with no clinical symptoms.

Overall, the institute said, the available evidence is insufficient to show whether there is an impact on long-term health from having multiple vaccinations.

Other findings in the study:

--Sarin: Low-level exposure to this nerve gas may have occurred among troops when U.S. soldiers destroyed Iraqi munitions stockpiles.

A survey of 20,000 troops within 50 miles of the stockpiles showed 99 percent reported no serious nerve illnesses, the report noted. It said that while high doses of the chemical are known to be dangerous, there is not enough information available on low doses to reach any conclusion.

--Pyridostigmine bromide is a drug used as a pretreatment for exposure to nerve agents. It was provided to about 250,000 soldiers, but records don't indicate if they all took the pills.

There were some cases of poisoning from taking high doses of the pills, but the committee was unable to find evidence of long-term effects from the amount normally used.

--Depleted uranium, which has less radioactivity than naturally occurring uranium, is used in tank armor and some ammunition.

The committee said there were indications that the levels of uranium involved in the war do not lead to lung cancer or kidney damage. There was not enough evidence to determine if the uranium could be linked to other diseases.

--Anthrax vaccine was given to thousands of service members during the Gulf War because of the fear that Iraq would launch a biological attack. A later decision to give the vaccine to all U.S. military personnel has provoked controversy, with some resisting the vaccinations.

The typical vaccination reactions of redness, swelling and occasional fever were found, but the committee said there have not been enough scientific studies done to determine if there is any long-term adverse effect from the vaccine.

--Botlinum vaccine is under investigation as a way to block the dangerous toxins of the form of food poisoning known as botulism. Again, the committee said there have not been sufficient studies to determine any long-term hazard.

Heather H. Howard
08/30/2000 10:49:35 AM

Record Type: Record

To: Richard R. Beardsworth/NSC/EOP@EOP

cc:
Subject: Gulf War #'s

Randy -- thanks for getting back to me. Here are the numbers we discussed -- they are taken directly from the President's statement when he received the PAC's report in January 1997 -- so I would imagine they need to be updated:

To date, Gulf War veterans have been provided with more than 80,000 free medical exams. DOD and VA established toll-free help lines. More than 26,000 disability claims have been approved. HHS, DOD and VA have sponsored more than ~~70~~ 198 research projects to identify possible causes of the undiagnosed illnesses. The Persian Gulf War Veterans' Health Registry now includes information about ill spouses and children, including information about birth defects, miscarriages, and stillbirths.

In addition, DOD, with the CIA, launched a review of more than ~~5~~ 6.4 million pages of Gulf War documents, de-classifying more than ~~23,000~~ 46,000 pages of material and putting them on the Internet.

8/30 mtg. w. Gulf War group

Craig Postko Waite — military + veterans health coordinating board
--coordinate btwn 3 departments – DOD, VA, HHS

- have a website
write VSO's - let them know we met - in spirit of openness

- write concise history of what has been done - context, what were done

Bernie Rostker — OSAGWIMRD — need for better response mechanism
↑ off. of special for Gulf consist of former war military readiness

military on 2 things: ① lasting commitment to veterans
Complete Khamisiyah analysis
good - create smaller, permanent org
may not be ready by Dec.
② try to understand how to combat in future –
they will inevitably be unexplained illnesses in future conflicts - take the calm period to prepare
Canadians facing the Croatian UK - Kosovo
lessons learned – start collaborating now in Europe
during outreach of military bases

Khamisiyah – receiving release of chemical weapons from friendly detonations
- how reconstructed events, detonated, simulated etc.

② Gulf War

Khatrisingh

Catalyst for new battle scenarios

Most assessment is still a simulation/approx.
contemporaneous readings on how much chemicals release
can only approximate
still refining – those are close & avoid
projects

# of letters they'll send this winter
you may have been exposed... or you were exposed

getting guidance from the Board – inform people
so they're not kept hanging

gross #'s are about same – 100,000 exposed
there were large concentrations of troops
this is maximum #

have erred on side of making larger

no correlation b/w those exposed (from first run)
+ hospitalizations / illness
– will want to compare the new #'s

notification letters will designate as "low level" – less than as included = 1997
know of no study finding correlation – long term health effects
new statistical modeling to reveal who may have been exposed –

Gulf War ②

no indication of health effects

Notification: letters go when ready to go public
then report published
News drops to press
but before, meeting of VSO's

Col. Michael Brew - Director of Investigations & OSAGWIMRAD

Improved Modeling of the Khamisiyah Pit Demolition
- revised meteorological models
- reduced source term by CIA - less released than we thought, but bit ↑ increased toxicity, no reduction in risk
- improved troop unit locations
- increased scientific peer review
- new data on toxicity of cyclosarin - 3x more toxic than sarin (previously only had data on sarin - what was destroyed was combination of both)

More detail in Khamisiyah Narrative
- added interviews - better understanding of events
- more info

Khamisiyah Narrative Contd Org. Enhancement
new graphics, etc.

We thought we were destroying high explosive rockets

Wolf War

Re modeled exposure shows that no troops were near enough to where noticeable effects would have occurred or alarms would have gone off

US never used cyclosarin - therefore had to obtain from Iraqis + Warsaw pact manufacturers (formula from Russians)

Khamisiyah

Notification letters

exposure letters
- 65,323 — were in hazard + were notified in 1997
- 1,175 did not respond in 1997 but were
- 33,353 — were in 2000 hazard area + not notified in 1997 — new people

total 2000 exposure letters — 99,851

1997 — 98000 letters re: potential exposure

Non exposure letters
- 8,876 — non exposure — 1997 + still
- 32,265 — not in 2000 hazard + received 1997 exposure letter - will get non exposure letter

total non exposure letters 41,141

exposure — not any thru CDC limit / standard — very low limit

will get articles in VSO's magazines

Gulf War ⑤

Why? Was there a error rate of 1/3 from 1997 modeling?
- have made it as good as we can - best technology offers

Also - one big reason for D - this is moving on troop units' location

Have Summary Document
- inform the public on what's been done
- concise, readable presentation to Congress & veterans + others - w/ results of research, investigations
- written by professional writer
- comprehensive - not just of one agency - all efforts
- get out by Christmas

maybe w/ VCHB to coordinate

The Committee delivered an interim report to the President in February 1996, which reviewed government activities in four of the areas within the Committee's mandate: outreach, clinical care, research, and chemical and biological weapons. The President directed federal agencies to develop an action plan to implement the Committee's recommendations to improve the government's approach to addressing the concerns of veterans who served during the Gulf War.

In January 1997, the President and First Lady received the Committee's final report, which included recommendations designed to ensure that Gulf War veterans receive the care and benefits they deserve, that we learn as much as we can about the possible causes of undiagnosed Gulf War illnesses, and that we act on the lessons learned to better safeguard our forces in future deployment. The Committee's recommendations resulted in three significant Administration initiatives: 1) the initiation of rulemaking to extend the eligibility period for compensation of Gulf War veterans with undiagnosed illnesses; 2) the Departments of Defense, Health and Human Services, and Veterans Affairs developed an integrated Action Plan, to implement the Committee recommendations across the full range of issues relating to the health of Gulf War veterans; and 3) the initiation of a process to ensure that all agencies promote "Health Preparedness for and Readjustment of Veterans and Their Families After Future Deployment."

The President extended the life of the Committee for 10 additional months, to allow it to monitor the implementation of its recommendations, and amended its charter to encompass independent oversight over the Department of Defense investigative process. To restore public trust, in February 1998 the President appointed Warren Rudman as Chair of the Special Oversight Board for Department of Defense Investigations of Gulf War Chemical and Biological Incidents. This board was created to provide independent oversight of Department of Defense Investigations into possible detections of, and exposures to, chemical or biological weapons agents, and environmental and other factors that may have contributed to Gulf War illnesses.

Before, during and after the Committee's work, the First Lady and her staff were actively involved in a White House interagency ~~task force~~ working group, working with the National Security Council, the Office of Science and Technology Policy, and Cabinet Affairs to ensure that the Committee's recommendations were implemented and to further address the needs of Gulf War veterans. Throughout the process, the First Lady continued to reach out to veterans, scientists, government officials and others, and remained a voice for veterans' concerns.

RESULTS

As a result of the efforts the First Lady spearheaded, critical attention has been focused on the previously-ignored concerns of Gulf War veterans, and the federal government has been more responsive to their health needs. To date, Gulf War veterans have been provided with more than 80,000 free medical exams. DOD and VA established toll-free help lines. More than 26,000 disability claims have been approved. HHS, DOD and VA have sponsored more than ~~70~~ 190 research projects to identify possible causes of the undiagnosed illnesses. The Persian Gulf War Veterans' Health Registry now includes information about ill spouses and children, including information about birth defects, miscarriages, and stillbirths.

In addition, helping to reverse public distrust and increase accountability, DOD, with the CIA, launched a review of more than 5 million pages of Gulf War documents, de-classifying more than 23,000 pages of material and putting them on the Internet. Through this effort, important information concerning the possible exposure of our troops to chemical agents in the wake of our destruction of an arms depot in Khamisiyah in Southern Iraq was discovered. That new information demanded a new approach – focusing on what happened not only during but also after the war, and what it could mean for our troops. As a result, DOD restructured and intensified its efforts, increasing tenfold its investigative team, tracking down and talking to veterans who may have been exposed to chemical agents, and devoting millions of dollars to research on the possible effects of low-level chemical exposure.

As the focus of the government has shifted from investigating possible exposures to various risk factors to improved health care and compensation, the First Lady and her staff have continued working to ensure that research on health effects translates into improved health care for our veterans, that veterans are receiving the compensation they deserve, and that the lessons learned are implemented by our government.

apply lessons learned from this op. to future deployments

FIRST LADY HILLARY RODHAM CLINTON
WORKING TO ADDRESS THE SPECIAL HEALTH NEEDS
OF GULF WAR VETERNS

First Lady Hillary Rodham Clinton has always believed that we have a special obligation to our nation's veterans, who have made great sacrifices to keep our country safe and to uphold our most cherished ideals. She has given particular attention to health care issues, focusing especially on the needs of Gulf War veterans.

OUTREACH

In the first two years of the Administration, the President and First Lady received many heart-wrenching letters and personal appeals from Gulf War veterans and their families. Thousands of brave men and women suffered from undiagnosed and unexplained illnesses after service in the Persian Gulf War. Many of these ill veterans were having difficulty receiving appropriate care and felt their country had forgotten them. In many cases, doctors could not determine the cause of the illnesses or even prescribe treatments; in some instances, children of Gulf War veterans were born with birth defects or other serious illnesses.

In response to the health concerns of Gulf War veterans and their families, the First Lady looked into the federal government's health programs and research activities in this area. She met with officials from the Department of Defense, the Veterans' Administration, and the Department of Health and Human Services to determine if the federal government was doing all that it could to address the veterans' serious health needs and to facilitate further research into the causes of their illnesses. At the time, there was a strong public perception that the Department of Defense and Department of Veterans Affairs were not responsive to the needs and concerns of Gulf War veterans. The First Lady met with representatives of the American Legion and the Veterans of Foreign Wars, who shared their own frustrations and observations and told her of their attempts to bring more serious, national attention to these illnesses. She also visited with individual veterans, active-duty soldiers and their families, and consulted extensively with Members of Congress.

Accompanied by high-level government officials, including the Secretary of Veterans Affairs and Pentagon officials, she visited Walter Reed Hospital and the Veterans Hospital in Washington, listening to veterans trying to describe what it was like to live day after day, year after year, not knowing why they were sick. She heard stories of hard-working men and women who could no longer keep steady jobs and support their families. One veteran officer, who had been diagnosed as 100 percent disabled, described the healthy and active life he had led before his tour in the Persian Gulf, and talked about his frustration in seeking effective treatment for his symptoms.

RECOMMENDATIONS TO THE PRESIDENT

After many consultations, the First Lady in February 1995 presented a memorandum to the President describing the issue of Gulf War illnesses as "a complex and elusive problem,

frustrating both to those who suffer from debilitating illnesses and to the government officials working to address their problems." She described her discussions with officials at HHS, DOD, and VA regarding the Administration's response to Gulf War illnesses, and detailed the concerns of veterans suffering from undiagnosed illnesses. She highlighted problems relating to the lack of effective treatment for these illnesses. She noted that as a result of legislation the President signed in 1994, Gulf war veterans with undiagnosed illnesses would, for the first time, be eligible for compensation and free medical care – important first steps. Because of the longstanding perception that the government was unresponsive to the veterans' concerns – a problem that pre-dated the Administration -- the First Lady also underscored the need for open, coordinated federal response to the needs of Gulf War veterans.

ESTABLISHMENT OF AN INDEPENDENT ADVISORY COMMITTEE

The First Lady's key recommendation, which the President adopted, was the appointment of an independent, blue ribbon panel to investigate the issues raised by the undiagnosed illnesses and concerns about treatment veterans received. In March 1995, at a speech before the VFW Annual Washington Conference, the President announced the creation of a Presidential Advisory Committee on Gulf War Veterans' Illnesses, a fully independent expert panel of our nation's best doctors, scientists, and Gulf War veterans, tasked to review and make recommendations on the federal government's efforts related to Gulf War illnesses. The Committee was directed to make sure that the federal government was doing everything possible to provide effective medical care to those who are ill, to ensure the effective coordination of research and other efforts aimed at determining the causes of the undiagnosed illnesses, and to make information about these issues publicly available as soon as possible. The President also announced new research projects on anti-nerve gas drugs and pesticides, research into and medical evaluations of the possible transmission of illnesses to spouses and children, and new plans to release information about reports of detections of biological and chemical weapons.

The First Lady testified at the Committee's first meeting, noting that the Committee was "an important example of the President's commitment to leave no stone unturned in the Administration's efforts to understand Gulf War veterans' illnesses and to make sure that the government is responsive to veterans' needs." She told the Committee:

> [N]o issue is off limits and every reasonable inquiry should be pursued . . . . There are many unanswered questions, and we are counting on you to make sure that this Administration is doing all it can to catalog relevant questions and, in so far as possible answer them . . . . Perhaps your most important tool as you serve on this Committee is your ability to be open-minded, to take advantage of our open-door policy to seek out the information you need to evaluate all existing programs and policies, and to make recommendations to ensure that this Administration will continue to be responsive and responsible to our veterans. We owe them that much, and more.

Gulf War Illnesses Summary Document Proposal
August 30, 2000

- The Gulf War Illnesses Summary Document will capture the results of our collective efforts to understand Gulf War Illness, to investigate potential causes, to treat and appropriately compensate our veterans, and to apply what we have learned from this experience to future deployments

- The document will be:
  - ***Substantive.*** Not just "bureaucracy speak." what do we know and what do we not know.
  - ***Comprehensive.*** The report should cover the efforts over the entire administration.
  - ***Professional and Readable.***
  - ***About 30 pages.***

- The document should include at least the following:
  - ***Results of Reasearch.***
  - ***Results of Investigations.***
  - ***Results of Clinical Assessments.***
  - ***Outreach programs.***
  - ***Disability and compensation.***
  - ***Lessons Learned and what we are doing as a result.***

- The Military and Veterans Health Coordinating Board Executive Director is tasked with coordinating the drafting and publication of this document. OSAGWIMRMD will provide a professional writer and additional financial resources.

- Agencies will provide assistance to MVHCB in the form of written drafts covering their area of expertise and responsibility as follows:
  - OSAGWIMRMD (Dr Rostker) – input on the roles and contributions of OSAGWI relating to investigations, outreach, lessons learned, and how we are applying those lessons for future deployments.
  - DoD HA Clinical Programs and Policy (Dr Mazzuchi) - input on clinical assessment and treatment to include contributions of the PGVCB Clinical Working Group. It will address DoD's and VA's clinical assessment program as well as lessons learned.
  - VA Chief Research and Development Officer (Dr Feussner, Chair PGVCB Research Working Group) - a summary of the research under the oversight of the PGVCB RWG including current state of knowledge regarding possible exposure agents and stresses hypothesized to have contributed to GW Illnesses as well as a summary of the on-going research effort
  - VA (Dr Garthwaite) - input on the VA's outreach effort, the compensation and benefits relating to GW illness (PGVCB Disability and Benefits Working Group), and lessons learned.

- PSOB (Mr Kaplan) - a summary of its history, roles and contributions
- MVHCB (Dr Claypool) – summary of the contributions/ activities of the PAC as well as the future contributions of the MVHCB (an outgrowth of lessons learned.)
- HHS (Peter Mazella) - summary of lessons learned as well as any additional contributions of HHS not covered in the Research piece addressed by Dr Feussner (VA)

- MVHCB will develop a timeline. We anticipate publication by December, which means a coordinated final draft has to be completed by the end of October.

Gulf War Illnesses Interagency Working Group Meeting
August 30, 2000
3:30 - 5:00 PM
OEOB Room 476

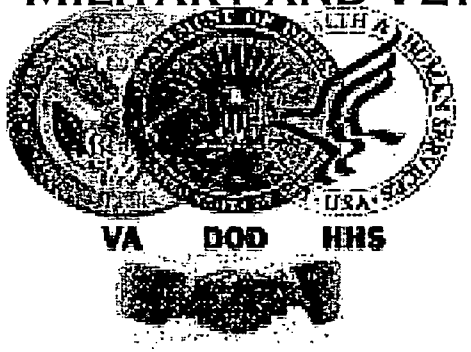
Opening Remarks	Hans Binnendijk
Update on the MVCHB	Craig Postlewaite
Update on OSAGWIMRMD Transition	Bernie Rostker
Khamisiyah Report and status of letters	Bernie Rostker
Summary Documents Discussion	Hans Binnendijk

Meeting Objectives:

- Update the Interagency Group on MVCHB, OSAGWIMRMD, and Kamasiyah.
- Develop common understanding of summary document responsibilities.
- Set time frame for final meeting of the Working Group.

Conclusion — Hans Binnendijk

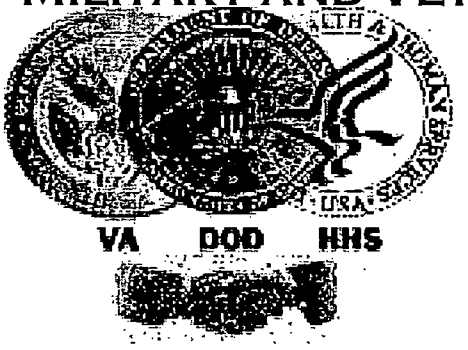
MILITARY AND VETERANS HEALTH COORDINATING BOARD



MVHCB UPDATE

Interagency Working Group (IWG) Meeting
30 August 2000

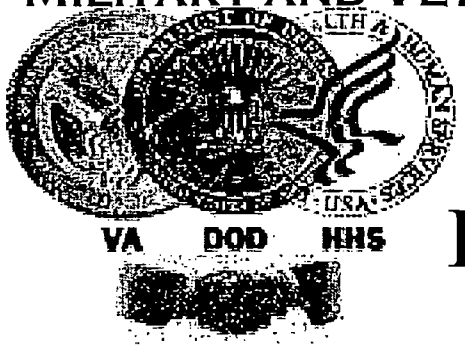
Col R. Craig Postlewaite
MVHCB Staff Director/
Director for Deployment Health



Briefing Topics

- PGVCB Transition to the MVHCB
- Principal Alternates' Meeting
- Plenary
- Strategic Plan Development
- Charter Renewal
- Other Issues/Activities

MILITARY AND VETERANS HEALTH COORDINATING BOARD

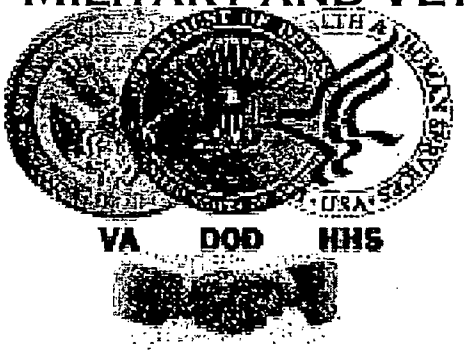


PGVCB Expansion Into the MVHCB

- Completed Concept Coordination: VSOs, Congressional Committees
- Joint Draft Press Release/Q's and A's being coordinated with VA, HHS and DoD
- NSC concurrence
- Info copy to VSOs
- Select date and release

Gulf War vets
gaining in process

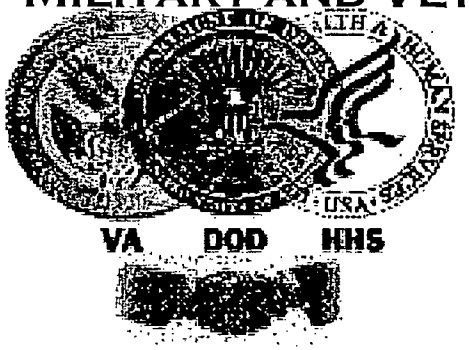
MILITARY AND VETERANS HEALTH COORDINATING BOARD



Principal Alternates' Meeting

- Agenda coordinated and request for time availability sent on 14 Aug 00
- Agenda items
  - Charter revision, Strategic Plan, Advisory Committee, PGVCB Expansion into the MVHCB, IOM Proposal for Nat'l Center for Deployment Health Research

MILITARY AND VETERANS HEALTH COORDINATING BOARD

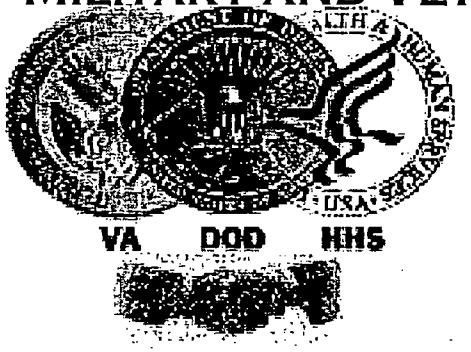


MVHCB Plenary

- Sept 12-13, Andrews AFB, ANG Readiness Center
- Dr Rostker/Dr Murphy to provide opening remarks
- Purpose: for MVHCB Working Groups as an aid in development of Working Group plans and MVHCB strategic plan
- Plan: Status of initiatives supporting approx 25 PRD-5 strategies to be briefed

get beyond working group

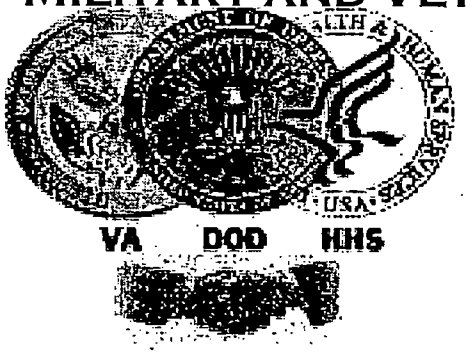
MILITARY AND VETERANS HEALTH COORDINATING BOARD



MVHCB Strategic Plan

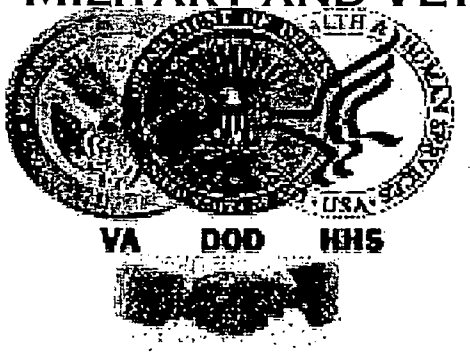
short term long term

- MVHCB Charter requires Executive Director to develop an annual strategic plan for member approval
- Plan currently under review by Working Groups to be finalized as draft after plenary session.
- Projected completion date of plan: 15 Nov 00
- Will be included in annual report required by Presidential Directive to the President's Assistants for National Security Affairs and Science and Technology



MVHCB Charter Renewal

- MVHCB Charter expires 31 Dec 00, subject to rechartering
  - Original signed by SECDEF, SEC VA, SEC HHS between 12/98 and 3/99
- Redrafting of the charter has been initiated with input from the MVHCB Working Group Chairs

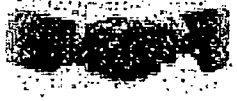


Other MVHCB Issues/Activities

- Move to new office space
- AMSUS - Assn. for Military Surgeons participation
- Personnel
  - Arrival of Navy research staff officer in Oct
  - Update of HHS Risk Communication technical specialist.
  - Organizational Charts

MILITARY AND VETERANS HEALTH COORDINATING BOARD

VA DOD HHS



Military and Veterans Health Coordinating Board
Secretaries of DoD, VA, HHS

MVHCB Executive Directorate
Executive Director and Staff
Working Group and Core Activity Support

Dr. Clay Poole

PLANNED
MVHCB Advisory Committee

MVHCB Working Group Steering Committee
MVHCB Exec Dir; DDMR, J-4; CDR CHPPM; VA CRADO, HHS OMVL

Information Management/ Information Technology Task Force

Research Working Group
Chair: VA CRADO
Dr Jack Feussner

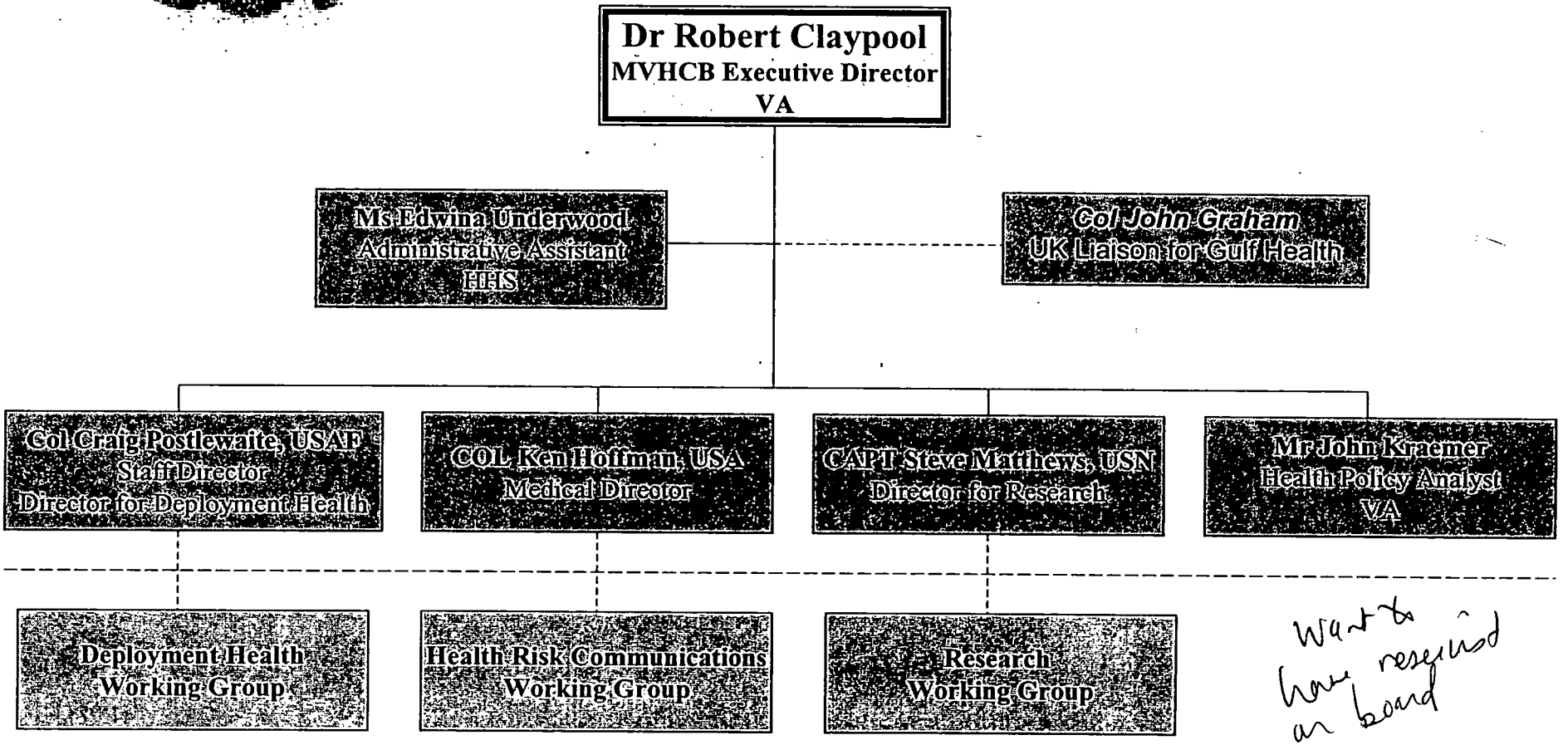
Deployment Health Working Group
Chair: J-4, MRD
RADM Richard Mayo

Health Risk Communications Working Group
Chair: CDR USACHPPM
BG Lester Martinez-Lopez

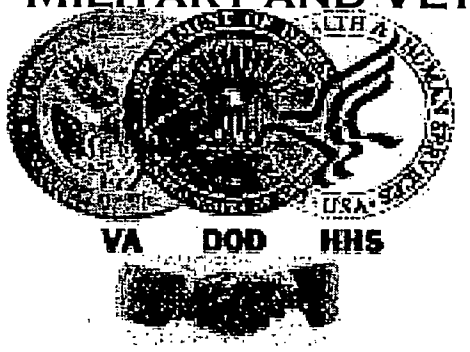
MILITARY AND VETERANS HEALTH COORDINATING BOARD

VA DOD HHS

Executive Directorate



Others Planned: Health Risk Communication Specialist (HHS)
Reservist (DoD)



Questions?

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release November 8, 1997

STATEMENT BY THE PRESIDENT

Special Report of Presidential Advisory Committee
on Gulf War Veterans' Illnesses

Our Administration has made it a priority to care for and compensate Gulf War veterans who have fallen ill. The First Lady and I were both troubled by the pain and frustration these veterans felt. We have been determined to find out why they are sick, to make public the facts as we learned them and to apply the lessons of the Gulf War for the future. In May 1995, I asked some of America's best doctors and scientists, as well as Gulf War veterans to undertake an independent and open review of the government's response to our veterans' health care concerns. Now, the Presidential Advisory Committee I established has delivered its Special Report. I thank its Chairman, Dr. Joyce Lashof, and the other members for their outstanding work and for extending their efforts ten months beyond their original mandate. Based on their recommendations, I am taking the following actions:

First, to better care for and compensate our veterans: We will work to establish a new benefits system that will ensure that Gulf War veterans receive treatment and compensation for all illnesses linked to service in the Gulf even if we cannot identify the direct cause. We will ask the National Academy of Sciences to review the ongoing scientific research regarding the connections between all reported illnesses and Gulf War service so we have the fullest understanding of the health consequences of that service. In addition, we will work with Congress on legislation to guarantee that this system of benefits is maintained in all Administrations to come.

Second, to deepen our understanding of why Gulf War veterans might have gotten sick: We will dedicate $13.2 million for new research on low-level exposure to chemical agents and other possible causes of illness.

Third, to make sure our veterans and the public know all the facts and have full confidence in DOD's fact finders: Former Senator Warren Rudman has agreed to lead an oversight board to ensure that the Defense Department's ongoing investigations into events in the Gulf meet the highest standards.

Fourth, to apply the lessons we have learned for the future: I am directing the Departments of Defense and Veterans Affairs to create a new Force Health Protection Program. Every soldier, sailor, airman and marine will have a comprehensive, life-long medical record of all illnesses and injuries they suffer, the care and inoculations they receive and their exposure to different hazards. These records will help us prevent illness and identify and cure those that occur.

From the beginning, I vowed that we would not rest until we uncovered all the facts about Gulf War illnesses and used that knowledge to improve the health of our veterans, their families and all who serve our nation, now and in the future. As Veterans Day approaches, we are continuing our work to fulfill that pledge. The men and women of our Armed Forces put everything on the line for us. I am determined that we show the same resolve for them.

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THE WHITE HOUSE

Office of The Press Secretary

For Immediate Release February 24, 1998

PRESIDENT CLINTON NAMES SENATOR WARREN B. RUDMAN AS CHAIR OF THE SPECIAL OVERSIGHT BOARD FOR DEPARTMENT OF DEFENSE INVESTIGATIONS OF GULF WAR CHEMICAL AND BIOLOGICAL INCIDENTS

The President today announced his intent to appoint Senator Warren B. Rudman as Chair of the Special Oversight Board for Department of Defense Investigations of Gulf War Chemical and Biological Incidents (The Special Oversight Board).

Senator Rudman, of Hollis, New Hampshire, is also the Chair of the President's Foreign Intelligence Advisory Board and is a partner at the international law firm of Paul, Weiss, Rifkind, Wharton & Garrison. He formerly served as Vice Chair of the congressionally-created Commission on the Roles and Capabilities of the United States Intelligence Community. He served in the U.S. Senate from 1980-1992, where he was Chairman and Vice Chairman of the Ethics Committee and Vice Chairman of the Select Committee investigating arms transfers to Iran. Senator Rudman also served as a member of the Select Committee on Intelligence, the Appropriations Committee, the Government Affairs Committee and the Subcommittee on Investigations. Before serving in the U.S. Senate, Senator Rudman was the Attorney General of the State of New Hampshire, where he established the first Consumer Protection Division and Environmental Protection Division of the Attorney General's office. He was a combat platoon leader and company commander in the U.S. Army during the Korean War.

Senator Rudman earned his B.S. from Syracuse University and his L.L.B. from Boston College Law School.

President Clinton established the Special Oversight Board by Executive Order to provide recommendations based on its review of Department of Defense Investigations into possible detections of, and exposures to, chemical or biological weapons agents, and environmental and other factors that may have contributed to Gulf War illnesses. It will report to the President through the Secretary of Defense.