

NATIONAL SECURITY COUNCIL
WASHINGTON, D.C. 20504

February 14, 1995

ACTION

MEMORANDUM FOR SAMUEL R. BERGER

THROUGH:

ROBERT BELL/DANIEL PONEMAN

FROM:

ELISA D. HARRIS

SUBJECT:

Gulf War Interim Report

At Tab I is a memorandum for the President concerning release of the interim report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses.

RECOMMENDATION

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

Attachments

Tab I Memorandum for the President
Tab A Memo to Departments
Tab B Interim Report
Tab C Presidential and Department Statements

THE WHITE HOUSE

WASHINGTON

February 15, 1996

ACTION

MEMORANDUM FOR THE PRESIDENT

President sgd per WH

Executive Clerk FEB 15, 1996 *KA*

FROM:

SAMUEL R. BERGER *SRB*
JOHN H. GIBBONS *JHG*
KITTY HIGGINS *KH*
MELANNE VERVEER *MV*

SUBJECT:

Gulf War Interim Report

Purpose

To ask the Departments of Defense, Veterans Affairs and Health and Human Services to report back to you on their plans for implementing the recommendations in the interim report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses.

Background

The Presidential Advisory Committee on Gulf War Veterans' Illnesses has issued its interim report (see Tab B), as required under Executive Order 12961, of May 26, 1995. The report is a product of four full Committee hearings and three subcommittee meetings. It contains findings and recommendations in four major areas: outreach, medical and clinical issues, research and chemical and biological weapons. Much of the report focuses on policies, procedures and equipment used during the time of the Gulf War, hence there are relatively few criticisms of current Administration policies. The report is dispassionate and fair and the findings and recommendations constructive.

Findings and Recommendations

Outreach: The Committee is generally very positive about the hotlines, newsletters and other programs that have been developed by DOD and VA to educate veterans and others about Gulf War veterans' illnesses. The report contains a number of recommendations for further enhancing these programs, such as preparing a user's guide to GulfLINK, the DOD site on the Internet containing declassified documents, fact sheets and other Gulf War-related information.

Medical and Clinical Issues: The Committee concludes that DOD's policies and procedures at the time of the Gulf War did not identify health problems among some troops before they were

deployed or at the time of their demobilization. The Committee also criticizes DOD for failing to keep accurate medical records during the deployment, including on the controversial issue of the use of anti-chemical and biological warfare drugs and vaccines. These medical findings could receive particular attention in light of the ongoing deployment of U.S. troops to Bosnia. The Committee recommends a range of measures to ensure the adequacy of medical assessments and record keeping in conjunction with future troop deployments.

Research: The Committee concludes that although most of the studies on Gulf War illnesses sponsored by the Departments are well-designed, future studies would benefit from additional external scientific peer review and from input from public advisory committees and other relevant groups.

Chemical and Biological Weapons (CBW): The Committee concludes that U.S. troops deployed in the Gulf lacked "real-time" biological warfare detectors and were provided with chemical warfare detectors that could not detect mustard agents and were incapable of detecting low-level exposure to chemical agents. Although not new, these findings are likely to stimulate further discussion among veterans and in the press over whether U.S. forces may have been exposed to Iraqi chemical or biological weapons. The Committee recommends that DOD give more attention to developing the necessary CBW detection capabilities and that DOD and CIA coordinate their efforts to review information about possible CBW exposure during the war.

Next Steps

The Committee will devote the next ten months to completing its review of the issues raised in the interim report and monitoring the Administration's response to its recommendations and those of previous expert groups. The Committee's final report is due by December 31, 1996. At Tab A is a memo from you to the Departments requesting that they report back to you promptly on their plans for implementing the interim report's recommendations.

Announcement of Report

In light of the fact that this is an interim report, both the White House staff and the Departments agree that the Administration should be low-key in its response to the report. At Tab C is a Presidential Statement, which is being released by the White House Press Office. Also attached are copies of the statements the Departments are issuing regarding the report.

RECOMMENDATION

That you sign the memo at Tab A.

Attachments

Tab A Memo to Departments
Tab B Interim Report
Tab C Presidential and Department Statements

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR THE SECRETARY OF DEFENSE
THE SECRETARY OF HEALTH AND HUMAN SERVICES
THE SECRETARY OF VETERANS AFFAIRS

SUBJECT: Interim Report of the Presidential Advisory
Committee on Gulf War Veterans' Illnesses

On May 26, 1995, I established the Presidential Advisory Committee on Gulf War Veterans' Illnesses to review and provide recommendations on the full range of government activities relating to Gulf War veterans' illnesses. The Committee has now released its interim report, which you have reviewed and forwarded for my attention.

I am pleased that the Committee's interim report recognizes the serious efforts underway in the Administration to respond to the health concerns of Desert Storm veterans, and I thank you for your close cooperation with the Committee as it fulfills its charge. I trust that you will continue to work closely with the Committee as it prepares its final report.

I also request that you carefully review the report's recommendations and report back to me promptly with your plans for implementing the recommendations. As I said last March when announcing my intention to establish the Advisory Committee, we will leave no stone unturned in our efforts to determine the causes of the illnesses experienced by Gulf War veterans and to provide the best possible medical care to those who are ill.

February 14, 1996

The President
The White House
Washington, D.C. 20500

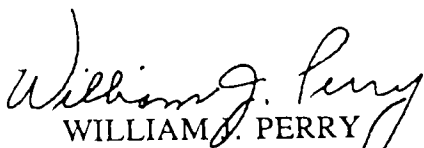
Dear Mr. President:

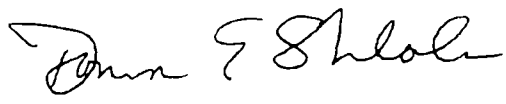
We are pleased to transmit to you a copy of the interim report prepared by the Presidential Advisory Committee on Gulf War Veterans' Illnesses. This document is submitted in accordance with Executive Order 12961, of May 26, 1995, which established the Advisory Committee.

The interim report includes a review of U.S. Government activities in four areas that are part of the Advisory Committee's mandate: outreach, clinical care, research, and chemical and biological weapons. The report reviews the policies, procedures, and programs from Operation Desert Shield/Desert Storm to the present day. The report makes a wide range of recommendations that the Departments of Defense, Health and Human Services, and Veterans Affairs will thoroughly review during the next few weeks. The final chapter of the interim report specifies the issues that will be reviewed in the Advisory Committee's final report, which is due by December 31, 1996.

We trust that you will find this report both useful and informative.

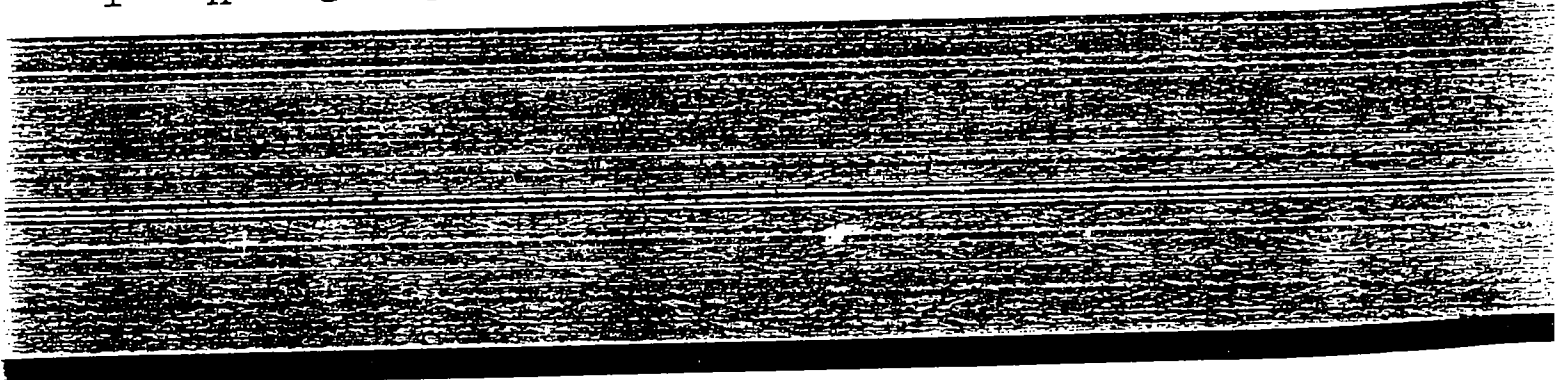
Respectfully,


WILLIAM J. PERRY
Secretary of Defense


DONNA E. SHALALA
Secretary of
Health and Human Services


JESSE BROWN
Secretary of
Veterans Affairs

I n t e r i m R e p o r t



PRESIDENTIAL
ADVISORY
COMMITTEE ON
GULF WAR
VETERANS' ILLNESSES



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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

February 14, 1996

STATEMENT BY THE PRESIDENT

I am pleased to accept the interim report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses. Dr. Joyce Lashof and the Committee members have made an impressive start on helping to ensure that we are doing all we can both to determine the causes of the illnesses Gulf War veterans are suffering from, and to provide effective medical care to those in need.

I am pleased that the Committee's interim report recognizes the serious efforts underway in the Administration to restore these men and women to good health. I know that the Departments of Defense, Health and Human Services, and Veterans Affairs will review the recommendations contained in this report and will continue the research, outreach, and medical programs needed to improve the lives of Gulf War veterans and their families.

I have asked Secretary William Perry, Secretary Donna Shalala, and Secretary Jesse Brown to develop an action plan for implementing the recommendations in the interim report. I am also asking the Departments to continue their record of full cooperation with the Advisory Committee as it prepares its final report over the next 10 months.

As I said last March when announcing my intention to establish the Advisory Committee, 5 years ago we relied on these Gulf War veterans to fight for our country; they must now be able to rely on us to try to determine why they are ill and to help restore them to full health. We are all indebted to the Presidential Advisory Committee on Gulf War Veterans' Illnesses for its contribution to this critical task. I look forward to reviewing their final recommendations later this year.

#

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

The Department of Defense appreciates the effort, thought and constructive input provided by the Presidential Advisory Committee on Gulf War Veterans' Illnesses in its interim report.

Like the Presidential Advisory Committee, the Department of Defense recognizes that the issues surrounding Gulf War illnesses are very complex. Since the end of the Gulf War, concerns have been raised as to whether or not there is a relationship between illnesses being experienced by some Gulf War veterans and exposures to various hazards during Gulf War service. This concern is of particular importance to our Gulf War veterans and their families. Because the Clinton Administration shares these concerns, the Department is taking unprecedented steps to help resolve the Gulf War illnesses issue and provide effective medical care for those who are ill.

The Committee's Interim Report provides a number of important findings and constructive recommendations. Most of its recommendations for the Department are either already implemented or will be implemented shortly. Consistent with the Committee's suggestions, the Department is taking the following steps:

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

- All DoD funded internal and external research related to Gulf War illnesses, including epidemiologic studies aimed at Gulf War veterans' health issues, now incorporate external scientific review and ongoing interaction with appropriate outside experts. In order to expedite some early DoD internal research, external scientific review was not always utilized.
- We will continue to encourage our research Principal Investigators to establish both scientific and public advisory committees for epidemiologic studies.
- Over the past year, the three Departments have taken steps to strengthen the Persian Gulf Veterans Coordinating Board and have it play a stronger role in coordinating research, determining priorities for funding, and ensuring the quality of the research.
- We are collecting more and better troop exposure data as shown by our current efforts in Joint Endeavor and will have data available to health researchers.
- Our new unit locator and geographic information systems are operational and preparations are underway to make them available to qualified government and private researchers in 1996.
- We are working on better methods for detecting and identifying chemical and biological warfare agents rapidly and accurately enough to enable troops to take protective measures before being exposed.
- With the assistance of outside experts, we will continue to look at the effects of and monitoring of low-level (subacute) exposures to chemical warfare agents.

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



**Department of
Veterans Affairs**

**Office of Public Affairs
News Service**

Washington, D.C. 20420
(202) 273-5700

News Release

STATEMENT IN RESPONSE TO INTERIM REPORT OF THE PRESIDENTIAL ADVISORY COMMITTEE ON GULF WAR VETERANS' ILLNESSES

The Department of Veterans Affairs extends its appreciation to the Presidential Advisory Committee on Gulf War Veterans' Illnesses whose hard work, outstanding scientific expertise and thoughtful deliberations have combined to produce a report containing many valuable insights over a broad spectrum of issues. VA also acknowledges the important work that the Committee's interim report represents, as well as the contributions it makes toward addressing the needs and concerns of Persian Gulf War veterans and their families.

This month, as we observe the fifth anniversary of the liberation of Kuwait, we are reminded of the challenges met by Persian Gulf veterans, who accomplished their mission bravely and successfully. No less noble nor important is VA's obligation to address the needs of the veterans through medical care, compensation and research into what is causing their health problems. The Department believes VA's comprehensive programs are meeting the vast majority of those expectations. Nevertheless, the Committee's recommendations on further enhancements will ensure that VA continues to make improvements and initiate new programs in response to the needs of Persian Gulf veterans and their families.

The Committee's recommendations that were specific to this Department will be closely evaluated in the process of developing appropriate implementation plans. The following responses represent VA's preliminary assessments of the interim report's recommendations.

- * VA will be improving the clarity and content of the department's communications to veterans, including public service announcements, fact sheets and newsletters, and developing performance measures for VA's Persian Gulf Helpline and outreach activities.

- * VA's Veterans Health Administration has initiated discussions with the Department of Defense to develop a plan for standardized record keeping and deployment medical surveillance systems which use the latest information systems technology. Work groups are currently addressing these issues. VA's Under Secretary for Health and the Defense Department's Assistant Secretary for Health Affairs have made improvements in medical surveillance and continuity of record keeping a high priority.

* Even though VA's research is world-class, further improvements are expected in the external peer review process for these programs and in ensuring comparability among major epidemiological studies.

* Regarding the recommendations concerning the Persian Gulf Veterans Coordinating Board, VA's Under Secretary for Health, with the Board's executive director, has taken steps to implement closer coordination by the Board's Research Working Group of research monitoring, review and strategic planning. The Working Group will monitor the findings and recommendations of scientific peer review committees and continue to play an active role in the allocation of the resources available for research on Persian Gulf veterans' illnesses.

In the coming weeks, VA will provide detailed responses to and action plans for each of the areas discussed in the Committee's interim report.

Feb. 14, 1996

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
February 13, 1996

Contact: HHS Press Office
(202) 690-6343

SECRETARY SHALALA'S STATEMENT REGARDING THE INTERIM REPORT OF THE PRESIDENTIAL ADVISORY COMMITTEE ON GULF WAR VETERANS' ILLNESSES

"The Department of Health and Human Services today received the Interim Report produced by the Presidential Advisory Committee on Gulf War Veterans' Illnesses. The report, a Clinton Administration effort to investigate and research the activities in addressing the needs and concerns of Persian Gulf War veterans and their families, sets forth a series of recommendations. HHS is carefully reviewing these and intends to develop a plan of action for their implementation.

We commend the Presidential Advisory Committee for their efforts in evaluating the various activities undertaken by the Departments of Defense, Veterans' Affairs and Health and Human Services to determine the causes of illnesses being reported by Gulf War veterans. HHS will continue to lend support and cooperate fully with the Presidential Advisory Committee and continue our collaborative efforts with DOD and VA to respond to veterans' health concerns."

NATIONAL SECURITY COUNCIL
WASHINGTON D.C. 20504

2775

April 24, 1995

ACTION

MEMORANDUM FOR SAMUEL R. BERGER

THROUGH: ROBERT BELL *EBP* / DANIEL F. ONEMAN *EBP*

FROM: ELISA D. HARRIS *EBP*

SUBJECT: Coordinating Board Response to Gulf War Interim
Report

At Tab I is a memorandum for the President concerning the Persian Gulf Veterans Coordinating Board response to the interim report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses. We would like to get this memo into the President by the weekend, as the Advisory Committee has asked to be given a copy of the response prior to their meeting here in Washington next week.

RECOMMENDATION

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

Attachments

Tab I Memorandum for the President

Tab A Coordinating Board Response

THE WHITE HOUSE

WASHINGTON

April 26, 1996

INFORMATION

MEMORANDUM FOR THE PRESIDENT

FROM: SAMUEL R. BERGER *SRB*
JOHN H. GIBBONS *JHG*
KITTY HIGGINS *KH*
MELANNE VERVEER *MV*

SUBJECT: Coordinating Board Response to Gulf War Interim Report

Background

The Persian Gulf Veterans Coordinating Board, which consists of representatives from the Departments of Defense, Veterans Affairs and Health and Human Services, has prepared the attached action plan in response to the interim report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses. The interim report contained findings and recommendations in four major areas: outreach, medical and clinical issues, research and chemical and biological weapons. The Coordinating Board found the Advisory Committee's recommendations constructive and, together with the agencies, is taking the necessary steps to implement the recommendations. Some actions are specific to individual agencies, while others require joint efforts between agencies.

Coordinating Board Response

Outreach: Effective outreach to Gulf War veterans and their families is crucial to determining the health needs of those veterans and to responding to their needs. As recommended by the Advisory Committee, DOD and VA are undertaking a number of initiatives to improve their outreach efforts, including conducting assessments to ensure that they are reaching as many veterans as possible and that the information they are providing is clear and relevant to Gulf War veterans needs.

Medical and Clinical Issues: Central to monitoring and assessing the pre- and post-deployment health status of troops is an accurate records-handling system. In response to the Advisory Committee's recommendations, DOD is developing quality assurance

cc: Vice President
Chief of Staff

plans and improved mechanisms for recordtracking, and DOD and VA are working to standardize their record-keeping procedures. DOD and VA have also endorsed the Committee's recommendations on the use of investigational new drugs, including that of requiring informed consent unless waived by FDA.

Research: Government-sponsored research is critical to efforts to understand the potential role of various risk factors (e.g., smoke, pesticides, vaccines, anti-nerve gas treatments) in the illnesses being reported by Gulf War veterans. As recommended by the Advisory Committee, the agencies will promote the use of public advisory committees, encourage frequent peer review and require the use of a small number of common questions in all major epidemiological studies. Efforts are also underway to provide researchers with better Gulf War troop location and exposure data.

Chemical and Biological Weapons: Information obtained since the Gulf War has enhanced our understanding of the nature and scope of Iraqi chemical and biological weapons programs. Consistent with the Advisory Committee's recommendations, DOD and CIA are coordinating their efforts to review information about possible CBW incidents during the Gulf War. DOD is also working to improve its CBW detection capabilities and is investigating the potential effects of exposure to low-levels of chemical agents.

Next Steps

The agencies will continue to implement the recommendations contained in the Advisory Committee's interim report and to respond to Committee requests for information. The Committee's final report is due by December 31, 1996.

Attachment

Tab A Coordinating Board Response

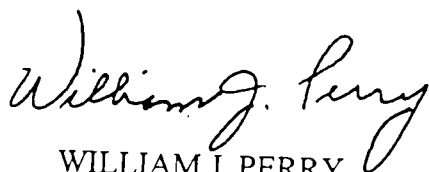
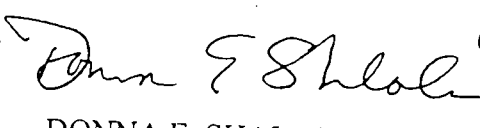
The President
The White House
Washington, DC 20500

Dear Mr. President:

We are pleased to submit to you our implementation plan for the recommendations contained in the interim report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses. This plan represents many hours of careful consideration of the Advisory Committee's recommendations. The plan was developed, coordinated, and consolidated with the assistance of the Persian Gulf Veterans Coordinating Board, which we jointly co-chair.

Action is already underway to implement many of the recommendations. Please be assured that we will continue to work closely with the Committee as it prepares its final report.

Respectfully,

		
WILLIAM J. PERRY Secretary of Defense	DONNA E. SHALALA Secretary of Health and Human Services	JESSE BROWN Secretary of Veterans Affairs

Enclosure

**THE PERSIAN GULF VETERANS
COORDINATING BOARD
ACTION PLAN**

**WITH RESPECT TO
THE FINDINGS AND RECOMMENDATIONS OF
THE PRESIDENTIAL ADVISORY COMMITTEE ON
GULF WAR VETERANS' ILLNESSES (PAC)**

-- EXECUTIVE SUMMARY --

THE PERSIAN GULF VETERANS COORDINATING BOARD ACTION PLAN WITH RESPECT TO THE FINDINGS AND RECOMMENDATIONS OF THE PRESIDENTIAL ADVISORY COMMITTEE ON GULF WAR VETERANS' ILLNESSES (PAC)

The Departments of Defense (DoD), Veterans Affairs (VA), and Health and Human Services (HHS) appreciate the effort, thought and constructive input provided by the Presidential Advisory Committee on Gulf War Veterans' Illnesses in its interim report.

Like the Presidential Advisory Committee, the Departments recognize that the issues surrounding Gulf War illnesses are very complex. Since the end of the Gulf War, concerns have been raised as to whether there is a relationship between illnesses being experienced by some Gulf War veterans and their family members, and exposures to various hazards during Gulf War service. These concerns are of particular importance to our Gulf War veterans and their families. We share these concerns, and are taking unprecedented steps to determine the causes of these illnesses and to provide care for those who are ill.

The Presidential Advisory Committee's Interim Report provides a number of important findings and constructive recommendations. Consistent with the Committee's recommendations, this action plan outlines the steps, including those already partially or fully implemented, being taken by the Departments, including:

- In 1996, DoD will conduct surveys to determine how well our outreach programs have worked in reaching active duty troops or retirees who served in the Gulf War.
- The Comprehensive Clinical Evaluation Program Patient Satisfaction Form will ask about referral satisfaction with the Persian Gulf Medical Registry Hotline.
- DoD has released a user's guide to help the public understand the thousands of declassified documents becoming available on GulfLINK, DoD's Internet resource. The user's guide is available on GulfLINK.
- Prior to any deployment, DoD will conduct health assessments of deploying troops. A new expanded medical surveillance program (including quality control) and postdeployment follow-up is already operational for Joint Endeavor in Bosnia. This program will identify populations at risk, recognize and assess hazardous exposures, determine protective measures and monitor health outcomes.
- HHS/FDA will ensure all HHS/FDA requirements are met when an FDA investigational drug is used. When such a drug is used, informed consent (including a clear description and documentation of the health risks and benefits and inclusion as a part of the service member's health record) will continue to be required unless waived by FDA.

-
- Should unexplained health concerns occur in conjunction with future deployments, VA and DoD have already pre-positioned hotlines and clinical programs to respond rapidly.
 - DoD and VA are upgrading our medical records system resulting in better records and a centralized data base that can be linked with other databases, including location of units and exposures.
 - All funded internal and external research related to Gulf War illnesses, including epidemiologic studies aimed at Gulf War veterans' health issues, now incorporate external scientific review and ongoing interaction with appropriate outside experts.
 - VA and DoD will continue to encourage our research Principal Investigators to establish both scientific and public advisory committees for epidemiologic studies.
 - DoD, VA and HHS will continue to strengthen the Persian Gulf Veterans Coordinating Board and have it play a stronger role in coordinating research, determining priorities for funding, ensuring the quality of the research and reviewing the results of such research.
 - DoD is collecting more and better troop exposure data as shown by our current efforts in Joint Endeavor and will have data available to health researchers.
 - DoD's new unit locator and geographic information systems are operational and preparations are underway to make them available to qualified government and private researchers in 1996.
 - DoD is working on better methods for detecting and identifying chemical and biological warfare agents rapidly and accurately enough to enable troops to take protective measures before being exposed.
 - With the assistance of outside experts, DoD will continue to look at the effects and monitoring of low-level (subacute) exposures to chemical warfare agents.
-

**ACTION PLAN
WITH RESPECT TO THE FINDINGS AND RECOMMENDATIONS OF
THE PRESIDENTIAL ADVISORY COMMITTEE ON GULF WAR
VETERANS' ILLNESSES (PAC)**

OUTREACH

PAC Finding

DoD's Persian Gulf Medical Registry Hotline and VA's Persian Gulf Helpline effectively educate callers about the availability of the CCEP (Comprehensive Clinical Evaluation Program) and the Persian Gulf Health Registry, respectively. Both telephone systems adequately refer callers to points of contact at medical treatment facilities.

PAC Recommendations

Operators at the DoD Medical Registry Hotline, DoD Incident Reporting Line, and VA Helpline should be instructed to ask, "How did you find out about this number?" as a method of qualitatively measuring the success of the different methods for publicizing the numbers.

DoD and VA should utilize more refined performance measures to determine how well the services are reaching concerned parties. Caller volume data are not adequate.

In the next CCEP end-of-evaluation questionnaire, which participants answer when the initial evaluation is completed, DoD should include a question about satisfaction with the referral provided by the Persian Gulf Medical Registry Hotline.

Response

DoD will conduct a survey in 1996 of an appropriate sample of current military members and retirees to determine how well services are reaching concerned parties.

Defense Manpower Data Center (DMDC) Operators answering calls at the DoD Incident Reporting Hotline and Medical Registry Hotline have been instructed to ask callers how they heard about the respective Hotline and now collect this data.

DoD's CCEP Patient Satisfaction Form will be modified to include referral satisfaction via the Persian Gulf Medical Registry Hotline.

VA has developed procedures that will enable the Department to capture information on how callers learned about the VA Helpline number. VA put this program in place on April 1, 1996.

PAC Findings

DoD GulfLINK offers a user friendly, accessible resource that deposits information pertinent to Gulf War veterans' illness in a central location.

Since GulfLINK contains contradictory intelligence reports, the net effect of posting these declassified intelligence documents on GulfLINK could be to confuse rather than enlighten the interested public. Without a better system for organizing and presenting information, persons using the resource could gain false impressions or misunderstand documents.

PAC Recommendation

To assist the general public in interpreting the declassified intelligence documents on GulfLINK, DoD should prepare a user's guide. This guide would explain in general terms the various sources of intelligence information, how they may differ in quality and reliability, and how intelligence analysts compile and evaluate reports from a variety of sources in the field to obtain corroboration before preparing a final assessment. This guide should be featured prominently on the GulfLINK home page.

Response

DoD has prepared a "lay person's" users guide to better explain the nature of intelligence documents posted on GulfLINK. This guide discusses issues relating to the quality and reliability of the data or information, and how the intelligence analysts obtain, evaluate and corroborate raw information in the process of producing final assessments. The user's guide was activated on the GulfLINK home page on March 6, 1996.

PAC Findings

Although mailings such as the memorandum from Secretary Perry and Chairman Shalikashvili can be expensive, they are a reasonable method of getting information to the concerned population.

VA's On-line service and World Wide Web home page provide computer users with a widely accessible Gulf War Veteran's illness education and referral resource.

VA's print Public Service Announcement (PSA) gives readers useful information on Gulf War veteran's illnesses. VA's broadcast PSAs, which publicize the Helpline number but does not mention illness or potential illness as a reason to call, need improvement.

PAC Recommendation

VA should make its broadcast PSAs regarding the Helpline more explicit. The PSAs should use language that briefly explains the purpose of the Helpline and the referral process for the Persian Gulf Health Registry.

Response

VA is currently reviewing scripts for both print and broadcast PSAs, and will update them to explain the purpose of the Helpline and focus on unexplained illnesses, compensation and medical-care eligibility. Print PSAs also will include information on the referral process for the Persian Gulf Health Registry. The new PSAs will be distributed in another nationwide media campaign during 1996.

PAC Finding

VA's use of the term "priority care" in reference to Gulf War veteran's eligibility for health care creates false expectations among a significant portion of its clientele.

PAC Recommendation

In its outreach campaign, VA should forego use of the term "priority care." It should state clearly that Gulf War veterans are entitled to receive the Persian Gulf Health Registry examination free of charge, including any diagnostic testing found to be medically necessary and counseling regarding findings.

Response

The priority care classification and the Registry examination authority are established by separate laws. VA will take steps to ensure that veterans understand the meaning of priority medical care and their right to examinations. The Department will be including information on eligibility for priority medical care in future issues of the "Persian Gulf Review". In addition, fact sheets covering both of these issues are available to veterans through VA facilities. Special efforts will be made to provide information clarifying priority medical care and medical care eligibility criteria through veterans service organization publications.

PAC Findings

Public and congressional concern for the health of Gulf War veterans has been evident since the world witnessed the 1991 oil well fires on television. DoD did not set up hotlines or sites at medical treatment facilities to provide information and medical referral services to Gulf War veterans until 1994, a significant delay in response time.

VA's Helpline started late in comparison with its other efforts to address the issue of Gulf War veterans' illnesses. It was established two years after the initiation of the Persian Gulf Veterans Health Registry and one year following the enactment of Public Law 103-210, which initiated "priority care" services. VA had conducted some outreach in tandem with the establishment of the Registry with its "Persian Gulf Review" newsletter, but it was sent only to those already participating in the Registry.

PAC Recommendation

Future conflicts are likely to generate controversial and unexplained health concerns, and DoD and VA should anticipate the need and plan for outreach services and implement them expeditiously.

Response

Should unexplained health concerns occur in the future, DoD has already pre-positioned hotlines and clinical programs to respond rapidly. DoD will carry out postdeployment medical debriefings of military personnel and be able to maintain contact with those who deployed through the DoD database on deployed military personnel. Anticipation of outreach services and collaborative efforts are included in DoD's plans for future deployments and are already being addressed in the case of Bosnia.

Outreach was conducted by VA through the news media, veterans service organizations, the distribution of the "Persian Gulf Review" and other means. Nevertheless, VA agrees with the Committee findings that more extensive outreach should have been initiated at an earlier date. VA is devising a means to contact veterans involved in future deployments in a more timely and effective manner.

MEDICAL AND CLINICAL ISSUES

PAC Finding

No uniformity existed among the services in their predeployment or demobilization policies and procedures at the time of Operation Desert Shield/Desert Storm.

PAC Recommendation

DoD should regularly review and update the policies and procedures that govern the pre-, during, and postdeployment medical assessment of the Ready Reserve to ensure they are current and adequate.

Response

DoD will review the current policies for pre-, during, and postdeployment medical assessment. This work is expected to be completed by October 1996.

Using the current Bosnia deployment policy, DoD is developing a directive that ensures pre-, during, and postdeployment medical assessments. This directive will be completed by October 1996.

PAC Finding

There is little evidence that quality control procedures were employed to ensure that existing policies were actually carried out during deployment or demobilization.

PAC Recommendation

DoD should establish a quality assurance program to ensure compliance with pre-, during, and postdeployment medical assessment policies.

Response

By the end of 1996, DoD will develop a quality assurance plan to measure compliance with pre-, during and postdeployment medical assessments and to ensure the capture of predeployment data in medical records. Postdeployment data will be available on the new automated CCEP information system, which was designed for any deployment situation. The system can interface with the military treatment facility based health information system, as well as transmit data to the DoD repository.

PAC Finding

DoD's policies and procedures were not adequate in all cases to prevent members with preexisting conditions from deploying or to identify health problems extant at the time of demobilization, and these conditions could have contributed to some current health concerns.

PAC Recommendation

Prior to any deployment, DoD should undertake a thorough health assessment of a large sample of troops to enable better postdeployment medical epidemiology. Medical surveillance should be standardized for a core set of tests across all services, and timely postdeployment follow-up is essential.

Response

Current DoD military medical standards, as well as mobility and operational medical standards are intended to ensure a strong, healthy fighting force.

DoD is establishing a directive based on the current (January 15, 1996) Medical Surveillance Plan for U.S. Ground Forces Deploying to Bosnia. This will be completed by October 1996. Use of the tracking system in the current plan will include a predeployment assessment of troop health and enable surveillance of unit and individual deployments over time.

PAC Finding

FDA and DoD undertook an urgent and orderly course of action under the circumstances to devise a means to address the real threat of chemical and biological warfare in the Gulf War.

PAC Recommendation

Given that FDA's interim rule is still in effect, DoD should work to develop enhanced routine orientation and training approaches to alert service personnel they may be required to take drugs or vaccines not fully approved by FDA if a conflict presents a serious threat of chemical and biological warfare.

Response

DoD will ensure all HHS/FDA requirements are met when an investigational new drug (IND) is utilized. The use of FDA Investigational Drugs will require informed consent, unless waived by FDA. The health risks and benefits will be clearly outlined to service personnel during orientation and training, and documented and maintained as a part of the Service member's health record.

PAC Finding

FDA has not been proactive in addressing public comments on the interim final rule or in devising better long-term methods for governing military use of drugs, vaccines, devices, and antibiotics intended for chemical and biological warfare defense.

PAC Recommendation

If FDA decides to reissue the interim final rule as final, it should first issue a Notice of Proposed Rule Making. Among the areas that specifically should be revisited are: adequacy of disclosure to service personnel; adequacy of record keeping; long term follow-up of individuals who receive investigational products; review by an Internal Review Board (IRB) outside of DoD; and additional procedures to enhance understanding, oversight, and accountability of the current rule.

Response

FDA supports the Committee's recommendation that a Notice of Proposed Rule Making should be issued before proceeding to promulgation of a final rule. The agency is proceeding in that direction. Specific focus will be placed on: adequacy of disclosure to service personnel; adequacy of record keeping; long-term follow-up of individuals who receive investigational products; review by an institutional review board outside of DoD; and additional procedures to enhance understanding, oversight, and accountability. If another emergency situation arises before the rulemaking process is complete, the interim rule is in effect and can be used if necessary.

PAC Findings

When a waiver of informed consent is granted, the government has a strong obligation to conduct long-term follow-up of military personnel who receive investigational products.

DoD did not keep adequate records on who received anthrax and BT vaccines and PB in the Gulf War theater. There is little possibility now of developing reliable data about which or how many persons received anthrax vaccine and investigational agents.

DoD and VA admit to problems with missing or lost medical records, but neither system appears to place a priority on correcting these problems.

DoD's rationale for the requirement that records of vaccinations be kept secret is not well understood. This requirement confused and complicated record keeping procedures and hindered systematic follow-up of health issues.

The issue of accurate medical and vaccination records is central to the concerns of many ill veterans, and the absence of records has been suggested by some as evidence that the government is engaging in a cover-up of its own predeployment practices.

PAC Recommendation

DoD should assign a high priority to dealing with the problem of lost or missing medical records. A computerized central database is important. Specialized databases must be compatible with the central database. Attention should be directed toward developing a mechanism for computerizing medical data (including classified information, if and when it is needed) in the field. DoD and VA should adopt standardized record keeping to ensure continuity.

Response

DoD and VA agree with the committee's finding concerning the importance of a well-documented, retrievable medical record keeping system. VA and DoD are working cooperatively to develop a plan for standardized record keeping and deployment medical surveillance systems which utilize the latest information systems technology. Work Groups, co-chaired by VA and DoD, expect to complete a report on these issues by October 1996. VA's Under Secretary for Health and DoD's Assistant Secretary for Health Affairs have made the improvement in medical surveillance and continuity of record keeping high priorities.

DoD will complete a report by the end of 1996 on the issue of medical records, including the handling of records involving classified information and the development of an automated medical record system for a deployed force. Pre- and postdeployment medical data is being captured in the database established for the CCEP program. In addition, DoD's overall patient data system's capability in this area will be enhanced before the end of 1996 by adding outpatient data capability and linking with medical records in theater.

The rationale for keeping immunization records secret as to the exact nature of the immunization being given military personnel is related to security issues during preparation for operations. The protective posture of our forces with regard to the BW threat required that this information not be available to the opposing force.

RESEARCH

PAC Findings

Despite the unique features of the Gulf War, it should be possible using epidemiologic approaches to determine whether Gulf War veterans have more or less mortality, symptoms, or diseases than an appropriately chosen comparison population.

Most of the studies examined by the Committee appear to be well-designed and appropriate to answer questions about mortality, symptoms, or diseases.

Some studies currently underway or planned at best will add little information to other better designed studies and could provide misleading information, leading to false conclusions.

External scientific review of the major epidemiologic studies has ranged from nonexistent, to one-time review of protocols, to standing scientific advisory panels which have an ongoing role in the design and execution of the studies. Ongoing external review has proved beneficial to several of the studies.

PAC Recommendation

All epidemiologic studies aimed at Gulf War veterans' health issues should incorporate external scientific review and ongoing interaction with appropriate outside experts throughout the study process, from study design through analysis of results.

Response

The Departments agree with the Committee that all epidemiological studies, particularly the large population-based studies, aimed at Persian Gulf veterans' health issues should have continuing scientific peer review that covers all phases of investigation from the study design through data and results analysis. External scientific review of DoD studies of the health effects of the Persian Gulf War has been ongoing through the Defense Science Board, the NIH Technology Assessment and Workshop Panel, the Institute of Medicine Committee on the Persian Gulf Syndrome, the Centers for Disease Control, and the American Institute of Biological Sciences (AIBS) review of proposals. The two large VA epidemiology studies (the National Health Survey of Persian Gulf Veterans, and A Mortality Follow-up Study of Persian Gulf Veterans) incorporate an oversight body that draws from VA's Persian Gulf Expert Scientific Committee and is composed of distinguished scientists from inside and outside the government. These studies will have the greatest near-term impact on our understanding of Persian Gulf veterans' illnesses. The Departments will ensure that external peer review continues to be an integral part of our research program.

PAC Finding

Public advisory committees might improve communications with the veterans asked to participate in epidemiologic studies.

PAC Recommendation

DoD, HHS, and VA should encourage their principal investigators to use public advisory committees in designing and executing epidemiologic studies of Gulf War veterans' illnesses.

Response

The Departments agree that public advisory committees, particularly when they include veterans, on large epidemiological studies are appropriate and useful and will, through the Research Working Group, continue to support the use of these committees.

PAC Finding

A single coordinating body with an overarching perspective is needed to monitor whether priorities are being established, whether outstanding research questions are being adequately addressed, whether individual studies will contribute to the overall effort, and the extent to which the studies are responsive to recommendations from external reviewers.

PAC Recommendation

The Persian Gulf Veterans Coordinating Board should play an active role in allocating the limited resources available for research on Gulf War veterans' illnesses. The Research Working Group of the Coordinating Board should monitor the findings and recommendations of scientific peer review committees. If scientific reviews draw into question the usefulness of particular studies to the overall research strategy, the Research Working Group should, via the Coordinating Board, recommend appropriate actions to the Secretaries of the three Departments involved.

Response

The Departments believe that the Persian Gulf Coordinating Board's monitoring and global oversight activities have been valuable and can be further enhanced. In the future, the Coordinating Board's Research Working Group will monitor the findings and recommendations of external scientific peer review committees. If scientific review raises questions concerning methodology, data analysis, or the usefulness of major research studies to the overall knowledge and understanding of Persian Gulf veterans' illnesses, the Research Working Group will review the investigators responses to the scientific criticisms, consider whether appropriate actions were taken, and recommend actions to the Secretaries of the three Departments involved. The Research Working Group will continue to play an active role in the allocation of the resources available for research on Persian Gulf veterans' illnesses.

PAC Finding

Sharing a subset of basic questions on demographics, symptoms and exposures across large surveys of Gulf War veterans and controls could provide information useful for comparisons across the studies and better understanding of differences in the study populations.

PAC Recommendation

For those questions that are common to different surveys, coordinating between principal investigators and survey design experts should take place to arrive at a common wording. The Persian Gulf Veterans Coordinating Board's Research Working Group should take responsibility for this coordination.

Response

The Departments agree that there is value to a small set of core questions on demographics, symptoms, and exposures being included in different survey instruments, thereby facilitating comparison among the responses to each of these instruments. The Research Working Group is developing a set of core questions that will be provided to all investigators engaged in epidemiology studies for their use. These questions will be available by September 1996.

PAC Finding

There is little exposure data available for Gulf War veterans about many key risk factors. As a consequence, it will be more difficult to link adverse health outcomes detected by epidemiologic studies to some specific exposures or risk factors.

PAC Recommendations

DoD should make reasonable and practical efforts to collect and record better troop exposure data during future conflicts and to make that data available as quickly as possible to health care researchers.

Response

DoD has issued a medical Surveillance Plan for U.S. Ground Forces Deploying to Bosnia to ensure better collection of troop exposure data in conjunction with that deployment. The requirement for such plans will be permanently incorporated into DoD deployment procedures with the issuance of the DoD Directive and Instruction on Health Surveillance. This will vastly improve medical surveillance, case finding, and care as well as result in having data available to health care researchers. Using an industrial hygiene model, the Services are developing a mechanism to capture relevant exposure data.

PAC Finding

The Persian Gulf Registry of Unit Locations data from DoD will be important for investigating questions about Gulf War veterans' health issues, but it will not be a substitute for missing exposure data for many risk factors.

PAC Recommendation

The Persian Gulf Registry of Unit Locations should be made available to qualified government and private researchers as quickly as possible, within the constraints of confidentiality.

Response

The Departments agree that troop unit locations are vital to the interpretation of epidemiological investigations, and that this information should be provided to all qualified government and private investigators. The Persian Gulf Coordinating Board's Research Working Group is working with DoD's Environmental Support Group to establish a mechanism by which this information, when available, can be conveyed to all qualified investigators.

DoD will review the Geographic Information System (GIS) data and determine how information will be released and how confidentiality will be safeguarded. Information should be available within two months after the GIS project is completed in August 1996. The Environmental Support Group (ESG) data base will be a record of where troop units were located during Operation Desert Shield/Desert Storm. When the ESG data base, GIS, weather modeling, and CCEP data are overlaid, they will give a more complete picture of potential risk factors and exposures for Gulf War veterans.

CHEMICAL AND BIOLOGICAL WEAPONS

PAC Finding

Although much was known at the time of the Gulf War, UNSCOM's work provides a more definitive picture of Iraq's CBW capability and doctrine, revealing advance capabilities and underscoring the considerable uncertainty regarding Iraq's intentions to use CBW agents against American and coalition troops.

Response

DoD and CIA agree that UNSCOM information on Iraq's CBW programs provides very useful details and, in some cases, new data. Information from other sources has also added to our knowledge of Iraqi CBW programs. Uncertainty concerning an adversary's intentions is not unusual, certainly not unique to the Persian Gulf War

PAC Finding

The U.S. government's decision to reexamine the records of the Gulf War for evidence of exposure to CBW agents is prudent in light of the health concerns of veterans and the findings from UNSCOM's investigations. The Committee intends to monitor the investigations of PGIT and CIA.

PAC Recommendation

CIA and DoD should coordinate their analyses to ensure a comprehensive review of the complete record of the Gulf War. Each agency should make full and prompt disclosure of all findings.

Response

An active exchange of information and views is already underway between the DoD Investigation Team and the CIA on Iraqi CBW issues. The results of the Investigation Team's work on possible CBW incidents, as well as other potential causes of veterans' illnesses, will be made available to the public via GulfLINK. Information from CIA's ongoing analytic effort on the CBW issue is being made available to the Investigation Team as well as to the Presidential Advisory Committee. The CIA will also release as much of this information as possible to the public, as part of its broader Gulf War declassification effort.

PAC Finding

DoD is taking reasonable steps to improve battlefield CW agent detection capability by contracting for equipment that will detect mustard agent and that will not sound false alarms in response to common battlefield interference.

Response

DoD is taking steps to improve battlefield CW agent detection capability by seeking to procure equipment that will detect mustard agent and that will not sound false alarms in response to common battlefield interference. DoD has contracted to buy approximately thirty detectors from three different manufacturers for testing prior to a procurement which will be made in fiscal year 1997.

PAC Finding

The inability to provide real-time detection of BW agents constitutes a serious deficiency in the U.S. chemical and biological defense posture.

PAC Recommendation

DoD should continue to invest in the development of a biological point detector/alarm system that can detect and identify BW agent aerosols rapidly enough to enable troops to take protective measures before being exposed.

Response

DoD will continue to invest in the development of biological and remote detector/alarm systems. Remote or early warning sensors are needed as a complementary capability to point detectors, to provide the maximum feasible warning time to at-risk personnel.

DoD has made significant strides in the past three years to provide real-time detection of BW agents by fielding a limited number of ground based and shipboard interim BW detectors. The ground based system consists of a standard military vehicle outfitted with a lightweight, multi-purpose shelter which provides a safe, collectively protected and environmentally controlled work area. A biological detection suite of instruments provides detection and identification of BW agents. A total of 7 systems were fielded in FY 95 for a contingency platoon. The shipboard BW detector provides naval forces with the capability of detecting and warning of the presence of BW agents at sea and near shore. A total of 10 detectors have been produced to date.

PAC Finding

The ability to monitor low-levels of CW agents would improve the health care surveillance of U.S. troops.

PAC Recommendation

DoD should devote more attention to monitoring low-level (subacute) exposures to CW agents. One possible basis for such a system is the automated air-sampling system developed by the U.S. Army Edgewood Research, Development and Engineering Center for UNSCOM, which is using it to monitor emissions from Iraqi chemical plants. Another approach might be to modify the detection system that the U.S. Army uses to monitor for leaks at chemical weapons storage depots.

Response

DoD will devote more attention to researching the possible effects of low-level (subacute) exposures to CW agents. If research establishes health concerns for such low-level exposures, DoD will establish a system and capability to monitor for such low-level exposures.

QS AND AS FOR THE PRESIDENT ON GULF WAR ILLNESSES

Q: What is the status of the Presidential Advisory Committee on Gulf War Veterans' Illnesses that you announced earlier this year?

A: -- I am pleased to be able to tell you that later today I will sign the Executive Order establishing the Advisory Committee.

Q: Who will be on the Advisory Committee?

A: -- The Committee will be comprised of physicians, scientists, veterans and policy experts. Its members will have real expertise in all of the areas relevant to Gulf War veterans' illnesses, including research, diagnosis and medical treatment.

-- We will be releasing the names of the Committee members later today.

(IF PRESSED:

-- The Committee will be chaired by Dr. Joyce Lashof, who is former Dean and Professor Emerita of Public Health at the University of California at Berkeley.)

Q: Why did you decide to establish this Committee?

A: -- I am determined to ensure that we leave no stone unturned in our efforts to identify the causes and provide care to Gulf War veterans who are ill.

-- This Committee will help ensure that our response to this problem, especially our research efforts and our medical care, is as comprehensive and effective as possible.

Q: How will it be different from other experts groups?

A: -- This is a Presidential Advisory Committee, reporting to me, through the Secretaries of Defense, VA and HHS, on the full range of U.S. government activities related to Gulf War veterans illnesses.

-- Previous expert panels, like the NIH workshop and the Defense Science Board study, have been more short term or had a more narrow focus.

Q: What else is the Administration doing on this issue?

A: -- As a result of our efforts over the past two years, tens of thousands of Gulf War Veterans have received free, comprehensive medical exams at DOD and VA medical facilities and those who are ill are getting free medical care.

-- VA and DOD have opened six specialized care centers for veterans who need additional tests and treatment. Two of these centers opened just within the last few months.

-- VA and DOD have registered more than 55,000 Gulf War veterans with health concerns to help avoid the kinds of problems that delayed care and compensation for those exposed to Agent Orange.

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

-- On the research side, we have more than 30 studies underway on a range of subjects, including various environmental hazards, in an effort to determine the causes of the illnesses of our veterans.

-- We are spending \$8-13 million more on new research this year. In fact, just this week, DOD announced that it was seeking proposals from independent researchers for studies on the possible causes, transmission and treatment of Gulf War veterans' illnesses.

-- DOD also announced this week the opening of a new, toll-free telephone line for veterans and others who served in the Gulf to report *first-hand* details of incidents they believe may be related to this problem.

-- The Defense Department is also continuing to declassify all documents related to the possible causes of these illnesses.

Q: The Stars and Stripes reported this week that VA has denied 95% of the claims it has reviewed thus far from Gulf War veterans seeking compensation for undiagnosed illnesses under a regulation issued last December. What is your reaction to this report?

A: -- The VA is still in the early stages of its review of all of the claims for compensation for undiagnosed illnesses, and expects to approve a higher percentage of claims in the future.

-- In the meantime, they are reviewing a sample of the claims that have been disallowed to correct any problems and address any claims requiring a change.

-- I want to emphasize that we supported providing disability compensation for undiagnosed illnesses, and that we will do everything that is necessary to ensure that Gulf War veterans who are ill receive the medical care they need and the benefits they deserve.

The Stars and Stripes

The National Tribune

Since 1861

THE OLDEST NATIONAL VETERANS NEWSPAPER

"To Care For Him Who Shall
Have Borne The Battle And
For His Widow And His Orphan"
Abraham Lincoln

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Gulf Syndrome Cases Being Denied By VA

By Dick Maggrett
Stars and Stripes Staff Writer

The VA so far has denied nearly 95 percent of Gulf War syndrome cases reviewed for compensation under a recent regulation, but the department says it's too soon to show a solid trend toward large numbers of rejections.

A law that affects veterans compensation and pension programs took effect last November, and the VA subsequently published a rule requiring that it authorize payment to Gulf veterans for undiagnosed illnesses after case review.



R. John Vogel: expects claims to be allowed in the future.

Between 8 Dec., when the regulation took effect, and 12 May, the VA said it denied 1,951 of 2,059 claims. Only 108 cases were ruled as service-connected.

Of the 1,951 cases denied, 299 did not meet eligibility requirements and the rest were disallowed because, the VA said, no disabilities were found.

"These data suggest that the VA is either unfamiliar with the new rules or unwilling to abide by them," said Paul Sullivan, who heads Gulf War Veterans of Georgia.

Denise Nichols, founder of Desert Storm Veterans of Colorado, said, "The VA is not living up to the spirit of the law. Veterans are dying quietly with no help."

The VA handles Gulf syndrome claims from offices in Philadelphia, Louisville, Nashville and Phoenix, and the VA's Compensation and Pension Service trained employees on the regulation last February, according to R. John Vogel, undersecretary for health benefits who heads the VA's Veterans Benefits Administration.

The assigned to the (four offices) was to review previously denied Persian Gulf

Vietnam Trip Brings 'Results'; Normalization Still Unresolved

By Mark Allen Peterson
Stars and Stripes
Contributing Editor

Senior U.S. officials wrapped up two days of intensive talks in Vietnam last week to assess progress on the key missing-in-action (MIA) issue, but the broader question of diplomatic relations was left unresolved.

A mission sent by President Clinton flew to neighboring Laos, saying the decision on normalizing U.S.-Vietnamese ties is Clinton's alone.

The officials, including Assistant Secretary of State Winston Lord, said the United States was getting "tangible results" in its efforts to account for 2,505 MIAs from the war, but it was up to the president to judge if they were enough to justify establishing relations.

"We are getting results...and the question of how much, and is it sufficient, that will be made at the highest levels," James Wold, deputy assistant secretary of defense for POW and MIA affairs, told a news conference.

But POW/MIA families veterans groups question the value of results.

It's subject to interpretation.



State Department's Winston Lord: "tangible results."

ment but would reserve judgment until the papers were made available.

"Right now, nobody has seen them," she said. "They must be translated and analyzed."

"If these documents relate to missing people," it could be partial fulfillment of Hanoi's pledge to the presidential delegation in July of last year, said Griffiths.

Delegation leader Hershel Gober, deputy secretary of veterans affairs, told a news conference the delegation report back to President Clinton on their talks.



VA's Hershel Gober: "Some day it's bound to happen."

wanted U.S. security backing.

"We look forward to active contribution on the part of big countries, among them the United States, to join the Southeast Asian countries in maintaining peace and stability for development of cooperation in this region," he said.

Griffiths, who was included in presidential delegations to Vietnam in 1993 and 1994, said the families of the missing are not opposed to improved relations with Vietnam if genuine progress is made.

"We're saying that the fullest possible accounting has to be accomplished before im-

Syndrome Cases

From 1

compensation claims based on environmental hazards for possible entitlement," Vogel told Congress recently.

"Obviously, the number of grants [for compensation] is quite small, approximately 5 percent of the total claims reviewed," Vogel said.

But in reviewing the claims, Vogel said, most were found to have been "previously denied because there was no evidence of disability either anywhere

in the record or upon physical examination by the VA."

Vogel said, "Since we are still in the early stages of our review, with many claims pending in various stages of development or consideration, we can reasonably expect to see more claims allowed in the future."

Even so, Vogel said, the compensation service is reviewing a sample of disallowances from each of the four offices.

"They have not yet fully

completed and analyzed the results, but they will address any areas in which a need for change or improvement is indicated," Vogel said. ★

Gulf Syndrome Claims

Veterans eligible	399,473
Claims filed	72,501
Claims processed	67,703
Claims allowed	17,769
Claims disallowed	49,934
Claims pending	4,798

All figures as of April 1995. Source: VA

BACKGROUND INFORMATION ON GULF WAR VETERANS' ILLNESSES

There were 697,000 U.S. troops that served in the Persian Gulf War in 1990-91. Since returning, thousands have complained of symptoms that often don't fit a neat diagnosis, including chronic fatigue, memory loss, rashes, sleep problems, gastrointestinal disorders, joint pain, and unusual bleeding. There are many theories about the possible causes of these symptoms, including exposure to toxic by-products from oil well fires, depleted uranium, vaccines and anti-nerve gas drugs, pesticides and chemical and biological weapons. Post-traumatic disorder or stress is another possible cause of these symptoms.

We are conducting more than thirty research projects to try to determine the causes of Gulf War veterans' illnesses, operating hotlines to ensure that Gulf War veterans are referred to the appropriate DOD and VA facilities for medical examinations and treatment and providing specialized examinations to veterans with undiagnosed illnesses. For the first time ever, we are also providing disability compensation to veterans suffering from undiagnosed illnesses. And, to help counter perceptions that DOD has "covered up" evidence of exposure to chemical or biological weapons, the Department is declassifying all material related to the possible causes of Gulf War veterans' illnesses.

Despite these efforts, the government's handling of this issue has been the subject of criticism from both veterans and the Congress, frustrated by the lack of more definitive answers and distrustful of the government, particularly in light of the Agent Orange experience. To help assure the public that the Administration is committed to determining the causes and providing care for Gulf War veterans who are ill, you announced, at the VFW Annual Conference in March, your intention to establish a Presidential Advisory Committee on Gulf War Veterans' Illnesses. This Committee, which will report to you through the Secretaries of Defense, VA and HHS, will review and make recommendations on the full range of U.S. government activities related to Gulf War veterans' illnesses.

In your roundtable discussion, you can indicate that you will be signing the Executive Order establishing the Advisory Committee and appointing its members later in the day. You can also highlight a number of ongoing and new initiatives the Administration is undertaking related to Gulf War veterans' illnesses, in areas such as medical examinations and treatment, compensation, research, diagnosis, and declassification.

PRESIDENTIAL ADVISORY COMMITTEE ON
GULF WAR VETERANS' ILLNESSES

ROLL-OUT STRATEGY

Friday, May 26:

12:00 NSC and White House Legislative Affairs call appropriate Hill staff (Rockefeller, Shelby, Browder, Buyer, Kennedy, Montgomery, Evans, etc.) to inform them that the Executive Order will be signed and the Advisory Committee announced later in the day.

White House Public Liaison makes similar calls to veterans service organizations (VFW, American Legion, etc.).

12:30 President tells roundtable participants that he will sign the Executive Order and appoint the Advisory Committee members later in the day.

1:30 Immediately after the roundtable, President signs Executive Order.

2:00 White House Press Office issues press release announcing signing of E.O. and appointment of Advisory Committee members.

NSC and White House Public Liaison fax copies of press release to Hill offices, veterans organizations, and participants in Presidential roundtable.

3-7:00 NSC responds to press queries, on background.

Saturday, May 27-Monday, May 29:

Establishment of Advisory Committee is included in Presidential and other speeches for Memorial Day.

Tuesday, May 30:

DOD files Advisory Committee Charter with General Services Administration.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

PRESIDENT APPOINTS ADVISORY COMMITTEE

ON GULF WAR VETERANS' ILLNESSES

President Clinton today signed an Executive Order establishing the Presidential Advisory Committee on Gulf War Veterans' Illnesses and announced the appointment of its chairperson and members. The 12 members include scientists, health care professionals, veterans, and policy experts.

"This independent Advisory Committee will help ensure that we are doing everything possible to determine the causes of the illnesses being reported by Gulf War veterans and to provide effective medical care to those who are ill," the President said. "Its members have real expertise in all of the areas relevant to Gulf War veterans' illnesses, including research, diagnosis and treatment."

The Committee is to review and provide recommendations on the full range of government activities relating to Gulf War veterans' illnesses. It will report to the President through the Secretaries of Defense, Veterans Affairs, and Health and Human Services. The Committee will provide an interim report within six months of its first meeting and a final report by no later than December 31, 1996.

The chairperson of the Advisory Committee is Joyce Lashof, M.D., former Dean and Professor Emerita of the School of Public Health at the University of California at Berkeley. Dr. Lashof was Assistant Director of the Office of Technology Assessment from 1978-81 and Deputy Assistant Secretary for Health Programs and Deputy Assistant Secretary for Population Affairs at the Department of Health, Education, and Welfare from 1977-78. She served as President of the American Public Health Association in 1991-92.

The members include:

John Baldeschwieler, Ph.D., is Professor of Chemistry and former Chair of the Division of Chemistry and Chemical Engineering at the California Institute of Technology. From 1971-73, Dr. Baldeschwieler served as Deputy Director of the White House

Office of Science and Technology Policy. He is an expert on national security issues, having served on numerous scholarly panels, commissions and committees.

Arthur Caplan, Ph.D., is Director of the Center for Bioethics at the University of Pennsylvania. Dr. Caplan was Director of the Center for Biomedical Ethics and Professor of Philosophy and Professor of Surgery at the University of Minnesota from 1987-1994. He is an authority on ethics and medicine, and serves as the first President of the American Association of Bioethics.

Adm. Donald Custis, M.D. has served as the Senior Medical Advisor to the Health Policy Department of the Paralyzed Veterans of America since January 1994. From 1980-84, Admiral Custis served as Chief Medical Director for the Veterans Administration, having joined VA in 1976. During his career, he served as Commanding Officer of the Naval Combat Hospital in Danang, Vietnam (1969), followed by command of the National Naval Medical Center in Bethesda, Maryland. He retired in 1976 as the U.S. Navy Surgeon General with the rank of Vice Admiral.

Gen. Frederick M. Franks, Jr. is a Vietnam and Gulf War veteran. From 1991-94, Gen. Franks was Commander of the Training and Doctrine Command. He served as the Commanding General of VII Corps, U.S. Army Europe, from 1989-91 and as VII Corps Commander during Operation Desert Shield and Desert Storm in 1990-91. During the Vietnam War, he served as S3, 2nd Squadron, 11th Army Cavalry, where he was wounded in action. He retired in 1994.

David A. Hamburg, M.D., is President of the Carnegie Corporation. Dr. Hamburg was President of the Institute of Medicine, National Academy of Sciences, from 1975-80 and Director of the Division of Health Policy Research and Education and John D. MacArthur Professor of Health Policy at Harvard University from 1980-82. He served as President, then Chairman of the Board, of the American Association for the Advancement of Science, between 1984-86.

James A. Johnson is Chairman and Chief Executive Officer of the Federal National Mortgage Association in Washington, DC. Mr. Johnson was Executive Assistant to Vice President Walter Mondale from 1977-81. He is Chairman of the Board of Trustees of the Brookings Institution and also serves on the Boards of the Carnegie Endowment for International Peace and the Carnegie Corporation.

Marguerite Knox, M.N., R.N.C., C.C.R.N., is a Clinical Assistant Professor at the College of Nursing of the University of South Carolina in Columbia. As a member of the U.S. Army Nurse Corps, Capt. Knox was stationed with the 251st evacuation hospital at King Khalid Military City during Operation Desert Shield and Desert Storm. From 1988-1993, she was a Special Nurse,

Peripheral Vascular Lab at the William Jennings Bryan Dorn Veterans Hospital in Columbia, South Carolina. She is a member of the South Carolina Army National Guard.

Philip Landrigan, M.D., is Director of the Division of Environmental and Occupational Medicine at the Mount Sinai School of Medicine in New York. Dr. Landrigan is an expert on toxic environmental and occupational exposures, and is Editor-in-Chief of the American Journal of Industrial Medicine and former Editor-in-Chief of Environmental Research. In 1988, he served as Chair of the science committee that reviewed the health effects of Agent Orange for the American Legion. Dr. Landrigan served as an Epidemic Intelligence Officer and then as a medical epidemiologist with the Centers for Disease Control and Prevention from 1970-85.

Elaine L. Larson, Ph.D., R.N., F.A.A.N., C.I.C., is Dean of the Georgetown University School of Nursing. Dr. Larson was Professor and Nutting Chair in Clinical Nursing at the Johns Hopkins University School of Nursing and Director of the School's Center for Nursing Research from 1985-92. She is a member of the Health Sciences Policy Board of the Institute of Medicine, National Academy of Sciences, and is a Trustee of the Research Foundation of the Association of Practitioners in Infection Control. She has been a consultant in infection prevention in the U.S., Kuwait, Singapore, South America, Australia, Ghana and Europe.

Rolando Rios is a public interest attorney in private practice in San Antonio, Texas. From 1969-72, Mr. Rios served in the U.S. Army. He earned the rank of First Lieutenant and was disabled while serving in the Vietnam War.

Andrea Kidd Taylor, Dr.P.H., is the International Representative and Industrial Hygienist of the United Automobile, Aerospace and Agricultural Implement Workers of America (UAW) in Detroit, Michigan. Dr. Taylor is also the Health Representative of the National Advisory Committee on Occupational Safety and Health. From 1984 to 1987, she was an Industrial Hygienist with the Maryland Committee on Occupational Safety and Health.

#

Administration Accomplishments Serving Veterans



National Performance Review

Persian Gulf Veterans Assistance

- President Clinton ordered the National Performance Review of the federal government. This intensive study by the Vice President is making the federal government work better and cost less.
- NPR initiatives will improve services to veterans, simplify complex veterans' health-care eligibility rules so VA physicians can provide a full range of medical care to every patient in the appropriate setting, and save \$209 million over five years.
- The Administration sent to Congress a plan to reorganize VA's national health-care system under 22 patient-centered service networks. This decentralization of decision making and resource allocation will deliver more care more efficiently to veterans and position VA for full integration into a reformed, 21st century health-care environment.
- A related proposal will simplify current means testing used to determine access to and cost of VA care for nonservice-connected veterans. A 93-question form, for example, will be replaced by direct verification of income against Internal Revenue Service records.
- NPR initiatives propose that veterans otherwise not entitled to VA care use their Medicare benefits to reimburse VA and that VA be allowed to retain a greater portion of the money collected from third-party insurers for treating nonservice-connected veterans.
- Through NPR reinvention efforts, VA will step up consolidation, automation and competition in obtaining services such as laundry, housekeeping, food preparation, transportation, canteen, security police, construction management and cemetery headstone application processing.
- The Administration is seeking a \$1.3 billion increase in VA's fiscal 1996 budget, \$1 billion of which is targeted to VA's health-care system, which will enable VA to provide medical treatment to an additional 43,000 veterans, construct two new hospitals and three nursing homes, and make a number of facility improvements.
- President Clinton established a Persian Gulf Advisory Committee, which will review the hazardous elements in the Gulf region and all governmentwide activities to respond to the needs and concerns of Persian Gulf veterans.
- The President fought for a law that permits VA to pay compensation benefits, pending research results, to chronically disabled Persian Gulf War veterans with undiagnosed illnesses. The first checks have already been presented to Persian Gulf veterans.
- Environmental hazards research centers were established at three VA medical centers with an initial focus on the possible health effects of environmental exposures of Persian Gulf veterans. The centers supplement other research VA is conducting on the possible health effects of Gulf service.

Women Veterans Care

- VA established a toll-free number for Persian Gulf veterans and their families who have health concerns: 1-800-PGW-VETS.
- The National Academy of Sciences was awarded a contract for an independent review of possible environmentally related health effects from military service in the Persian Gulf. The contract is jointly funded by VA and the Defense Department.

- A series of VA health-care initiatives for women veterans was implemented, including establishing four comprehensive health centers and four stress-disorder treatment teams, as well as hiring counselors in 69 locations to treat the aftereffects of sexual harassment and assault.

- A Women Veterans Division was established at VA's National Center for Post-Traumatic Stress Disorder in Boston.

- VA established a new Women Veterans Program Office and appointed a director.

Homelessness Among Veterans

- VA awarded the first-ever grants to public and private nonprofit groups under a program to develop new homeless veterans assistance programs.

- 44 new or expanded programs were approved for homeless veterans at VA facilities nationwide. Some \$70 million was directed to VA's specialized homeless assistance programs in fiscal year 1994.

- VA Secretary Jesse Brown called for the first National Summit on Homelessness Among Veterans, which was held in Washington, D.C., Feb. 24-25, 1994.

- The first Center of Excellence in Substance Abuse Treatment and Education was established at the Seattle VA Medical Center, which will serve as a resource for the VA health-care system, develop treatment programs and provide consultation.

Veterans Benefits

- Secretary Brown executed a performance agreement with President Clinton which resulted in the creation of customer service standards, improvements in the quality and timeliness of its services, and empowered VA employees to meet veterans' needs creatively.

- 34 new or expanded post-traumatic stress disorder treatment programs were initiated at VA medical centers, bringing to 110 the number of such specialized VA programs nationwide.

- VA guaranteed the 14 millionth home loan almost 50 years after the signing of the original GI Bill. The 50th anniversary of the signing was celebrated in June 1994.

- VA implemented a number of measures to provide relief or protection to VA benefit recipients, GI Bill homeowners and insured veterans affected by the Jan. 17, 1994, earthquake in the Los Angeles area.

Agent Orange and Radiation

- Secretary Brown announced the appointment of the executive director, Chief Minority Affairs Officer staff, with the goal of assessing VA's delivery of services to minority-group veterans.
- A toll-free number was established for veterans and their dependents to inquire about VA's headstone and grave marker program.
- Secretary Brown issued a decision, on behalf of the Administration, that Vietnam veterans suffering from respiratory cancers (lung, larynx and trachea) and multiple myeloma (a cancer involving the bone marrow) should be awarded disability payments based on presumed exposure to Agent Orange and other herbicides.
- Presumptive service-connection for disability compensation was established for veterans who experienced full-body exposure to mustard gas and Lewisite.
- VA plans to undertake a survey of the health status of submariners and airmen who may have received radium treatments in military service.
- VA is providing information on radiation research that may have involved human subjects to the Advisory Committee on Human Radiation Experiments, a committee established by the White House and made up of non-government scientists, physicians and ethicists. VA Secretary Jesse Brown had ordered a nationwide medical records search on nuclear medicine and radiation research that may have been conducted in VA facilities years ago.
- The Administration supported enactment of a law extending disability compensation to U.S. veterans who suffer from conditions that may have resulted from radiation exposure in atmospheric nuclear weapons tests conducted by other countries.
- VA published rules in the Federal Register that establish presumptive service-connection for Hodgkin's disease and porphyria cutanea tarda (PCT), a liver disorder, based on exposure to Agent Orange and other herbicides.
- The White House has conducted extensive outreach to the veterans service organizations, resulting in greater access to the Administration on a broad range of domestic policy and foreign policy issues. Veterans service organizations have participated in more than 80 significant White House activities and meetings on such subjects as POWs/MIAs, health-care reform, the reaffirmation of veterans' preference, Vietnam, Haiti, employment of people with disabilities and VA's budget. VA also has involved veterans service organizations in the department's decision-making process at an unprecedented level.

VSO Visibility on Issues

May 1995



EXECUTIVE OFFICE OF THE PRESIDENT

OFFICE OF MANAGEMENT AND BUDGET

WASHINGTON, D.C. 20503

March 6, 1995

VETS FILE

DRAFT

MEMORANDUM FOR DESIGNATED AGENCY HEADS
(SEE ATTACHED DISTRIBUTION LIST)

FROM: Robert G. Damus (RGD)
General Counsel

SUBJECT: Proposed Executive Order Entitled "Advisory
Committee of Gulf War Veterans' Illnesses"

Attached is a proposed Executive order entitled "Advisory Committee of Gulf War Veterans' Illnesses."

It was prepared by the National Security Council, in accordance with the provisions of Executive Order No. 11030, as amended.

On behalf of the Director of the Office of Management and Budget, I would appreciate receiving any comments you may have concerning this proposal. If you have any comments or objections, they should be received no later than 12:00 noon Wednesday, March 8, 1995. Please be advised that agencies that do not respond by the March 8, 1995 deadline will be recorded as not objecting to the proposal.

Comments or inquiries may be submitted by telephone to Mr. Mac Reed of this office (Phone: 395-3563; Fax: 395-7294).

Thank you.

Attachments - Distribution List
Proposed Executive Order

cc: Alice Rivlin
Chris Edley
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Chief of Staff to the Vice President

EXECUTIVE ORDER

- - - - -

ADVISORY COMMITTEE ON GULF WAR VETERANS' ILLNESSES

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

Section 1. Establishment. (a) There shall be established a Presidential Advisory Committee on Gulf War Veterans' Illnesses (the "Committee"). The Committee shall be composed of not more than 10 members to be appointed or designated by the President. The members of the Advisory Committee shall have expertise relevant to the functions of the Committee and shall not be full-time federal officials or employees of the Executive Branch of the federal government. The Committee shall comply with the Federal Advisory Committee Act, as amended, 5 U.S.C. App. 2.

(b) The President shall designate a Chairperson from among the members of the Committee.

Sec. 2. Functions. (a) The Advisory Committee shall report to the President through the Secretary of Defense, the Secretary of Veterans Affairs and the Secretary of Health and Human Services.

(b) The Committee shall provide advice and recommendations based on its review of the following matters:

(1) Research: specifically, epidemiological, clinical and other research concerning Gulf War-related illnesses.

(2) Coordinating efforts: specifically, the activities of the Persian Gulf Veterans Coordinating Board, including the Research Coordinating Council, the Clinical Coordinating Council, and the Disability/Compensation Coordinating Council.

(3) Medical treatment: specifically, medical examinations and treatment in connection with Gulf War-related illnesses, including the Comprehensive Clinical Evaluation Program and the Persian Gulf Registry Medical Examination Program.

(4) Outreach: specifically, government-sponsored outreach efforts such as hotlines and newsletters in connection with Gulf War-related illnesses.

(5) External reviews: specifically, the 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.

(6) Risk factors: specifically, the possible risks associated with prophylactic drugs and vaccines, infectious diseases, environmental chemicals and radiation, smoke from oil well fires, depleted uranium, physical and psychological stress, and other factors applicable to the Gulf War.

(7) Chemical and Biological Weapons: specifically, information related to reports of the possible detection of chemical or biological weapons during the Gulf War.

(c) It shall not be a function of the Advisory Committee to provide advice or recommendations on any legal liability of the Federal Government for any claims or potential claims against the Federal Government.

(d) As used herein, "Gulf War Veterans' Illnesses" means the symptoms and illnesses reported by U.S. uniformed services personnel who served in the Gulf War.

(e) The Advisory Committee shall submit an interim report within six months of beginning its work and a final report by December 31, 1996, unless extended by the President.

Sec. 3. Administration. (a) The heads of executive departments and agencies shall, to the extent permitted by law, provide the Committee with such information as it may require for purposes of carrying out its functions.

(b) Members of the Committee shall be compensated in accordance with Federal law. Committee members may be allowed travel expenses, including per diem in lieu of subsistence, to the extent permitted by law for persons serving intermittently in the government service (5 U.S.C. 5701-5707).

(c) To the extent permitted by law, and subject to the

availability of appropriations, the Department of Defense shall provide the Committee with such funds as may be necessary for the performance of its functions.

Sec. 4. General Provisions. (a) Notwithstanding the provisions of any other Executive order, the functions of the President under the Federal Advisory Committee Act that are applicable to the Advisory Committee, except that of reporting annually to the Congress, shall be performed by the Secretary of Defense, in accordance with the guidelines and procedures established by the Administrator of General Services.

(b) The Committee shall terminate 30 days after submitting its final report.

(c) This order is intended only to improve the internal management of the executive branch and it is not intended to create any right, benefit, trust, or responsibility, substantive or procedural, enforceable at law or equity by a party against the United States, its agencies its officers, or any person.

THE WHITE HOUSE.

ADVISERS CONDEMN PENTAGON REVIEW OF GULF AILMENTS

CITES LACK OF CREDIBILITY

Independent Inquiry Is Needed on Exposures to Chemicals, Presidential Group Says

A By PHILIP SHENON

WASHINGTON, Nov. 7 — A special White House panel has condemned the Pentagon for its investigation into whether American troops were exposed to Iraqi chemical weapons in the 1991 Persian Gulf war and has called for an independent inquiry into more than 15 incidents in which nerve gas and other chemical agents were detected by American troops.

In a draft of the final report, expected to be delivered to President Clinton next month, the panel said that the Pentagon had lost so much credibility on the issue that the new inquiries should be taken away from the Defense Department and given to outside investigators.

The panel, the Presidential Advisory Committee on Gulf War Veterans' Illnesses, said that the Defense Department's investigation of chemical exposures in the gulf war has "severely undermined public confidence" because it has "lacked vigor, fallen short on investigative grounds and stretched credibility."

"The Department of Defense has conducted a superficial investigation of possible chemical warfare agent exposures," the report said, "which is unlikely to provide credible answers to veterans' questions."

The draft is the result of the most independent and far-reaching investigation of the actions of the Pentagon in dealing with the claims of American soldiers that they were exposed to clouds of Iraqi chemical or biological weapons in the war.

The report, portions of which are still being rewritten, does not resolve the mystery of why tens of thousands of gulf war veterans are ill.

Members of the White House panel said they believed that while clusters of gulf war veterans were exposed to Iraqi chemical weapons and some may be sick as a result, the evidence does not show that chemicals wafted over most of the soldiers who are now reporting ailments. "Theater-wide contamination is highly unlikely," the report said.

Copies of the draft were made available to The New York Times.

The Defense Department, which has denied allegations that it has withheld information from gulf war veterans about their health, said it would have no comment on the report until the President receives it.

The committee, which includes several prominent doctors and scientists, concluded that there was "overwhelming" evidence that chemical weapons were released when American troops blew up a massive Iraqi ammunition depot near the southern Iraqi village of Kamisiyah in March 1991, shortly after the war. Thousands of American soldiers were deployed in the vicinity of the blast.

"The committee concludes that for nearby troops, exposure should be presumed," the report said. "The

Continued on Page B6, Column 2

Continued From Page A1

releases at Kamisiyah suggest the need for a thorough investigation of other sites for which reliable detections exist or where information indicates cw agents could have been present." C.W. refers to chemical warfare.

About 80,000 of the 700,000 American troops who served in the gulf have requested special medical examinations to determine whether they were made sick by their service. Many have complained of a variety of ailments, including digestive problems, chronic fatigue and memory loss, that have collectively come

The Defense Department's credibility is attacked.

to be known as gulf war syndrome.

Like other expert panels that have studied the issue, the White House committee said that little research had been done on the health effects of low-level chemical exposures and that the Pentagon's medical record-keeping was so inadequate that it was impossible to gauge the health of gulf war veterans.

The committee said that based on current scientific evidence, "it is unlikely the health effects reported by gulf war veterans today are the result of exposure" to chemical agents.

It noted, however, that "the amount of data from either human or animal research on subclinical exposures is minimal," and the panel said it supported new research on the health effects of low-level exposure to chemical weapons.

A member of the committee, Arthur L. Caplan, a professor of bioethics at the University of Pennsyl-

vania, said in an interview that the draft was being rewritten to make clear that there was the possibility that clusters of soldiers at Kamisiyah and elsewhere might have been made sick because of exposure to chemical weapons.

"There's irrefutable evidence that we've got chemical exposures," Dr. Caplan said, "and there's reason to suspect that chemicals are playing a role" in the illnesses of gulf war veterans.

But Dr. Caplan, who would not discuss other details of the report, said chemical weapons do not explain the health problems reported by soldiers who were hundreds of miles from the areas where there were reports of chemical detections. "The patterns of illness," he said, "the patterns of health complaints are not consistent with just chemicals."

The available scientific evidence suggests that soldiers would only suffer from long-term health effects from exposure to chemical weapons if they had had violent symptoms at the time of the exposure. Pentagon records suggest that few Americans soldiers reported those sorts of acute symptoms during the war.

The White House committee said the research into the health effects of low-level chemical exposure should have begun years ago and that the Pentagon's "intransigence in refusing to fund such research until summer 1996 has done veterans and the public a disservice."

Until the Pentagon's landmark announcement last June that American troops may have been exposed to nerve gas and mustard agents at Kamisiyah, it had staunchly insisted that there was no evidence of any incident in which large numbers of troops might have been exposed to chemical weapons.

The panel's report suggested that the physical effects of battlefield stress may explain many of the health problems, a finding that will doubtless alarm many ailing veterans who say stress cannot explain their myriad physical problems.

Paul Sullivan, a spokesman for the

The New York Times

FRIDAY, NOVEMBER 8, 1996

1/2

New York: Today, windy with showers. High 68. Tonight, stormy, mild. Low 58. Tomorrow, colder, rain ending. High 58 early then falling. Yesterday, high 69, low 54. Details, page C33.

BOSNIA REPORTED TO BE SMUGGLING HEAVY ARTILLERY

ARMS ENTER VIA CROATIA

Turkey and Malaysia Linked to
Effort to Build Up Muslim
Force, Europeans Say

By CHRIS HEDGES

ZAGREB, Croatia, Nov. 7 — European intelligence agencies have uncovered evidence that the Bosnian Government has begun a covert operation to smuggle heavy artillery weapons through the Adriatic port of Ploce, Croatia, according to a senior NATO official.

In the last week of August, the official said, 40 155-millimeter howitzers were shipped in containers into Bosnia through the southern Croatian port along the Dalmatian coast. The guns are a type that the Bosnian Serbs used to devastating effect against the Muslim-led forces during the Bosnian war.

The shipment of undeclared heavy weapons into Bosnia by any of the three ethnic factions is a violation of the Bosnian peace agreement negotiated last year in Dayton, Ohio. It also lends credence to reports that the Bosnian Muslims are attempting to build a powerful, well-equipped army outside their federation with the Bosnian Croats. The proposed federation force, which has been resisted by both the Croats and Muslims, is supposed to have an integrated army and command.

The United States is committed to providing additional heavy weapons to the federation in an effort to equalize forces with the better-armed Bosnian Serbs under agreed limits. But NATO officials said they fear that the Muslims are trying to stockpile more weapons than they are allowed under the agreement, giving them a potential battlefield advantage if war resumes in Bosnia, possibly because the Muslim-led Government decides to reunify its lands.

The NATO official said that Turkey and Malaysia had aided the smuggling operation. He did not say where the weapons originated, but

Continued on Page A12, Column 1

New York Official Seeks to Overhaul Special Education

By RAYMOND HERNANDEZ

ALBANY, Nov. 7 — The New York State Education Commissioner, Richard P. Mills, proposed an overhaul of special education today that would eliminate the financial incentives that encourage schools to transfer children with mild learning or behavioral problems into segregated classrooms.

Study after study has condemned the state's special-education program as an inefficient bureaucracy that consigns too many children, a disproportionate number of them and Hispanic boys, into separate classrooms with little hope of graduating with a regular diploma.

But thousands more children are referred each year, largely because schools get about \$4,000 a year from the state for each additional child. The money had been intended to give a care to the more severely handicapped, but in recent years, the number of children separated for emotional problems or learning disabilities has risen sharply.

The proposal — which requires the approval of the Governor and the Legislature — would steer thousands of children back into regular classrooms, where they would continue to receive extra help if they require it. It was immediately hailed by advocates.

Continued on Page B2, Column 4

Kodak's Rough Return

Eastman Kodak has returned to South Africa and is struggling in a market it once dominated before it left in 1987. Kodak and other companies that left in the apartheid years have learned that there is little gratitude in the new South Africa for having done the right thing.

Business Day, page D1.

JOHN O'BRIEN, A FORMERLY FAMOUS ACTOR, WAS KILLED IN A CAR CRASH LAST WEEK. HE WAS 57 YEARS OLD. HE HAD BEEN DRIVING A ROLLS-ROYCE PHANTOM. THE CRASH OCCURRED IN A SUBURBAN AREA OF NEW YORK CITY. THE CAR WAS TRAVELING AT 100 MILES PER HOUR WHEN IT CRASHED INTO A TREE. THE DRIVER WAS KILLED INSTANTLY. THE PASSENGER WAS INJURED BUT NOT KILLED. THE CAR WAS A 1995 MODEL. THE CRASH OCCURRED ON A RAINY NIGHT. THE ROAD WAS SLIPPERY. THE CAR WAS TRAVELING AT 100 MILES PER HOUR WHEN IT CRASHED INTO A TREE. THE DRIVER WAS KILLED INSTANTLY. THE PASSENGER WAS INJURED BUT NOT KILLED. THE CAR WAS A 1995 MODEL. THE CRASH OCCURRED ON A RAINY NIGHT. THE ROAD WAS SLIPPERY.



Liquor Industry Ends Its Ad Ban In Broadcasting

By STUART ELLIOTT

The American liquor industry decided yesterday to end a decades-long voluntary ban on the advertising of liquor products like vodka, Scotch whisky, gin and tequila on television and radio.

The decision by the Distilled Spirits Council of the United States, or Discus, the liquor trade association, comes six months after the Seagram Company, the nation's second-largest seller of distilled spirits, began defying the ban — in effect since 1936 for radio and 1948 for television — by running commercials for several of its brands in scattered markets around the country.

Those tentative steps set off a furor among anti-alcohol groups and some Federal legislators and regulators, who urged that if the voluntary ban was abandoned, it be enacted into law. Even President Clinton urged Seagram to reconsider.

It is unclear how and when liquor commercials may appear on radio and television now that the ban has been lifted. The four major national broadcast television networks, for instance, have their own policies against accepting advertising for distilled spirits, and all said yesterday that they had no intention of changing those rules.

But other liquor marketers may follow Seagram's example by finding local television and radio stations and regional cable television systems that will accept their commercials, which would augment their ads in traditional realms like newspapers, magazines and billboards. For example, on Wednesday night, a cable channel in Rockland County,

Continued on Page D5, Column 1

Missteps Doomed Dole From the Start

By ADAM NAGOURNEY
and ELIZABETH KOLBERT

On a gusty evening three and a half weeks before Election Day, Bob Dole was standing on a makeshift stage in an airport hangar in Wichita, Kan., smiling out at the audience. The scene before him was not inspiring. The hangar was just over half full, even though Mr. Dole was in his home state on a Friday night in the heat of the election season. A sizable portion of those who had shown up were Clinton supporters, there to disrupt the event.

Mr. Dole's older sister, Gloria Nelson, who had driven 150 miles from their hometown of Russell, Kan., to join him, worked her way across the stage to stand beside

Anatomy of a Loss
A Special Report

him. "How's it going?" she whispered.

Mr. Dole's smile never left his face, and his eyes never left the crowd.

"Pretty rough," he said. On Tuesday, Mr. Dole's political career, one of the most enduring in American political history, effectively came to an end. To run for President, he had resigned his seat in the United States Senate and given up the position he was, by many accounts, best suited for, majority leader.

Mr. Dole sacrificed these things not merely to lose the Presidency, but to run one of the most ineffectual Presidential campaigns in recent memory. Always the legislative tactician, Mr. Dole, according to his close associates, approached the Presidential race much as he did a Congressional negotiating session, believing that the key to victory was a clever endgame strategy. But so bleak were the polls, and for so long that Mr. Dole was forced to realize, far earlier

Continued on Page A28, Column 1



A cup of coffee, a walk for the dog: Bob and Elizabeth Dole settle into a new private life, or at least go through the motions.

Clinton Seeks 'Vital Center' With Cabinet

As he accepted the resignation of Secretary of State Warren Christopher, President Clinton said his Cabinet selections for a second term would reflect his view that the election results were a call for him to "create a vital center."

Aides described Mr. Clinton's remark as a signal that he would try to reach out to Republicans by naming a member of their party to a substantial Government post.

Mr. Clinton made the comment at a White House ceremony for Mr. Christopher, whose decision to resign was just the beginning of a shake-up of the White House staff

and Cabinet.

As Mr. Christopher was saluted, Labor Secretary Robert B. Reich also announced his departure.

As political Washington focused on a second Clinton term, the President received some good news as Senator Alfonse M. D'Amato reiterated that he would not seek to reopen Senate hearings into the Whitewater real-estate venture.

But for the second time in recent weeks, the Democratic National Committee decided to return a large contribution solicited by John Huang, the party finance official who was suspended last month.

Articles on page A29.

CRAFT IS LAUNCHED TO EXPLORE MARS

Search for Life Is Ultimate Aim
as Mapping Mission Begins

By JOHN NOBLE WILFORD

CAPE CANAVERAL, Fla., Nov. 7 — Intrigued by fresh evidence of possible life on Mars, scientists launched an unmanned spacecraft today as the first step in a planned 10-year campaign to explore the arid plains, valleys and polar ice caps of the red planet.

The ultimate goal of this new generation of robotic explorers is to solve a mystery that has long fired the human imagination: have there ever been Martians in any form, however rudimentary, and do they still exist?

Toward that end, the one-ton Mars Global Surveyor blasted off into a brilliant noon sky here, scheduled to arrive at its destination, an orbit of Mars, next September. Mission officials gave glowing reports on the success of the launching and the flight so far.

"It's clear we got a really good ride today," said Glenn Cunningham, the mission director at the Jet Propulsion Laboratory in Pasadena, Calif., which is in charge of the project. "All in all, the spacecraft looks to be in really good condition."

The global surveyor's cameras and other remote-sensing instruments will not supply any quick answers to the life-on-Mars question. Its mission is to study the planet's atmosphere and climatic history and map its entire surface, perhaps identifying promising areas for the life search.

Two other spacecraft are ready

Continued on Page B6, Column 3

At 77, He Wins Vermont's Votes and Heart

By SARA RIMER

With 601 of 807 registered voters turning out on Election Day in the civic-minded town of Tunbridge, Vt., Bill Clinton scored 276 votes, Bob Dole 202, Ross Perot 88, and Fred Tuttle 2.

Fred Tuttle also got 5 write-in votes for United States Representative, 6 for governor, 1 for lieutenant governor, 3 for state treasurer, 2 for secretary of state, 1 for attorney general, 2 for state senator, 2 for state representative and a whopping 14 for high bailiff.

"I'm not sure what high bailiff does," said Helen O'Donnell, the town clerk. But Mrs. O'Donnell knows who Fred Tuttle is. Everyone in Vermont, it seems, knows who Fred Tuttle is.

"Fred is Fred," Mrs. O'Donnell said, with the sort of understatement that in Vermont qualifies as extravagant praise. "There's no acting to him. He's just the way he is."

This year's protest vote, the man whose endorsement politicians across Vermont scrambled to lock up, is a 77-year-old, flat broke, retired dairy farmer from Tunbridge who has survived three heart attacks and prostate cancer, is nearly blind in one eye, is borderline diabetic, has two ruined knees from decades of milking cows, and is not a candidate for anything.

But people have been writing him in for various political offices ever since his hilarious performance as a retired dairy farmer who runs for Congress in "Man With a Plan," a movie made by his neighbor, John O'Brien, that opened in Vermont last January in rave reviews, and opened in New York



For local celebrities, Vermonters used to have to settle for Ben and Jerry, the ice cream kings. Now they have Fred Tuttle, too.

and Washington on Nov. 1. In the movie, Mr. Tuttle's character — who bears a striking resemblance to Mr. Tuttle — wins election without any money, political experience or spin doctors.

Mr. Tuttle himself only previous role was a cameo in another of Mr. O'Brien's films, improvised his lines. "He was a natural," said Mr. O'Brien, a 33-year-old independent filmmaker and shepherd who also is the town justice of the peace.

Mr. Tuttle said, "I'd take acting lessons if I were younger."

In his trade-mark overalls and hat with Fred written across it in big letters, he was a guest on Conan O'Brien's late-night television show in October. Fred was Fred,

as they say in Vermont. He stole the show.

I used to be that Vermont had two celebrities: Ben and Jerry, the ice cream millionaires. Now, it's Ben and Jerry — and Fred.

Cars are plastered with "Spread Fred" bumper stickers, a reference to a political slogan from the movie. Manning a "Fred" booth at this year's Tunbridge World's Fair, Mr. Tuttle was mobbed by autograph seekers. In the Vermont Republican Presidential primary last spring, Mr. Tuttle received write-in votes from all over the state. In some towns, he beat Senator Phil Grannis and Murry Taylor. In Woodbury, he tied with Gen.

Continued on Page A18, Column 1

ADVISERS CONDEMN PENTAGON REVIEW OF GULF AILMENTS

CITES LACK OF CREDIBILITY

Independent Inquiry Is Needed
on Exposures to Chemicals,
Presidential Group Says

By PHILIP SHENON

WASHINGTON, Nov. 7 — A special White House panel has condemned the Pentagon for its investigation into whether American troops were exposed to Iraqi chemical weapons in the 1991 Persian Gulf war and has called for an independent inquiry into more than 15 incidents in which nerve gas and other chemical agents were detected by American troops.

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The panel, the Presidential Advisory Committee on Gulf War Veterans' Illnesses, said that the Defense Department's investigation of chemical exposures in the Gulf war has "severely undermined public confidence" because it has "lacked vigor, fallen short on investigative grounds and stretched credibility."

"The Department of Defense has conducted a superficial investigation of possible chemical warfare agent exposures," the report said, "which is unlikely to provide credible answers to veterans' questions."

The draft is the result of the most independent and far-reaching investigation of the actions of the Pentagon in dealing with the claims of American soldiers that they were exposed to clouds of Iraqi chemical or biological weapons in the war.

The report, portions of which are still being rewritten, does not resolve the mystery of why tens of thousands of Gulf war veterans are ill.

Members of the White House panel said they believed that while clusters of Gulf war veterans were exposed to Iraqi chemical weapons and some may be sick as a result, the evidence does not show that chemicals wafted over most of the soldiers who are now reporting ailments. "Theater-wide contamination is highly unlikely," the report said.

Copies of the draft were made available to The New York Times.

The Defense Department, which has denied allegations that it has withheld information from Gulf war veterans about their health, said it would have no comment on the report until the President receives it.

The committee, which includes several prominent doctors and scientists, concluded that there was "overwhelming" evidence that chemical weapons were released when American troops blew up a massive Iraqi ammunition depot near the southern Iraqi village of Kamisiyah in March 1991, shortly after the war. Thousands of American soldiers were deployed in the vicinity of the blast.

"The committee concludes that for nearby troops, exposure should be presumed," the report said. "The

Continued on Page B6, Column 2

INSIDE

Army Accuses 2 of Rape

The Army has charged an officer and a drill instructor of raping female privates at a training center in Maryland and is investigating other harassment accusations. Page A16.

Hospital Sale Going Forward

In a milestone for efforts to put public hospitals in private hands, New York City's hospitals agency is expected to approve the sale of Coney Island Hospital today. Page B1.

Refund for Shoreham Taxes

Suffolk County and two local governments have been ordered to pay the Long Island Lighting Company up to \$1.16 billion for overtaxing the Shoreham nuclear plant. Page B1.

Scandal Over a Caravaggio

Testimony that a mafia lieutenant damaged a Caravaggio caused the biggest stir so far at the trial of former Italian premier. Page A12.

Smoke and Teen-Age Deaths

More than five million Americans now under the age of 18 will die prematurely from smoking, according to new projections. Page A16.

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Members of Panel on War Illnesses

Members of the Presidential Advisory Committee on Gulf War Veterans' Illnesses:

Dr. Joyce C. Lashof chairwoman, former dean and professor emerita of the School of Public Health at the University of California at Berkeley.

Dr. John Baldeschwieler Professor of chemistry, California Institute of Technology, and former deputy director of the White House Office of Science and Technology Policy.

Dr. Arthur Caplan director of the Center for Bioethics, University of Pennsylvania.

Thomas P. Cross Major in the United States Marine Corps Reserve, who served in the Persian Gulf war, and a sales representative for Bell Industries in Meriden, Conn.

Dr. Donald Custis Senior medical adviser to the health policy department of the Paralyzed Veterans of America and retired Surgeon General of the United States Navy.

Dr. David A. Hamburg president of the Carnegie Corporation.

James A. Johnson Chairman and chief executive of the Federal National Mortgage Association in Washington.

Marguerite Knox Clinical assistant professor at the College of Nursing of the University of South Carolina and a major in the South Carolina Army National Guard, who was stationed with the 251st evacuation hospital in Saudi Arabia in the Persian Gulf war.

Dr. Phillip J. Landrigan Director, Division of Environmental and Occupational Medicine, Mount Sinai School of Medicine in New York, and a lieutenant commander in the United States Naval Reserve.

Dr. Elaine L. Larson Dean, Georgetown University School of Nursing.

Rolando Rios public interest lawyer in private practice, San Antonio.

Dr. Andrea Kidd Taylor industrial hygienist and occupational health policy consultant for the U.A.W. in Detroit.

National Gulf War Resource Center, an umbrella group for organizations representing gulf war veterans, said that a finding by the White House panel that stress was the major cause of gulf war illnesses would be a "disservice" to the veterans, given the evidence of chemical exposure.

He said, however, that he welcomed the panel's stinging criticism of the Pentagon. "The Pentagon has lost almost all credibility," he said. "It's position is indefensible."

The panel tried to divide the murky scientific and medical issues from the issue of whether the Pentagon had conducted a thorough investigation of whether American troops were exposed to Iraq's massive ar-

senal of chemical and biological weapons. And on that issue, the panel was withering in its criticism of the Department of Defense.

"D.O.D.'s slow and erratic efforts to release information to the public have further served to erode the public's trust," it said. "Nationwide, there is an increasingly strongly held view that the Department of Defense is still withholding relevant information from concerned veterans and members of the public."

While criticizing the Pentagon, the report complimented the Central Intelligence Agency, which it said had "aggressively pursued information related to possible cbw agent exposures from classified and open expo-

tures." C.B.W. refers to chemical and biological warfare.

Last week, two intelligence analysts who resigned from the agency this year, Patrick and Robin Eddington, charged publicly that the C.I.A. was hiding classified documents that suggested that thousands of American troops may have been exposed to chemical weapons in the war.

Mr. Eddington, who left the agency last month, said in an interview today that while the White House panel may have been given access to some sensitive documents, it was apparently unaware of others that were still in the agency's files. "There's no doubt that they have not seen everything there is to see," he said.

The C.I.A. has said that it has made all of its evidence available to the White House panel.

The report by the White House panel called on the Government to investigate more than 15 other incidents — apart from the blasts at Kamisiyah — in which sensitive chemical-detection equipment detected nerve gas or other chemical weapons during the war. It was referring to detections by the M-256 test kit, a hand-held chemistry set that measures the air, or the Fox reconnaissance vehicle, which is a mobile chemical laboratory.

"Comprehensive inquiries based on positive detections by M-256 kits and Fox vehicle records in unit logs should be initiated immediately," the report said. The panel did not identify the location of the 15 incidents in which chemical weapons may have been released in the vicinity of American troops in the war.

During a hearing in September in Washington, one of the panel's investigators, James Turner, testified that there had been nine chemical detections by soldiers using the M-256 kits, "some of which were brought to our attention by veterans and we passed them on to the D.O.D."

Several of the detections mentioned by the White House panel have not been previously publicized.

The New York Times

FRIDAY, NOVEMBER 8, 1996

2/2

By ADAM NAGOURNEY
and ELIZABETH KOLBERT

On a gusty evening three and a half weeks before Election Day, Bob Dole was standing on a makeshift stage in an airport hangar in Wichita, Kan., smiling out at the audience. The scene before him was not inspiring. The hangar was just over half full, even though Mr. Dole was in his home state on a Friday night in the heat of the election season. A sizable portion of those who had shown up were Clinton supporters, there to disrupt the event.

Mr. Dole's, older sister, Gloria Nelson, who had driven 150 miles from their hometown of Russell, Kan., to join him, worked her way across the stage to stand beside

Anatomy of a Loss
A Special Report

him. "How's it going?" she whispered.

Mr. Dole's smile never left his face, and his eyes never left the crowd.

"Pretty rough," he said.

On Tuesday, Mr. Dole's political career, one of the most enduring in American political history, effectively came to an end. To run for President, he had resigned his seat in the United States Senate and given up the position he was, by many accounts, best suited for, majority leader.

Mr. Dole sacrificed these things not merely to lose the Presidency, but to run one of the most ineffectual Presidential campaigns in recent memory. Always the legislative tactician, Mr. Dole, according to his close associates, approached the Presidential race much as he did a Congressional negotiating session, believing that the key to victory was a clever endgame strategy. But so bleak were the polls, and for so long, that Mr. Dole was forced to realize, far earlier

than most losing candidates, that the endgame would probably not be enough.

The week after he confessed his private pain to his sister, Mr. Dole, in two tense and scolding conversations with his campaign manager as he sat in a hotel room in southern California, offered what now appears to be an autopsy of his campaign. He was upset about the embarrassment of the bungled attempt to win Ross Perot's endorsement. He was mystified by the states his campaign had sent him to visit. He was unhappy with the television advertisements. He was convinced, in short, that the Presidency was about to escape him yet again.

At 73, Mr. Dole often seemed a man out of step with the times, and in President Clinton, he faced an opponent who had come to personify the methods of modern American politics. From the very start of his candidacy, Mr. Dole's friends wondered whether he had the political agility to take on Mr. Clinton, or whether it was worth risking his hard-won reputation for the uncertain prospect of unseating an incumbent in good economic times. By Tuesday, when Mr. Dole had completed his frantic shuttling across America and landed in Russell to vote, it seemed painfully clear that he did not, and that it was not.

Although he had built a career embracing deficit reduction, he had, in the hope of political gain, subordinated that goal to a call for a 15 percent tax cut. Although he had worked diligently to broaden the Republican Party, he found in the end he could barely hold onto its core voters. And although he had spent decades trying to live down his reputation as a "hatchet man," he finished his campaign on a note of bitterness.

There was something haunting, yet also finally authentic, about the way Mr. Dole ended his fourth and last national campaign, losing once again to a rival who, he clearly believed, was less deserving than himself. In the final weeks of the race, as it became apparent that there was no last-minute maneuver that would rescue him, Mr. Dole cut himself off almost completely from the aides who were trying to persuade him to end on an upbeat note. In frustration, he turned his attacks from his opponent to the press and finally to the voters themselves.

"Where," he demanded, again and again, "is the outrage?"

Campaign Begins By Fits and Starts

Eight months before the first Republican primary, Mr. Dole — reluctant and nervous — went before an audience of film executives in Los Angeles to denounce what he described as the corrupting influence of Hollywood values on American culture. It was the spring of 1995, and Mr. Dole, it was assumed, was laying down one of the cornerstones of his campaign. The speech won him a flurry of attention both from the mainstream media and from the conservative activists who would be key to his electoral prospects.

But then, the issue disappeared. Mr. Dole barely discussed it. He did not incorporate it into his major speeches and it was never highlighted in his advertisements.

In retrospect, the Hollywood speech was a defining event for Mr. Dole's campaign, but not for the reasons the candidate and his aides might have hoped. It was the first of a

series of bold statements and gestures that had no follow-up, a pattern that would prove devastating to his candidacy. In the most telling example, when Mr. Dole officially resigned from the Senate in June, the move seemed to create the perfect opening for the candidate to articulate the themes of his candidacy. That opening was never filled.

"We're trying to get good pictures," Mr. Dole instructed the huge contingent of reporters aboard his plane the first day after his resignation. "Don't worry very much about what I say."

Mr. Dole's third run for the Presidency was plagued by missteps, indecision and strategic blunders so fundamental that they bordered on amateurish. In any year, mistakes by a candidate and his staff can be damaging. But in the political environment Mr. Dole found himself in — with a strong economy and an adept opponent — they proved disastrous.

By now, many of Mr. Dole's weaknesses as a candidate have been abundantly documented. He is a halting public speaker who tends to ramble off the topic. He often comes across as stiff, even sullen, on television. He is given to wry off-the-cuff remarks that undermine his own arguments.

But beyond the traits that were in daily evidence as he traveled the country, Mr. Dole, it became clear, was limited by a view of the world shaped by over 35 years as a member of Congress. He was never ever to make the transition from legislative tactician to Presidential candidate, and he paid the price for that from the day he announced in Russell until the day he conceded in Washington.

"Dole has a lot of strengths and he has fewer weaknesses than people think," said Bill Lacy, one of the senior campaign advisers who was forced out after Mr. Dole lost the New Hampshire primary. "But he thinks like a legislator, which means he tends to think in cycles. He is not linear. Every day is new. Every day holds out hope."

Mr. Dole was always arguing that important campaign decisions could be delayed — "His argument was that, 'we don't need to focus until the convention, until Labor Day,'" one aide said — as long as possible. In that sense, he approached the election as if it were an omnibus bill, where the final compromise is forced by the deadline of a Congressional adjournment.

Similarly, Mr. Dole never managed to present a unifying rationale for his candidacy. As the Senate Republican leader, his job had been to focus on short-term tactics, not to conceptualize a broad agenda. And while some of Mr. Dole's allies came to argue that the notion that a candidate for President needs an overarching vision was a false construct, even they were dismayed by Mr. Dole's scattershot approach.

Some tried to coax him to change his ways. Gov. Steve Merrill of New Hampshire, for example, riding with Mr. Dole in a van shortly before his state's crucial primary, politely suggested to Mr. Dole that someone running for President needed to deliver the same speech at least four or five times, in order to assure that it seep into the public discourse. Mr. Dole, he recalled, seemed genuinely surprised by this observation, and rejected it, arguing it was "intellectually dishonest" to deliver the same speech over and over.

As the campaign progressed, on any given day, no one in Mr. Dole's camp could be quite certain what he might say — much less whether he would address what was supposed to be his central topic. His aides responded by withholding advance texts of Mr. Dole's speeches from the press in case he did not deliver them. They fed reporters questions to ask Mr. Dole, so that he might say to them — on airport tarmacs, in drive-ways, on the street — what he had failed to say in the formal setting of his speeches. They critiqued Mr. Dole's speaking style to the press in the hope that Mr. Dole might take from the newspapers advice he had not taken from his staff. They aggressively shielded Mr. Dole from impromptu conversations with reporters, to avoid the flip remark that might turn into an embarrassing story.

By the end, Mr. Dole's aides and advisers had not only given up attempting to change his style, but were beginning to wonder if it had been a mistake to try. And for his part, Mr. Dole had taken to actively defying their efforts to protect him from his fate. During

Late Night With Dole

By The Associated Press

With no transition duties to worry about, Bob Dole is headed for an appearance with David Letterman.

Mr. Dole is a scheduled guest on "Late Show with David Letterman" tonight, along with the broadcaster Ted Koppel and the singer Mary Chapin Carpenter, a Letterman spokeswoman said.

Mr. Letterman's show is being broadcast from Washington tonight, part of a series of trips he is making around the country.

INFORMATION

MEMORANDUM FOR THE PRESIDENT

FROM: SAMUEL R. BERGER

SUBJECT: Chemical Weapons and the Gulf War

why?
As you know, in June, the Department of Defense announced that, on March 4, 1991, shortly after the end of the Gulf War, U.S. troops destroyed chemical weapons in a bunker at the Khamisiyah ammunition depot, without knowing it at the time. Since then, DOD has been trying, with varying degrees of success, to determine whether there were any other incidents during or after the war in which U.S. troops potentially may have been exposed to chemical weapons. During the summer, based in part on information from the UN Special Commission (UNSCOM), DOD determined that U.S. forces had been involved in a second chemical weapons demolition operation, at a pit near Khamisiyah on March 10, 1991. In recent weeks, DOD has uncovered information about another demolition operation at Khamisiyah on March 12, 1991 which may have involved chemical weapons.

This new information will need to be considered in the work of the CIA modelers and DOD troop unit location experts who are trying to determine how many U.S. soldiers may have been exposed to low levels of chemical agents at Khamisiyah in March 1991. DOD announced today that, in an effort to be proactive, they will not wait for this work to be completed before sending out notification letters to approximately 21,000 troops who were in the vicinity of Khamisiyah between March 4-15, 1991 (for copies, see Tab A). One letter is being sent to members of units identified as being on-site at Khamisiyah at the time of the demolition operations. A separate letter is going to those identified as being within roughly 50 km. of the site (double the area in which any lethal or sublethal effects would have occurred at the time). These letters will inform recipients of where to call if they have health problems they believe are related to their service in the Gulf and ask them to respond to a survey about their experience at Khamisiyah in March 1991 in order to assist DOD's efforts to determine what happened. Although other troops may need to be contacted later, this notification is a critical step toward furthering DOD's investigation of Khamisiyah and toward caring for our veterans.

cc: Vice President
Chief of Staff

In addition to the outreach to veterans, DOD also announced their new information about the possibility of a third chemical weapons demolition operation at Khamisiyah on March 12 and discussed the work underway to try to model the chemical dispersion pattern that might have resulted from the three demolition operations, including plans to have the Institute of Defense Analysis (a DOD-supported research institute) convene an expert panel to evaluate the modeling effort. The Presidential Advisory Committee you established last year, Hill staff and veterans service organizations have been notified about the DOD announcement.

why?
not?
Senior DOD officials are now beginning to recognize that the revelations about Khamisiyah require a fundamentally new approach to their work on Gulf War illnesses. As a consequence, a DOD investigative team is now reviewing thousands of wartime records of other demolition operations as well as re-examining some 26 incidents in which detection equipment reported the possible presence of chemical agents in the environment, including the Czech and French detections discussed in Saturday's New York Times (for the article, see Tab B). A separate team in the Deputy Secretary's office is reviewing the Department's overall effort on Gulf War illnesses, as is the National Academy of Sciences, at DOD's request. DOD has also asked the Institute of Medicine to examine whether other medical tests or treatment should be given to Gulf War veterans in light of the new information about possible chemical exposures, and is launching several million dollars worth of new scientific research aimed at better understanding the potential health effects of exposure to low levels of chemical agents. Here at the White House, we are also enhancing our effort on Gulf War illnesses, bringing into the NSC a two-star admiral from the Coast Guard to coordinate and oversee agencies' work, especially that of DOD, on the issue.

Today's DOD announcement will not create positive stories about the Pentagon's activities in and of themselves; the revelation of a possible third incident and the delay in announcing the results of CIA's modeling work and the number of troops potentially affected are too much for reporters to resist. The announcement should help to demonstrate, however, that DOD is trying to get to the bottom of this problem and is working for veterans, not against them. These efforts, along with the efforts of the White House, the Presidential Advisory Committee, and the Veterans' Administration, should communicate more effectively your commitment and record of "leaving no stone unturned" on this issue.

Attachments

Tab A DOD Letters

Tab B New York Times article

Q → Mgmt

Mtg w/ Elisa Harris on Persian Gulf

10/25/96

Admiral Busick

- expectation on pt of military that would be obvious if Iraqis used chemical weapons
- educational component

No chem'l weapons. Lots of detectors went off →
add'l detection never confirmed presence of chemicals
- considered false alarms

CIAT has reviewed all intelligence reports → no evid of chemical weapon use

No exposure/research a low-level exposure
- beginning to be funded (some outside)

DoD re-looking @ 26 incidents where detections to see if not false alarms

^{DoD + VA}
Veterans joining registry

80,000 have come in for exams

Other possible causes:

depleted uranium, smoke, investig'l drugs, pesticides, ^{thiox + PB}
70-80 research projects underway

Re-reviews:

^{civilian side}
DoD - thorough investigation

Natl Acad of Sciences

Adv Comm - reviewing all of the other govt reviews
interim
report: 22 recomms → Admin acts to implement
(19/22)

Final rpt @ end of year

- anticipate that some of recomms won't be expected

LEVEL 1 - 16 OF 16 STORIES

Copyright 1996 The Washington Post
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September 26, 1996, Thursday, Final Edition

SECTION: A SECTION; Pg. A29; THE FEDERAL PAGE; INSIDE: DEFENSE

LENGTH: 881 words

HEADLINE: Gulf War Syndrome Gets New Diagnosis

BYLINE: Bill McAllister, Washington Post Staff Writer

BODY:

Faced with mounting bipartisan criticism, the Pentagon yesterday promised to reassess its response to mysterious illnesses affecting several thousand Persian Gulf War veterans. It put its second-ranking official in charge of the review.

The decision removes Stephen C. Joseph, the Pentagon's senior doctor, from responsibility for the department's response and replaces him with Deputy Defense Secretary John White.

A congressional source said the action came after senior administration officials sharply criticized the Pentagon's handling of the issue during a Tuesday meeting.

Capt. Mike Doubleday, a Pentagon spokesman, said last night that the action was not a rebuke of Joseph, a former New York City health commissioner.

"It is an effort on the part of Dr. White to focus the attention and resources of the department and, in President Clinton's words, 'to leave no stone unturned' " in the search for what may have made the veterans ill, the spokesman said.

The review will "look across the board at all DOD activities," including intelligence and other areas not under Joseph's authority, Doubleday said.

The new review was disclosed in a letter made public at the start of a highly critical Senate hearing yesterday at which Sen. John D. "Jay" Rockefeller IV (W.Va.), ranking Democrat on the Veterans Affairs Committee, demanded Clinton fire Joseph.

"It's time to face the music -- way past time. It's time for a change at DOD," Rockefeller said, urging the ouster of Joseph, a public health academician who has served as assistant defense secretary for health affairs since 1994. A Rockefeller aide said the senator was not satisfied by the letter, written by White, and still believes Joseph had failed to move aggressively to discover why so many veterans from the 1991 conflict are suffering from a number of mysterious maladies known as the "Gulf War Syndrome."

More than 3,000 veterans from the war against Iraq have reported suffering from sore joints, headaches, chronic fatigue and other ailments they have said



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The Washington Post, September 26, 1996

they believe were the result of exposure to Iraqi chemical or biological weapons.

Last week the Pentagon acknowledged that as many as 5,000 American troops may have been exposed to chemical agents as U.S. forces blew up ammunition in a remote weapons site.

Rockefeller and a bipartisan chorus used the joint hearing by the Senate intelligence and Veterans Affairs committees to express exasperation for why it took the Defense Department five years to confirm the veterans' complaints.

"We can do better. And we must do better," Rockefeller asserted. "That is why I have decided to call upon the president to bring new health leadership to the DOD."

Joseph maintained that the government's response to complaints of ailing Gulf War veterans had been instigated long before he took charge of the Pentagon's health programs in March 1994. He strongly defended the federal government's response, telling senators it would take more scientific studies to discover what happened to the troops.

"We cannot hurry science," he cautioned.

Although Joseph acknowledged that intelligence agencies knew of the presence of chemical weapons at a remote Iraqi site called Khamisiyah in 1991, he said their medical significance only recently was realized.

"This was not in our awareness until June of this year," he said. "I'm not making an excuse. I'm telling you what happened."

The criticisms were bipartisan. Sen. John F. Kerry (D-Mass.) said the government had given the veterans "a great stiff-arm" and Sen. Richard C. Shelby (R-Ala.) denounced "a shameful campaign of obstruction and delay" over the veterans' illnesses.

Senate intelligence committee Chairman Arlen Specter (R-Pa.) expressed surprise at the White letter, describing it as an obvious attempt to blunt criticism of the Pentagon.

In the letter to Sen. Strom Thurmond (R-S.C.), chairman of the Armed Services Committee, White said the Pentagon was "redoubling our efforts, broadening the scope of our investigations and adding additional resources" to investigate the illnesses.

White said the Defense Department would use more outside help reassessing the veterans' complaints and that he was directing Joseph to consider still more research projects.

The Army's inspector general has been ordered to conduct an inquiry into the destruction of weapons at Khamisiyah where some of the chemical bombs were destroyed shortly after the cease-fire, White said.

Defense Secretary William J. Perry's intelligence assistant also was asked to conduct an inquiry into whether the Pentagon mishandled early intelligence reports by United Nations teams on the chemical weapons destroyed at the site.

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Joseph and Kenneth W. Kizer, undersecretary for veterans affairs, remained firm in their belief that, as Kizer put it, "there is no Gulf War Syndrome in the strict medical sense of the term."

Ailing veterans from the war have exhibited a number of complaints, but these do not point to a "single, unique disease," Kizer said.

Moreover, both doctors told the committees that all medical research indicates long-term chronic illnesses are usually presaged by acute clinical signs and symptoms, something few of the Persian Gulf veterans have exhibited.

LANGUAGE: ENGLISH

LOAD-DATE: September 26, 1996



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LEVEL 1 - 15 OF 16 STORIES

Copyright 1996 The Washington Post
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September 27, 1996, Friday, Final Edition

SECTION: A SECTION; Pg. A15; DEFENSE & DIPLOMACY

LENGTH: 263 words

HEADLINE: Gulf Troops Not Informed Of Test Drug, Pentagon Says

BODY:

The Pentagon said yesterday it did not tell U.S. troops in the 1991 Persian Gulf War that an anti-nerve gas drug they took was experimental, because it did not want Iraq to learn of U.S. defenses.

Investigators are now studying whether the drug, pyridostigmine bromide, in combination with insecticides or other chemicals used in the Gulf War, might be one cause of illnesses veterans have suffered since the war.

"I believe there was a conscious decision made at the time not to tell the troops," a Defense Department spokesman, Navy Capt. Michael Doubleday, said.

"And the reason that that was done was that there was enormous concern at the time of raising any specter and any concern . . . with the Iraqis that we were prepared to defend against certain kinds of chemical weapons," he said.

"In retrospect, had circumstances been otherwise, we probably would have proceeded differently," Doubleday said.

But he said the Defense Department believed then and now that the drug was safe and would have been an effective defense if Iraq had launched nerve gas against coalition forces.

Doubleday said a large study found that less than 0.1 percent of the troops suffered side effects, such as nausea, cramps and headaches, that would have caused them to be taken off the drug.

But the federal Food and Drug Administration said it gave the Defense Department a waiver from normal consent requirements during the war with several conditions, including that the U.S. troops be told it was being used as an anti-nerve gas drug on an experimental basis.

LANGUAGE: ENGLISH

COUNTRY: IRAQ;

LOAD-DATE: September 27, 1996



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LEVEL 1 - 13 OF 16 STORIES

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September 28, 1996, Saturday, Final Edition

SECTION: A SECTION; Pg. A18; DEFENSE & DIPLOMACY

LENGTH: 242 words

HEADLINE: Pentagon Alters Stand On Gulf War Drug Testing

BODY:

The Defense Department said yesterday it did not deliberately withhold information from U.S. troops in the 1991 Persian Gulf War on an anti-nerve gas drug to keep Iraq from learning about U.S. defenses.

Almost completely reversing comments made at a Pentagon briefing Thursday, it said troops were not told the drug was being used on an investigational basis and might have side effects but said that information was not deliberately withheld from them.

Researchers are studying whether the drug, pyridostigmine bromide (PB), in combination with chemicals in the Gulf War, might be one cause for illnesses among thousands of veterans.

On Capitol Hill, Sen. John D. "Jay" Rockefeller IV (W.Va.) called on Defense Secretary William J. Perry to fire the Pentagon's top health official. Rockefeller, the ranking Democrat on the Senate Veterans Affairs Committee, told Perry in a letter that the Pentagon has "squandered its credibility" on the issue of Gulf War illness.

The senator did not name a specific official in his letter. But a spokeswoman for Rockefeller, Laura Quinn, said he was referring to Stephen C. Joseph, the Pentagon's assistant secretary for health affairs.

Perry has been attending a NATO meeting in Norway, but a spokesman said both Perry and Deputy Defense Secretary John D. White "continue to have the full and utmost confidence" in Joseph and that "no changes" in "health leadership are being contemplated."

LANGUAGE: ENGLISH

LOAD-DATE: September 28, 1996



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