LEVEL 1 - 11 OF 16 STORIES

The Washington Post

October 02, 1996, Wednesday, Final Edition

SECTION: A SECTION; Pg. A12

LENGTH: 627 words

HEADLINE: Poison Gas Exposure Estimate Is Growing; More Than 15,000 May Have Been Affected in Gulf Region, Pentagon Says

BYLINE: Dana Priest, Washington Post Staff Writer

BODY:

For four years, the Pentagon maintained that U.S. soldiers in the Persian Gulf War had not been exposed to chemical or biological weapons. In June, the Defense Department acknowledged that up to 400 engineers might have come in contact with poison gas. By last week the estimate of soldiers who might have been affected had risen to 5,000.

Yesterday, Pentagon spokesman Kenneth Bacon announced that "a very large number" of soldiers, probably far more than 15,000, could have been exposed to a chemical weapons explosion in 1991.

And after weeks of bipartisan criticism by Congress and a barrage of unfavorable news reports, Bacon also announced that the department would bring in the National Academy of Sciences and its Institute of Medicine to scrutinize its investigation.

Last week it put the department's second-ranking official, Deputy Defense Secretary John P. White, in charge of a new investigation.

"It's an attempt to try to get to the bottom of the questions raised about" the Gulf War illness, Bacon said yesterday, in explaining why the two science bodies were brought to the effort. "We have to pay more attention to the possibility that there was an explosion of chemical weapons."

Over the past four years, more than 50,000 men and women who served in the Persian Gulf region have received medical examinations from military or Veterans Affairs physicians for chronic health problems that the veterans believe resulted from their service there. The symptoms, typically chronic fatigue, headaches, skin rash and memory loss, have been dubbed Gulf War Syndrome.

The Defense Department had maintained that there was no evidence of any exposure to chemical or biological weapons. But in June, the Pentagon announced that chemical weapons -- nerve and mustard gas -- were present when a site known as "Bunker 73" was destroyed by military munitions experts on March 4, 1991. Later they said chemical weapons were also contained in rockets found in a pit two miles away and blown up by U.S. troops March 10, 1991.

United Nations inspections teams have said the pit contained several hundred

122mm rockets that carry the poison gases.

Last week the Pentagon acknowledged that as many as 5,000 U.S. troops might have been exposed to chemical agents. Yesterday, Bacon said the 5,000 estimate would grow "considerably," but said he could not be more precise.

"My expectation is that, based on the amount of chemical weapons in the pit and what we've been told, there could be a very large number of troops included in a possible cloud area," Bacon said, referring to the cloud of gas that would have been released upon detonation. "We have to think in terms of big numbers."

Pressed to be more specific, he said: "I just don't think we know at this stage, but we have to think in terms of big numbers, bigger than 15,000 certainly."

The higher estimate will be based on a CIA computer model. The model will take into account such things as the estimated amount of poison gas in weapons in the pit, the rate the gas would burn off and dissipate after detonation and the weather and wind pattern on March 10 five years ago. With that information, it will produce an estimate for the size of the contaminated plume, or cloud, of gas, and where it would have drifted. At the same time, Pentagon investigators are trying to determine how many troops were in the exposed area.

"First we have to figure out the size of the cloud and then figure out who's underneath it," Bacon said.

Then, they will have to determine whether the exposure could have caused any of the reported illnesses. No illnesses are known to result from one- or two-time exposure to nerve gas at concentrations that are too low to cause acute symptoms.

LANGUAGE: ENGLISH

LOAD-DATE: October 02, 1996

LEVEL 1 - 9 OF 16 STORIES

The New York Times

October 3, 1996, Thursday, Late Edition - Final

SECTION: Section A; Page 1; Column 2; National Desk

LENGTH: 1625 words

HEADLINE: U.S. JETS POUNDED IRAQI ARMS DEPOT STORING NERVE GAS

BYLINE: By PHILIP SHENON

BODY:

American intelligence reports show that the United States conducted an extensive bombing campaign during the Persian Gulf war against a sprawling ammunition depot in southern Iraq that was later determined to have then contained chemical weapons.

The Pentagon has previously acknowledged the possibility that some American soldiers might have been exposed to Iraqi chemical or biological agents when United States combat engineers blew up part of the Kamisiyah ammunition depot in March 1991, after the gulf war ended. But the air strikes raise the possibility that such agents wafted over thousands of American troops in Saudi Arabia, where they were then preparing for the ground invasion of Iraq, several weeks before the engineers' operation.

Both the Pentagon and the United Nations, which is responsible for weapons inspections in Iraq, say they have no evidence that air strikes on the depot resulted in the release of chemical weapons. But many chemical agents dissipate quickly, which means there may have been no trace of them by the time inspectors arrived at the depot, months after the bombing.

Much of the rest of the depot was destroyed after the war by the engineers, many of whom have since complained of debilitating ailments that they link to exposure to chemical or biological agents there. Their symptoms, including chronic fatigue, digestive ailments and joint pain, are considered typical of the so-called gulf war syndrome reported by thousands of American soldiers.

The Pentagon announced last June, more than five years after the war, that it was investigating the possibility that the combat engineers might have been exposed to nerve gas when they blew up the complex.

And Pentagon officials said this week that as a result of those explosions, clouds of chemical agents might have wafted over more than 15,000 American troops, more than three times an earlier estimate.

A senior Pentagon official told reporters yesterday that a belated appreciation of what occurred at Kamisiyah had caused the Defense Department to reconsider its entire approach to looking for evidence of gulf war syndrome.

The official, speaking on condition of anonymity, said the events at

Kamisiyah had made the Pentagon more vigilant in its examination of clues that might corroborate the claims of many veterans that they were made ill by chemicals during the war. "Kamisiyah is a watershed in the search for information," he said. "Kamisiyah is the first time we have been able to place American troops in the presence of chemical weapons. This changes the way we think about this subject."

Among the several hundred engineers who helped demolish the Kamisiyah depot in 1991 and have recently been interviewed by the Pentagon, the official said, there has been no evidence of any extraordinary frequency of illness. But the official said the Pentagon was nonetheless establishing a special research team to review the Kamisiyah incident and to search for any similar incidents not yet discovered.

At the time of its announcement last June concerning the combat engineers, the Defense Department did not disclose that the same depot had also been bombed repeatedly during the air war. And Government intelligence documents on the air strikes there, which had been made public last year, were suddenly withdrawn from public inspection last February, along with hundreds of other documents.

One intelligence report -- dated Feb. 3, 1991, the 18th day of the air war against Iraq -- says 37 storage buildings at the Kamisiyah depot were destroyed in the air attacks, along with about 10,000 tons of ammunition.

The document describes the depot as a primary target for American bombers and says the air strikes there accounted for "the most extensive hit to ammunition storage structures thus far" in the war.

The United Nations and the Pentagon say that all available evidence shows that nerve gas at Kamisiyah was stored only in a single bunker and in a dirt pit on the outskirts of the huge depot. Neither, they say, was damaged in the air war.

And Pentagon officials insist that the Feb. 3, 1991, report vastly overstates the damage that was actually done by the aerial bombing on the depot, which spread across nearly 20 square miles of the southern Iraqi desert and was about 100 miles north of Saudi staging areas where tens of thousands of American troops awaited the start of the ground war.

"We do not believe that any troops were exposed to chemical agents as a result of the bombing," the Pentagon said in a statement prepared in response to a reporter's questions.

United Nations weapons inspectors first visited Kamisiyah in October 1991, eight months after the end of the war. Sarin, one of the nerve agents stored at the Iraqi depot, can dissipate in minutes, and any trace of chemical agents might have vanished before the weapons inspectors arrived.

The Pentagon has acknowledged that groups of French and Czech troops made reports to their superiors about as many as seven detections of chemical weapons from Jan. 19 to Jan. 25, 1991, most of them in areas near the Saudi staging points for United States troops.

But the United States Government has said it believes that chemical agents

were released during the air war only at two other Iraqi complexes, both of them more than twice the distance from the Saudi staging areas as was Kamisiyah. And the Pentagon has insisted that there is no evidence that large numbers of American soldiers were ever made sick because of chemical or biological agents.

The intelligence reports were among hundreds of documents made public last year on an Internet site maintained by the Defense Department for gulf war veterans. But the documents were withdrawn from the site in February, four months before the Pentagon announced that the engineers might have been exposed to chemical weapons at the Kamisiyah depot when they blew it up.

The Pentagon said the intelligence reports had been pulled off the Internet at the request of the Central Intelligence Agency. A C.I.A. spokesman, Rick Oborn, said that the documents had been withdrawn "because of intelligence sensitivities" and that their removal had been entirely unrelated to the announcement four months later that American troops might have been exposed to chemical agents at Kamisiyah. "The issue of Kamisiyah," he said, "had nothing to do with the action that was taken."

Pentagon officials said the C.I.A. had believed that the documents had been declassified too quickly and that they exposed too much information about American intelligence-gathering methods. Most of the documents pulled off the Internet in February were returned later in the year, but not the documents on Kamisiyah.

These documents were obtained by James Tuite 3d, a Washington security consultant who directed an investigation of gulf war illnesses by the Senate Banking Committee in 1993-94. Mr. Tuite said he believed that there was no innocent explanation for the Government's decision to withdraw the documents from public inspection.

"I find it disturbing that all of the documents regarding Kamisiyah were withdrawn, including those that showed that 37 bunkers had been destroyed in the bombing," he said. "The whole appearance that we see emerging here is one of political or bureaucratic damage limitation, admitting only what they absolutely have to admit."

Because of heavy censorship by the Government before the documents were released on the Internet, it is difficult to identify their authors or the agencies for which those authors worked. But two of the documents are labeled "Bomb Damage Assessment" or "B.D.A." and refer to the "Tal al Lahm Ammunition depot," another name for the depot at Kamisiyah.

The Feb. 3 intelligence report was titled "Special B.D.A. Study on Iraqi Military Support Production and Storage Capability." It reported "significant losses" at Kamisiyah and two other ammunition depots that "will affect Iraq efforts inasmuch as these facilities were either within or in close proximity to the theater" of operations where American troops operated during the war.

A report dated Feb. 4, 1991, describes "40 new craters in six rows" running from southeast to northwest as a result of the bombing at Kamisiyah. "Three impacts caused light damage to nearby structures," the report says. "They were: 2 storage bunkers." Much of the rest of the document was blackened out, on

grounds of national security.

In its prepared response to a reporter's questions, the Pentagon said that "our current thinking, based on reports from U.S. units involved in the weapons destruction after the war" and on United Nations reports, "is that while the Kamisiyah facility was bombed during the air war, neither Bunker 73 nor the pit area were damaged during the bombing." Bunker 73 was the bunker later determined to have contained shells filled with nerve gas, and it was destroyed by American ground troops.

Although the Feb. 3 report states that 37 ammunition sites were destroyed in the allied bombing, the Pentagon now says that "we believe that three or possibly four bunkers -- of a total of about 100 -- were damaged by bombing." Pentagon officials said the 1991 report had dramatically exaggerated the bombing's effect.

If the Pentagon's account is accurate, it would seem to call into question the effectiveness of the department's multibillion-dollar program to gather intelligence in a war zone through satellites and its ability to determine the effectiveness of American air strikes.

"This raises questions about their entire ability to do bomb damage assessments based on satellite imagery," Mr. Tuite said. "That kind of gross exaggeration would be incredible."

LANGUAGE: ENGLISH

LOAD-DATE: October 3, 1996

LEVEL 1 - 7 OF 16 STORIES

The Washington Post

October 08, 1996, Tuesday, Final Edition

SECTION: EDITORIAL; Pg. A18

LENGTH: 534 words

HEADLINE: Nerve Gas Stonewall

BODY:

FOR FIVE years, the Pentagon insisted that no troops were exposed to chemical weapons during the gulf war. Strong evidence now points to a contrary conclusion. The staff of an independent presidential commission believes that the Pentagon's prolonged failure to search for or consider relevant evidence that might undermine its early assumptions "has served to gravely undermine the credibility" of Defense Department inquiries. The staff further concluded -- correctly -- that an outside body now should take over.

This is a vital matter for thousands of military men and women who believe their current ill health can be traced to service in the Persian Gulf in 1990 and 1991. More than 30,000 out of the 700,000 who went to the gulf region during the war against Iraq have enrolled in a medical registry, and many more may have complaints. Reported symptoms -- including chronic and debilitating fatigue, skin rashes, memory loss, joint pain and more -- are frustratingly varied and so far do not point to any single syndrome, illness or cause. Some investigators believe stress may play a role. Others are not convinced that the incidence of ill health among gulf war veterans is higher than in the general population.

But unquestionably the suffering of many of these veterans is real, and the government has an obligation to pursue any lead that might shed light on their conditions. That is why the years of stonewalling -- not a coverup as much as a reluctance to investigate -- are so damaging. Until recently, the Pentagon insisted that because no soldiers reported acute nerve-gas symptoms during the war, there can have been no exposure.

But now, in part thanks to a United Nations report that was available as early as 1992, the Defense Department acknowledges that some troops may have been exposed inadvertently to nerve gas days after the war, when U.S. forces were blowing up Iraqi arsenals that they believed at the time to contain only conventional weapons. Pentagon spokesmen first admitted that a few hundred Army engineers might have been exposed to low levels of gas, then upped the number to several thousand, then to "a very large number," likely more than 15,000.

It is important to note that release of gas does not necessarily mean there was exposure, and exposure may well have caused no illness. There is no evidence that brief, low-level exposure to nerve gas, causing no immediate ill effects, leads to any chronic disability. But it also is true that little is known about the subject; more aggressive Pentagon inquiries would have led to earlier commencement of relevant research.

The Presidential Advisory Committee on Gulf War Veterans' Illnesses is likely to praise some aspects of the government's response to the baffling gulf war illnesses in its final report later this year. Already many commissions have met, and many research projects are underway. But the Pentagon's handling of the chemical-weapons issue -- including its inflexibility and its "slow, reluctant, on-again-off-again release of information" -- has "fallen short of the mark," committee staff found. Gulf war veterans now deserve an independent investigation of this matter.

LANGUAGE: ENGLISH

LOAD-DATE: October 08, 1996

LEVEL 1 - 5 OF 16 STORIES

The Washington Post

October 10, 1996, Thursday, Final Edition

SECTION: A SECTION; Pg. A06

LENGTH: 1005 words

HEADLINE: Scientists Say Evidence Lacking to Tie 'Syndrome' to 1991 Gulf War; House Subcommittee Criticizes Report

BYLINE: David Brown, Washington Post Staff Writer

BODY:

A prestigious committee of scientists, epidemiologists and physicians reported yesterday there is no evidence of a mysterious chronic illness arising from military service in the Persian Gulf War.

The group suggested, however, that the effects of psychological stress seen in all wars may be more noticeable among Gulf War veterans because that conflict was so nearly devoid of more dramatic and lethal injuries.

Furthermore, recent revelations that some soldiers may have been exposed to small amounts of nerve gas are unlikely to explain the lingering physical complaints of many veterans, the committee said. Nevertheless, it said such a possibility "has to be explored" in future research.

The observations were made by an 18-member committee assembled by the Institute of Medicine (IOM), which was asked by Congress and the Defense and Veterans Affairs departments to review current research on "the health consequences of service during the Persian Gulf War."

The IOM is a nonprofit organization affiliated with the National Academy of Sciences. The current committee formed three years ago and issued its initial findings last year. Yesterday's 140-page document is the final, more detailed report.

Since the end of the Gulf War in early 1991, an unknown number -- though possibly tens of thousands -- of Gulf War veterans have experienced chronic illness. Among their commonly mentioned complaints are are fatigue, headache, skin rashes, muscle and joint pain, loss of memory and mood changes.

These illnesses have come to be called "Gulf War Syndrome," though in fact there is no clear-cut medical definition of the illness. Like the Institute of Medicine committee, several previous "blue-ribbon" scientific panels have said they doubt a distinct, war-related chronic illness exists.

Debate about a mystery illness, however, increased this summer after the Pentagon revealed that thousands of soldiers may have been exposed to small amounts of poison gas when two Iraqi munitions dumps were intentionally destroyed in March 1991. Some veterans believe the gas has caused long-lasting

nervous system damage, even though there wasn't enough of it to cause acute problems or death.

Though it's unclear whether any soldiers had contact with the poison gas, more than 15,000 were close enough to the explosions that exposure was theoretically possible, according to recent defense department announcements. The Pentagon and Central Intelligence Agency are now "modeling" both the explosions and the weather at the time to estimate the likelihood that any gas that was not incinerated made contact with troops.

The IOM committee's job was to review research on Gulf War illnesses and to suggest ways the military could improve data collection in the future. As part of that work, however, the panel also offered its observations about the possible causes of chronic illness in veterans, based on current research, past research, and long-standing biological principles.

"The committee has not identified scientific evidence to date demonstrating adverse health consequences specifically of [Gulf War] service other than the documented incidents of leishmaniasis [a rare tropical infection], combat-related or injury-related mortality or morbidity, and increased risk of psychiatric sequelae [consequences] of deployment," the members wrote.

There are now more than 30 scientific studies of Gulf War illness underway. Some are attempting to answer basic epidemiological questions such as whether there is more illness among soldiers who went to the gulf than among soldiers who served elsewhere. Others are laboratory experiments aimed at trying to learn about the effects of pesticides, chemical fumes, anti-nerve agent drugs and other "exposures" soldiers faced. Almost none of the studies has been completed.

"The committee recognizes that studies provided thus far do not comprise a comprehensive scientific investigation of the health consequences of service" in the gulf, the members added.

As have several other expert panels, the IOM committee paid great attention to the psychological stress caused by rapid deployment to the gulf, the harsh conditions there, ubiquitous fears of gas attacks, and sudden re-entry to American life. It also noted that these -- and more obvious combat-related stresses -- were probably the cause of chronic illnesses reported among veterans of every American war back to the Civil War. The Gulf War, however, was different in one important way, the panel said.

"Puzzling reactions and symptoms seen during and after prior conflicts may have been incorrectly attributed to battle casualties and infectious diseases that were considered unavoidable and even relatively acceptable outcomes of war," the committee members wrote. "Thus, the lower prevalence of battle injuries and infections in the Gulf theater may have unmasked psychophysiological symptoms that were present in earlier conflicts but attributed to injury and casualty."

This aspect of the report was immediately criticized by a staff member of a House subcommittee, chaired by Rep. Christopher Shays (R-Conn.), that has held four hearings on "Gulf War Syndrome" in the last year.

"While we feel stress could have played a part in some of the illnesses of these veterans, we still think there is something much larger going on here,"

said Robert Newman. In particular, he noted that most of the IOM committee's work was done before the possible nerve gas exposure from the munitions dump was known.

The chairman of the IOM panel, however, said those revelations would not change the report because no link has been made between gas exposure and symptoms in soldiers. In fact, said John C. Bailar III, it is not even known if the troops near the Iraqi dumps have an unusual number of chronic physical complaints.

"If that link is demonstrated by further research, then the situation changes dramatically," said Bailar, who is an epidemiologist at the University of Chicago.

LANGUAGE: ENGLISH

LOAD-DATE: October 10, 1996

LEVEL 1 - 2 OF 16 STORIES

The Washington Post

October 11, 1996, Friday, Final Edition

SECTION: A SECTION; Pg. A10

LENGTH: 335 words

HEADLINE: Pentagon Delays CIA Data on Gulf War Ills

BYLINE: Charles Aldinger, Reuter

BODY:

Announcing a delay in CIA efforts to help solve a major medical mystery, the Pentagon said yesterday it may never know how many Persian Gulf War troops might have been exposed to Iraqi chemical agents.

Pentagon spokesman Kenneth Bacon said the Central Intelligence Agency and the Pentagon will have private experts review a new CIA study of a cloud of sarin nerve gas from the 1991 destruction of an Iraqi ammunition dump.

The review could delay release of the spy agency's "model" of the wind-blown cloud from the Kamisiyah dump in southern Iraq until after the Nov. 5 presidential election, but Bacon denied any political motive in the decision. "The reason there is no political connection is it will not help us to delay this," Bacon said when asked by reporters if there was an attempt to put off bad news on President Clinton's behalf in a growing controversy.

The Defense Department this month said at least 15,000 and perhaps far more U.S. Gulf War troops might have been exposed to sarin when Kamisiyah was destroyed by U.S. military engineers.

"I think it is important to realize that we will never have a precise, definitive picture of how chemical agents may have been dispersed on March 10, 1991, from Kamisiyah," Bacon said.

"It is impossible to go back and reconstruct precise wind patterns. It's impossible for us even to know how many weapons were exploded, how many jumped out of the pit, how many of them propelled themselves into the sand and buried themselves, how may didn't explode at all."

The CIA, using weather patterns and other information, has been working in recent weeks to develop a "model" of the cloud that drifted from the dump and how it was influenced by weather and other factors.

The Defense Department said no deaths have been caused by chemical agents and it has been unable to find any illnesses caused by such agents or any common cause of "Gulf War Syndrome" -- which describes an array of complaints ranging from numbness to memory loss.

LANGUAGE: ENGLISH

LEVEL 1 - 1 OF 16 STORIES

The New York Times

October 23, 1996, Wednesday, Late Edition - Final

SECTION: Section A; Page 1; Column 6; National Desk

LENGTH: 952 words

HEADLINE: RANGE IS EXPANDED IN FEDERAL SEARCH FOR VICTIMS OF GAS

BYLINE: By PHILIP SHENON

DATELINE: WASHINGTON, Oct. 22

BODY:

The Pentagon said today that it would notify 20,000 veterans of the 1991 gulf war -- four times the number previously announced -- that they might have been exposed to nerve gas and blistering agents when a battalion of American combat engineers blew up an Iraqi ammunition depot that was later determined to have contained chemical weapons.

The announcement greatly expands the search for gulf war veterans who may have suffered exposure to clouds of chemical agents released from the Kamisiyah ammunition depot in southern Iraq in March 1991, shortly after the war.

The Defense Department had announced last month that it would contact 5,000 troops who were within 25 kilometers, or about 16 miles, of the sprawling depot when large parts of it were destroyed on March 4 and March 10, 1991. The search was expanded today to an estimated 20,000 veterans who were within 50 kilometers, or about 31 miles.

"Right now, this is our best guess of the people who could have come even close to very minimal exposure," said Kenneth Bacon, the department's chief spokesman.

Mr. Bacon explained that the area to be examined for possible chemical exposure had been expanded because "we decided to be safe, to go double that."

He warned, however, that the estimate of the number of veterans who may have been exposed to the chemicals could grow again if a computer model under review by the Central Intelligence Agency showed that the chemicals might have wafted over other areas of the Persian Gulf where American soldiers were deployed.

"Depending on what we learn from the C.I.A. model after it's been reviewed," Mr. Bacon said, "we may decide we have to notify more people." The agency's computer model of weather patterns and other scientific data is not expected to be released publicly for several weeks.

Thousands of gulf war veterans have complained of a variety of ailments, including chronic fatigue, chronic nausea and joint pain, that are sometimes known collectively as gulf war syndrome.

The Pentagon also disclosed today that American troops might have blown up a third site within the Kamisiyah arsenal on March 12, raising at least the possibility of another, later chemical exposure. Officials said that combat logs suggested that hundreds of rockets were destroyed in a third blast, although there was no evidence to suggest that they definitely contained chemical agents.

Ailing gulf war veterans have accused the Pentagon of ignoring evidence that they were made sick by exposure to Iraqi chemical or biological weapons, and the string of recent announcements about the size of the potential exposure have fueled outrage and suspicion among many veterans groups.

Documents made public in recent months show that American military commanders ignored repeated warnings during the war that low levels of nerve gas and other chemical weapons had been detected in the vicinity of hundreds of thousands of American troops.

"Kamisiyah is by no means an isolated incident," said James J. Tuite 3d, a former Congressional investigator whose inquiry for the Senate Banking Committee in 1993 and 1994 uncovered evidence of dozens of possible chemical exposures in the gulf war.

Mr. Tuite said the Pentagon's focus solely on Kamisiyah was "misleading because there are many, many other incidents in which American soldiers were exposed to chemicals, in similar ways."

During a news briefing at the Pentagon, senior officials acknowledged again and again that the Defense Department was struggling to understand what had happened at Kamisiyah. Despite persistent reports of unexplained ailments among some of the 700,000 veterans who served in the Persian Gulf, the Pentagon has said repeatedly that it has no medical evidence of widespread gas poisoning or a gulf war syndrome.

Defense Department officials have said that they confirmed only this year that nerve gas and mustard agent had been stored at Kamisiyah in March 1991 and that Americans may have been exposed to the chemicals when they destroyed the depot.

"We had no evidence that there had been chemical exposure until this spring," Mr. Bacon said. "And when we found there was evidence, we announced it. It was a watershed event."

Another senior Pentagon official, speaking at the news conference on condition that he not be named, was even blunter in acknowledging how little the Pentagon knows about chemical exposure in the gulf war.

"We are in no position today to say that we are certain about anything with regard to possible chemical presence or release," he said. "We are looking everywhere we can. We're going to follow up ever report we get."

The Pentagon said it was trying to telephone the 1,100 soldiers who were directly involved in the demolition of the Kamisiyah depot. The other 18,900 veterans, it said, would receive certified letters with a questionnaire about their memory of the events of March 1991 and about their health.

The combat engineers responsible for the demolition were from the Army's 37th Engineer Batallion, but they were surrounded by soldiers from dozens of other military units, including the 82d Airborne, 101st Airborne and 24th Infantry Divisions.

"We've decided, after looking at the facts, that it would be best to go out and aggressively reach out to those 20,000 people," Mr. Bacon said. "We want to make sure that we have the best possible information from troops there at the time about where they were and what they did."

The Pentagon said soldiers who believed they had been within 50 kilometers of Kamisiyah were being asked to call a toll-free hot line -- (800) 472-6719 -- with information about the March 1991 incidents and about their health.

LANGUAGE: ENGLISH

LOAD-DATE: October 23, 1996

DRAFT 5/23

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. Finally, 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 will be able to announce that you have signed the Executive Order establishing the Advisory Committee and have appointed its members. You can also highlight new initiatives announced earlier this week related to research on Gulf War illnesses and reporting on Gulf War incidents that may be related to these illnesses.

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release March 6, 1995

FACT SHEET

Gulf War Veterans' Illnesses: Ongoing Initiatives

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

COMPENSATION

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

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

- **Compensation for Undiagnosed Illnesses:** President Clinton strongly supported and signed legislation to allow for compensation to veterans suffering from undiagnosed illnesses. This is the first time ever that the Department of Veterans Affairs (VA) has compensated veterans before their illnesses are diagnosed. The first compensation checks under this new program were sent in mid-February 1995.

TREATMENT

The Administration's first priority for Gulf War veterans is to provide them with the best possible medical care, even when diagnoses have not been made.

- **Priority Access to VA Health Care:** In 1993 and again in 1994, President Clinton signed legislation that changes standard eligibility rules to enable veterans to obtain free medical care for illnesses that may be related to service in the Persian Gulf. To date, more than 140,000 Gulf War veterans have received medical care in VA facilities.

- **Free Specialized VA Health Examinations:** Under the VA Persian Gulf Registry Health Examination Program, every Gulf War veteran who has health concerns, whether or not the veteran is ill, is eligible for a free, complete physical exam. More than 40,000 veterans have participated in this program since it began in 1992. Since June 1994, veterans with unexplained illnesses whose medical conditions require a more specialized approach have had access to a more comprehensive health examination, free of charge, at any VA or military medical center.

- **Specialized VA Diagnosis Centers:** For those veterans most difficult to diagnose, VA has established Persian Gulf Referral Centers in Washington D.C., Houston, TX, and Los Angeles, CA.

- **Special Treatment for Active Duty Military Personnel & Their Families:** Under the Defense Department's (DOD's) Comprehensive Clinical Evaluation Program, more than 15,000 Gulf War veterans still on active duty have registered for extensive free medical exams and treatment. Between 8,000 and 9,000 individuals have begun to receive these exams and treatment since the program began in June 1994. Military personnel register by toll-free hotline and are then examined and treated at local military medical centers and then, if necessary, at 13 major medical centers in the U.S. and Germany.

DECLASSIFICATION

In June 1994, DOD announced that it was declassifying all of the material related to the potential causes of Gulf War veterans' illnesses. The Department is proceeding with declassification efforts and releasing information as it becomes available. To date, DOD has reviewed more than 400 linear feet of records to declassify material that mentions the possible detection of chemical or biological weapons. By the end of 1995, DOD will have the capability to match the wartime locations of individual

service members with these incidents, as well as the presence of various other potential environmental hazards, such as smoke from oil well fires.

OUTREACH & EDUCATION

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

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

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

- **"Staying Healthy" Handbooks:** As part of the 1994 deployment to the Gulf, DOD published and distributed "Staying Healthy" handbooks to help troops protect themselves against health hazards overseas. Handbooks were also provided to troops in Somalia and Haiti. Similar information was not consistently available to military personnel during Operations Desert Shield and Desert Storm.

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

RESEARCH

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

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

- **Mortality Study:** The VA Epidemiology Service is completing a study of death rates and causes of death among those who served in the Gulf War. Comparisons will be made with veterans who did not serve in the Gulf. Results are expected later this year.

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

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

- **Kuwait Oil Fires Study:** This ongoing study is examining health risks to military troops and personnel exposed to oil

fire smoke in the Gulf. The study's initial findings, released in September 1994, concluded that the levels of toxic substances measured in May through December 1991 were well below United States regulatory limits.

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

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

- **Navy Studies:** Three large epidemiological studies, begun in October 1994, are being carried out by the Navy. The studies are analyzing the health of Gulf War Construction Battalion (SeaBee) service members, hospitalization rates among all Gulf War veterans, and birth outcomes in all Gulf War veterans and their families. Preliminary results are expected in late 1995.

REVIEWS BY OUTSIDE EXPERTS

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

- **National Institutes of Health (NIH) Workshop:** In April 1994, the NIH hosted a panel of outside experts to examine research efforts to date and make recommendations for future research in areas such as epidemiology, stress-related diseases, pyridostigmine bromide and leishmaniasis. Many of these recommendations are now being implemented.

- **National Academy of Sciences, Institute of Medicine (IOM):** As directed by Congress, an IOM panel is reviewing and evaluating current research efforts related to Gulf War veterans' illnesses. The group's first report, issued in January 1995, provided a number of recommendations for improving research, many of which already are being implemented. The IOM is also reviewing and evaluating DOD's Comprehensive Clinical Evaluation Program.

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

NATIONAL SECURITY COUNCIL

Mary Ellen Glynn lower press
Peggy Lewis 167 EOB
Julie Green 170 EOB
Adam Kreisel WW
Deborah Bath 100 EOB Sent

FINAL

FAX COVER SHEET

NATIONAL SECURITY COUNCIL 17th & Penn, N.W. Washington, D.C. 20504 Did you get a complete, clear transmission? If not, please call: (202) 456-9181	**From: elisa harris** **To: kathy jurado (VA), seileen mullen (OSD), teresa nino (HHS), mary ellen glynn (wh press), leeann inadomi (cabinet affairs), cathie woteki (ostp)** **Date/Time: 17 october** **No. of pages to follow: 10** **Message: final version of press guidance attached, reflecting agency input. thanks for all your help, folks!**

CONTINGENCY PRESS GUIDANCE ON

BIRTH DEFECTS AND GULF WAR VETERANS' ILLNESSES (10/17/95)

Background: The November issue of Life magazine, which is on the newsstands this week, has a cover story on birth defects in the children of Gulf War veterans. Called the "Tiny Victims of Desert Storm," the article uses a series of anecdotes and photos to compose a moving portrait of birth defects in Gulf War veterans' families.

Questions and Answers:

1. What is your reaction to the Life magazine article about birth defects among the children of Gulf War veterans?

Birth defects are a heartbreaking issue for parents and families, and are of great concern to the Clinton Administration. Careful research is needed to determine whether or not miscarriages, birth defects, and other reproductive outcomes are more prevalent among Gulf War veterans compared with other U.S. citizens.

2. Isn't it surprising that Gulf war veterans seem to have babies with so many types of defects?

Overall, there is about a 3 percent chance that a baby will be born with a serious birth defect. There are literally hundreds of different types of birth defects. So in any large group of individuals who have had babies, such as Gulf War veterans, it is expected that there will be some babies affected by a variety of types of defects. On the other hand, most environmental agents known to cause defects will cause a specific type or pattern of defects. For example, the drug thalidomide caused an epidemic of missing limbs, and German measles causes ear, eye and heart anomalies. So it will be particularly important to look for an unusual pattern of defects among the babies of Gulf War veterans.

3. Why don't other family members of Gulf War veterans have the same birth defects?

Most birth defects occur sporadically. Conditions that recur in successive generations or in multiple siblings are rare and represent a small fraction of all birth defects. When a child with a birth defect is born, other family members usually don't have the same birth defect.

4. What do we really know about the risk of birth defects among Gulf War veterans' children?

Thus far, several studies of birth defects or miscarriages have shown no overall increased rate for Gulf War veterans and their families. For example:

In Mississippi, medical records of 54 children born to Persian Gulf veterans from two Mississippi National Guard units were evaluated. The birth defect results were comparable to that for the general population.

In another study, pre-Desert Storm miscarriage rates were compared to post-Desert Storm miscarriage rates for 6,392 pregnancies at six Army hospitals; they were 8% for both time periods. A similar study of 1500 pregnancies at William Beaumont Army Medical Center also found no difference in miscarriage rates pre and post deployment; the rates were 12% for each.

Other, more comprehensive studies are underway (see below).

5. Why isn't the Administration doing more to get to the bottom of this problem?

The President and the Departments of Defense, Veterans Affairs, and Health and Human Services are committed to helping our service members and their families find answers and to providing the care that they need.

The studies which have been done thus far are reassuring, even though they were limited to specific geographic areas. Nevertheless, DOD, HHS and VA are moving forward with other studies of birth defects among a random sample of Gulf War veterans, as well as looking at all birth defects and specific types of birth defects in certain hospitals and geographic areas where data can be accurately analyzed.

These studies will help us determine whether service in the Gulf War is associated with reproductive problems such as birth defects. The studies will also evaluate whether specific exposures seem to be associated with reproductive problems. These studies will help Gulf War veterans who are concerned about future pregnancies. New research studies underway include:

DOD Research

DOD is conducting a comparative study of pregnancy outcomes, including birth defects, among 500,000 Gulf War veterans and 700,000 other active duty personnel and their spouses. Preliminary results of this study, based on medical records at military hospitals, will be available soon.

DOD is conducting a study of reproductive outcomes of 16,000 couples, comparing Gulf War veterans and similar veterans who did not serve in the Gulf War. This study will not be limited to children born in military hospitals.

DOD is also conducting another study comparing birth defects among Gulf War veterans to Gulf-era veterans who live in states (such as Arizona, Arkansas, California, Georgia, Hawaii, Iowa, and Oklahoma) that have comprehensive birth defect information. This study will not be limited to children born in military hospitals.

DOD (with assistance from CDC) is conducting a study focused specifically on the rate of Goldenhar Syndrome among children born in military hospitals.

HHS/CDC Research

CDC is conducting a telephone survey with approximately 1,500 persons from Iowa who were deployed to the Gulf and 1,500 persons from Iowa who served at the time of the Gulf War but who were not deployed to the Gulf. This survey includes questions about pregnancy outcomes, including birth defects. Data collection began in late September and results are expected in August 1996.

VA Research

VA will be conducting a mail survey of 15,000 Gulf War veterans and 15,000 Gulf-era veterans to evaluate a variety of health issues, including pregnancy outcomes. The survey will begin shortly.

ADDITIONAL GUIDANCE ON GULF WAR VETERANS' ILLNESSES (10/17/95)

Birth Defects

1. How do you respond to GAO's finding that vets were exposed to 21 potential "reproductive toxicants?"

I would refer you to DOD on that. *[DOD answer: DOD has launched a number of initiatives targeted at reproductive outcomes in the families of our troops serving in the Gulf War. In one study, we will examine the possible relationship between burning oil smoke and any identified illnesses in our troops participating in our Comprehensive Clinical Evaluation Program. This same model can be applied to birth outcomes to see if there is any relationship between potential exposures and birth defects. At the same time, we have a number of large-scale studies which are specifically focused on birth outcomes. Preliminary results of this research will be presented at the scientific meetings of the American Public Health Association in San Diego at the end of this month. In these studies, we are looking at both those who were deployed in the Gulf and those who were not to see if there are any differences in birth outcomes and, if there are differences, whether Persian Gulf War exposures might be responsible.]*

2. Is it true that military doctors often ignore signs of birth disorders in children of Gulf War vets?

I would refer you to DOD on that. *[DOD answer: Military doctors provide some of the best care available in the United States. They are highly trained and on a level with their civilian counterparts. Even more so, the military is a close knit community where everyone, especially the physicians, puts forward extra effort to care for the troops and their families. They do not ignore the signs of birth disorders. Rather, they do everything possible to diagnose and care for any child with a birth disorder. Backing up our primary care physicians are our tertiary level medical centers and arrangements with private sector medical centers which have the full range of skills to ensure that every child with a birth disorder is properly diagnosed and fully cared for.]*

3. What is DOD doing to help Gulf War veterans' babies with birth defects? What are you doing for their families?

I would refer you to DOD on that. *[DOD answer: The military health care system has the full range of health care, from diagnosis and treatment to rehabilitation, necessary to support a baby with a birth defect. We work with the families to identify and understand what might have caused the problem and what*

implications this may have for future births. But health care is not the only strength of the military system. Within the military is a strong social support system, ranging from the close knit relationships among the families to a full range of social support services. Though the difficulties a family faces when a child has a birth defect can never be eliminated, it is through this strong system of health and other support that we can best help the family care for the child and best help the child live as full and productive a life as possible.]

4. What statistics are available concerning the percent of all babies born in the US who have abnormalities?

There are 3 major US birth defect surveillance systems that survey segments of the general population: the Metropolitan Atlanta Congenital Defects Program (MACDP), CDC's Birth Defects Monitoring Program (BDMP), and the California Birth Defects Monitoring Program (CBDMP). The MACDP is most often cited, as it is a large established surveillance system representative of the general population in a metropolitan area. These surveillance systems indicate the overall rate of major structural birth defects is approximately 3%.

5. Can anything be done to prevent birth defects?

I would refer you to CDC on that. *[CDC answer: We do know how to help prevent certain types of birth defects. Many cases of spina bifida could be prevented if all women followed the Public Health Service (PHS) recommendation to consume 0.4 mg of folic acid per day. Fetal alcohol syndrome is a leading cause of mental retardation that can be prevented by avoidance of alcohol during pregnancy. In the past, German measles infections during pregnancy caused many children to be born with defects, but thanks to immunization the congenital rubella syndrome rarely occurs today in the U.S. However, the causes of most types of defects are unknown, so before we will be able to prevent most birth defects, more research needs to be done.]*

<u>Chemical and Biological Weapons</u>

1. Did the experimental drugs (like PB) and vaccines (like botulinum toxoid) given to the troops make them sick?

The President has authorized millions of dollars in new research to look into questions such as this. The Presidential Advisory Committee will also thoroughly review these issues.

2. Is it true, as Life magazine reports, that the anti-nerve agent drug pyridostigmine bromide make some people more vulnerable to the effects of certain nerve agents?

I would refer you to DOD on that. *[DOD answer: PB must be taken as part of the regimen for protection against soman. DOD conducted a study that examined the efficacy of PB against the nerve agents tabun, sarin and VX in guinea pigs and mice. The study indicated that PB improves protection against tabun in both animals and lowers protection against sarin in guinea pigs and against VX in both animals. Nevertheless, the lower protection levels are still from 3 to 24 times the levels believed necessary to protect against these nerve agents. The Army is continuing to do research on this issue.]*

3. How do you justify ordering people to take drugs or vaccines that were not approved by the FDA for chemical-biological protection? Why was there no informed consent and why were troops ordered not to tell anyone about it at the time?

I would refer you to DOD on that. *[DOD answer: U.S. troops were provided an investigational drug, PB, and 8,000 U.S. troops were given an investigational vaccine, botulinum toxoid. The purpose of these two treatments was to protect military personnel against the possible use of potentially fatal Iraqi chemical and biological weapons.*

Both these substances have been used for many years and experts believe that they are safe and effective. However, for ethical reasons, they could not be tested on humans to obtain final FDA approval for their use as a protection against chemical and biological warfare. Because the Iraqis were known to have chemical and biological weapons, it was determined that the safety of U.S. troops in the Gulf required that certain individuals be required to take these drugs and vaccines.

BW immunization data were intentionally omitted from medical records to prevent the Iraqis from knowing what our troops were protected against.]

4. Is DOD covering up evidence of the use of chemical or biological weapons?

There has been no cover-up. There are, however still unanswered questions about what is causing the illnesses of Gulf War veterans.

5. What about the detection of chemical agents by Czech detection teams?

I would refer you to DOD on that. [*DOD answer: There were three incidents in which Czech units reported detecting chemical agents in Saudi Arabia. We have pursued these reports aggressively, including going to the Czech Republic and examining the equipment that was used. There has been no independent corroboration of these reports. But we are continuing to actively investigate this and all other possible causes of these illnesses.*]

6. Was each chemical alarm a false alarm?

I would refer you to DOD on that question. *[DOD answer: The daily operational check of the primary chemical alarm, the M8A1, requires the sounding of the alarm. This equipment is also highly sensitive to engine exhaust, pesticides, percussion, cigarette smoke, signaling smoke, rocket propellant smoke, and screening smoke, all of which can product "false alarms." None of the alarms that were reported were ever independently confirmed. Nevertheless, we are continuing to actively investigate this and all other possible causes of these illnesses.*]

7. Is DOD still using the same chemical/biological detectors as it did in the Gulf War?

I would refer you to DOD on that question. [*DOD answer: Since the Gulf War, DOD has spent over $300 million on research and development on chemical and biological detection technologies. We have spent over $125 million to procure additional and new detection capabilities. Our investigative unit is also preparing a report on detection capabilities and specific data on reports of alarms.*]

8. Is it possible that sick veterans are suffering from exposure to chemical fall-out from bombing Iraqi chemical weapons plants?

I would refer you to DOD on that. *[DOD answer: We have no evidence for this. Nevertheless, our investigative unit is looking carefully at this issue.]*

9. What about the reports of dead animals?

I would refer you to DOD on that. *[DOD answer: Spot checks of animals showed no symptoms of exposure to chemical or biological weapons. We are continuing to actively investigate all information about the possible use of chemical or biological weapons.]*

10. Do you believe there could have been repeated low-level exposures to chemical agents?

I would refer you to DOD on that. *[DOD answer: Low-level exposure to chemical agents has a whole array of symptoms, some of which have been studied, some of which are not adequately studied. We are continuing to actively investigate this and all other possible causes of these illnesses.]*

Miscellaneous

1. What is the Pentagon's reaction to the allegations in the Life article?

I would refer you to DOD on that. *[DOD answer: The President, and the Departments of Defense, Veterans Affairs, and Health and Human Services are committed to helping our Service members and their families to find answers and to providing the care that they need. The Department of Defense is leaving no stone unturned in caring for our Gulf War vets and their families.*

The Department of Defense has developed a responsive four-part program to address the problem of these illnesses:

- *Treat the illnesses. We have a Comprehensive Clinical Evaluation Program to treat veterans who feel they have illnesses stemming from the Gulf War. So far, about 18,000 Service members have completed an extensive medical evaluation. The majority of the patients are being treated and are responding well.*

- *Understand the Illnesses. DOD, VA, HHS are all funding in-depth research into the problem. Later this month, we expect to report at the American Public Health Association meeting preliminary results characterizing the prevalence of illness, symptoms and birth defects among military personnel who are veterans of the Persian Gulf War.*

- *Investigate the Illness. The government is aggressively gathering clinical information. Last March, DOD established an investigative team to analyze Persian Gulf classified and unclassified documents related to actions and incidents that could have had impact on health. We have set up a "1-800" number for people to report incidents and theories that may help*

understand what happened during the war. We are declassifying and analyzing operational and intelligence records.

- *Inform the People. We are making the declassified operational and intelligence documents relative to the cause of possible illness on the Internet world wide web at the GulfLINK HOMEPAGE. Also other important related documents, press releases, transcripts and research results will be available.*

2. What is causing our veterans and their families to be sick?

In an effort to find what may be causing the illnesses being experienced by our troops who served in the Persian Gulf War, DOD, VA and HHS have engaged in extensive clinical and research programs. Clinical evaluation and care has been provided to tens of thousands of troops who served in the Persian Gulf War. Fortunately, we have been able to diagnose and treat the vast majority of their illnesses. To date, we have not identified a unique cause of the illnesses being experienced by Persian Gulf veterans. We are still investigating the possibility that, in addition to leishmaniasis, other illnesses might be traceable back to service in the Gulf.

3. Why isn't the Administration doing more to help these sick veterans and their families?

What these veterans and their families want is to get well and to find out what made them sick. Many of these illnesses are complicated and difficult to diagnose. Despite the government's research efforts -- and there are more than forty research projects underway -- we have not yet been able to determine the causes of all these illnesses. But until we do, we are taking unprecedented steps to compensate our veterans even when we can't diagnose their illnesses, and DOD and VA have special, priority care programs to make sure they get the treatment they need.

4. Is the government compensating disabled Gulf War veterans?

Yes, Gulf War veterans with service connected disabilities are being compensated. VA has approved 20,480 compensation claims of Gulf War veterans for a variety of service injuries or illnesses.

5. Are Gulf War veterans eligible for government-funded health care?

Yes. Gulf War veterans receive priority access to VA health care and receive specialized VA health examinations when they sign up

with VA's Persian Gulf Registry. In addition, DOD's Comprehensive Clinical Evaluation Program provides medical exams and treatment for active duty personnel.

6. Is it true as the Life article alleges that the military's investigation into these illnesses is flawed?

I would refer you to DOD on that. *[DOD answer: No. The Department is dedicated to investigating all possible causes of Persian Gulf Illnesses. The Department of Defense has dedicated approximately $12 million in FY95 for research into the causes of Persian Gulf Illnesses. We are committed to funding both internal and external peer reviewed research. Going beyond its own internal research efforts, and in an effort to gain the insights of high quality researchers outside the Department, DOD put out an announcement and has requested - and is prepared to fund - quality research proposals from universities and other research organizations. This effort builds on a great deal of research already undertaken. As research results from the Department's internal program become available, the Department will make them widely available. As one example, a number of research studies will be reported on during this month's American Public Health Association meeting.*

In addition, to ensure that no stone is left unturned, the Department formed the Persian Gulf Investigative Team this summer. This team is made up of experts in military medicine, epidemiology, investigation, military intelligence and military operations. At this time, the Team is reaching out to any source that might shed light on incidents and possible exposures during the Persian Gulf War that might be linked to illnesses experienced by troops serving in the war. Among the information sources used are a toll-free hotline, military and intelligence records (classified, declassified and unclassified), and experts and others with theories on Persian Gulf Illnesses. In the end, the Team will investigate and bring together all the incident and exposure information in order to help us understand what illnesses may have resulted from service in the Persian Gulf War.]

7. Does the Administration believe there is no Gulf War Syndrome?

Thus far, scientists have not found evidence for a single, unique illness among the participants in DOD and VA programs. Instead, we have found a range of symptoms and illnesses, which are indicative of multiple causes. We have a considerable amount of research on Gulf War veterans' illnesses underway and will continue to make the results available as it is completed.

PRESS GUIDANCE REGARDING POSSIBLE CRITICISMS BY THE PRESIDENTIAL ADVISORY COMMITTEE ON GULF WAR VETERANS' ILLNESSES (10/17/95)

If media ask questions about any critical comments made by the Advisory Committee, Administration officials should draw on the following points:

-- The President appointed the Advisory Committee to take a comprehensive look at all the programs and policies that affect Gulf War veterans and their families. That's their job, and we welcome their questions and comments.

-- We are doing our best to provide the Advisory Committee with all the information they need to do their job. If we disagree with their views on an issue, we will let them know why. Since they are an independent body, they may well disagree with our views on some issues.

Department of Veterans Affairs

NEWS CLIPPING TRANSMITTAL SHEET

TO:	NEWS CLIP IDENTIFICATION	SENDER IDENTIFICATION	
Bill Sawchak	NEWSPAPER: L. A. Times	NAME: Jane Hacker	DATE: 10-23-95
	CITY AND STATE: Los Angeles, CA	NAME OF FACILITY: OPA Region 6	
	DATE OF PUBLICATION: 10-22-95	PHONE NUMBER: (310) 268-4207	
RECIPIENT'S FAX NUMBER: (202) 273-5703	SPECIAL INTEREST FILE: Persian Gulf Birth Defects	REMARKS:	

NEWS CLIP AREA (Clippings may be pasted horizontally or vertically. After pasting originals, please photocopy on lightest setting to remove dark areas around print. DO NOT REDUCE CLIPPINGS. Mount clipping overflow on additional Form 4585. Fax - Copy of current VA events, research, controversial and important VA issues. Mail - All other clippings and photos.) Fax photocopy of mounted original newspaper clippings and forward originals to OPA in timely manner.

Lee Quick: [illegible]

Photos by RICK LOOMIS / Los Angeles Times

Lynn Coats cradles her son, Christian, at hospital before operation to correct some of the defects in his heart.

VA FORM 4585

Legacy of Worry

Birth Defects Among Children of Gulf War Veterans Prompt Nagging Questions, Few Answers

By J.R. MOEHRINGER
TIMES STAFF WRITER

YORBA LINDA—He has a Purple Heart.

It lies beneath a ragged line in the middle of his chest.

His nanny coos at him as she unbuttons his cotton jumpsuit, exposing the vivid incision made last month by a surgeon's knife.

"Yes," she says softly, "he has his own battle scars."

At first, no one saw a connection between Christian Coats' congenital birth defects and the fact that his father fought in the Persian Gulf War.

Doctors simply called it fate when the boy was born last year with a deformed heart on the wrong side of his chest.

Christian Coats, whose father is a veteran of the Gulf War, will need more open-heart surgeries.

But when Christian's parents, Brad and Lynn Coats, learned about dozens more abnormal babies being born to Gulf War soldiers, they couldn't help suspecting the spate of poisons to which Brad was exposed in Kuwait.

While taking part in Operation Desert Shield, then Desert Storm, Brad Coats breathed the black, cottony smoke of burning oil wells, stood beside sky-high stockpiles of radioactive ammunition and ingested fistfuls of experimental medicine meant to protect him from Iraq's chemical arsenal.

Did any or all of these hazards make him sick, or damage his sperm, as some believe?

Nearly five years since the Gulf War ended, perhaps as many as 40,000 veterans—6% of those who served—have reported a mini-plague of symptoms, from fatigue and recurrent nausea to chronic joint pain and dizziness, all grouped loosely under the heading "Gulf War syndrome."

And as Gulf War soldiers become fathers and mothers, some say their sickness seems to be seeping into the next generation.

Defense Department officials express deep skepticism that the brief Gulf War could create a protracted health crisis. Pentagon officials recently concluded after a yearlong study that U.S. forces were exposed to no deadly gases or chemicals, and that no unique illness existed among veterans.

But some soldiers insist that something contaminated them, and that something seems to be maiming their children.

"Our purpose is to demonstrate to those blokes in Washington that this is a big problem, and they better get their heads on straight," says Betty Mekdeci, head of the Orlando-based Assn. of Birth Defect Children, which has built a detailed database on more than 150 abnormal Gulf War babies so far, including Christian.

Department of Veterans Affairs

NEWS CLIPPING TRANSMITTAL SHEET

TO: Bill Sawchak

RECIPIENT'S FAX NUMBER: (202) 273-6703

NEWS CLIP IDENTIFICATION

NEWSPAPER: L. A. Times

CITY AND STATE: Los Angeles, CA

DATE OF PUBLICATION: 10-22-95

SPECIAL INTEREST/FILE: Persian Gulf Birth Defects

SENDER IDENTIFICATION

NAME: Jane Hacker

NAME OF FACILITY: OPA Region 6

PHONE NUMBER: (310) 268-4207

REMARKS:

DATE: 10-23-95

PAGE 2 of 5

VA FORM 4585

Department of Veterans Affairs

NEWS CLIPPING TRANSMITTAL SHEET

PAGE 3 OF 5

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NEWSPAPER: L. A. Times
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DATE OF PUBLICATION: 10-22-95
SPECIAL INTEREST FILE: Persian Gulf Birth Defects

SENDER IDENTIFICATION

NAME: Jane Hacker
DATE: 10-23-95
NAME OF FACILITY: CPA Region 6
PHONE NUMBER: (310) 268-4207
REMARKS:

WAR: Birth Defects Among Offspring Alarm Gulf Veterans

The waiting room at Children's Hospital of Orange County is small and airless, a pastel-shaded cell perfumed by a pot of day-old coffee as thick as tree sap.

Brad and Lynn Coats sit on a set of pink-and-blue chairs, staring at the walls, staring at the ceiling, staring at the clock, which never seems to move.

Lynn Coats holds a trashy paperback novel in her lap. She has been on Page 335 for two hours.

Her husband keeps a grocery sack stuffed with car magazines next to him, but he has yet to flip one open.

This warm September morning, Christian is undergoing a delicate operation to strengthen the transposed and malfunctioning parts of his heart. Down the road, when he is stronger, doctors will try to virtually rebuild the organ.

At 9 a.m., the hospital's head cardiac nurse appears in the waiting room.

Brad blurts: "Do they have him split open?"

The nurse blanches at the question. She doesn't know that he is a former Army mechanic, the kind of man who likes to roll up his sleeves and get down inside the nitty-gritty of things. She doesn't know that he stays up nights, drawing elaborate color pictures of his son's heart on the family computer.

"Yes," she says quietly, "they have him split open."

When Coats asks another graphic question about the state of his son's exposed chest, his wife gives him a look that says, *Enough, Brad, enough.*

Lynn Coats is crustier and feistier today than when she married Brad six years ago. Tragedy has toughened her.

Besides Christian's ordeal, she had to endure those long winter nights in 1991, watching on CNN as shrill warning sirens rent the air above the Persian Gulf. The alarms were constant, like the bleat of car alarms in a bad neighborhood, and each one supposedly signaled another chemical attack.

Defense Department officials now say nearly all those sirens were false alarms, a claim that makes Lynn Coats laugh.

Not long ago, she read in the newspaper about a North Carolina woman named Melanie Ayers, who was forging a network of Gulf War parents and pressing Pentagon officials for facts about Gulf War illnesses.

Besides Ayers' infant son, Michael, who died from a congenital heart defect, the article described several abnormal and premature babies born to Gulf War veterans, including a girl named Grace Burton, whose heart troubles were reminiscent of Christian's.

Frightened, desperate for information, Lynn Coats wrote Ayers a letter, asking about Grace and describing all that she and her husband had been through.

No one knows how many sick children have been born to Gulf War veterans, and Mekdeci says hers is the only group trying to find out. It was her organization that detected a number of heart defects among Gulf War children, along with a number of babies born with a rare d called Goldenhar syndrome, which causes asymetry in the head and face. But she says the work has been without cooperation from the government.

Until an answer is found, the Coatses say they feel consigned to an anguished limbo. Each day, they watch Christian suffer and wonder if the cause is natural or n-made.

Continued from A3

"W he grows up, you'd like to have an answer for him: Why he's so screwed up, why he had to go through all the pain," Brad Coats said.

On the eve of his first birthday, Christian seems to be recovering well from last month's open-heart surgery.

Still, his parents do not know how many more birthdays their will enjoy, and their doctors w t venture a guess.

"If we can finally solve this issue," she wrote, "it would ease my husband's burden. He feels it's his fault that our son is in his condition."

Weeks later, Ayers answered, expressing sympathy and solidarity.

"Thank God your son's life was saved," she wrote, explaining that Lynn's letter had touched her deeply because "Christian" had nearly been the name of her own son.

Above all, Ayers wrote to deliver some bad news.

Days earlier, she said, "Grace Burton . . . slipped into the Lord's arms."

□

Brad Coats had a funny feeling about those pills.

He asked if he could skip taking them, but his lieutenant told him to shut the hell up.

"He said, 'This isn't a [expletive] democracy,'" Coats recalled.

After months of careful thought, the Coatses now believe those Army-issued pills probably caused their son's birth defects.

"The whole time we were over there, I was thinking there was something up with these pills," Coats said. "It would've been one thing if they said, 'Here's a drug, we don't know what it could do, it's experimental, it could save your life, take it.'"

Instead, the Army said nothing, and the silence made him nervous.

The pills were tiny, white and nondescript—like swollen grains of rice. Coats' lieutenant never explained what was in them, just called them "PB," short for pyridostigmine bromide, and ordered him to take one every six hours for a month, promising they would protect him if Iraq ever launched a chemical attack.

Coats thought about hiding them under his tongue, or keeping one to take home, in case he ever wanted to have it analyzed.

Normally reserved for sufferers of myasthenia gravis, a chronic neuromuscular disorder, PB had never been subjected to a full-scale battery of tests on healthy human beings.

Until the Gulf War, that is, when it was tested on hundreds of thousands of unwitting soldiers.

Documents released by the Pentagon this year show that officials—eager for something, anything, to protect U.S. soldiers from Iraqi nerve gases—pressured the Food and Drug Administration to authorize experimental use of PB without soldiers' informed consent.

Coats only learned about PB's experimental nature and its many worrisome side effects after the war—through news reports, Senate inquiries and his wife's dogged research.

Politicians, meanwhile, are lining up to excoriate Pentagon officials for what they say was shoddy handling of an untested drug in the field. In addition to keeping no records of who took the drug—and giving the same dose to each soldier, regardless of gender, weight or medical history—officials may have boosted PB's toxicity by issuing it in tandem with a common household insecticide. The bug spray was meant to ward off swarms of desert pests; instead it may have combined with PB to create a powerful chemical compound that often proves lethal to laboratory insects and rats.

"You've got 400,000 people who

Department of Veterans Affairs

NEWS CLIPPING TRANSMITTAL SHEET

TO: Bill Sawchak

RECIPIENT'S FAX NUMBER: (202) 273-6703

NEWS CLIP IDENTIFICATION

NEWSPAPER: L. A. Times

CITY AND STATE: Los Angeles, CA

DATE OF PUBLICATION: 10-22-95

SPECIAL INTEREST FILE: Persian Gulf Birth Defects

SENDER IDENTIFICATION

NAME: Jane Hacker

DATE: 10-23-95

NAME OF FACILITY: OPA Region 6

PHONE NUMBER: (310) 268-4207

REMARKS:

Department of Veterans Affairs

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PAGE 5 OF 5

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REMARKS:

NEWS CLIP AREA [illegible]

ate this pill, and a lot of them are complaining of birth defects" in offspring, said James Moss, a former researcher with the U.S. Department of Agriculture, who contends that he has been ostracized by the government-dependent scientific community because of his pointed remarks about PB.

"There's a little too much coincidence."

Moss testified recently before a Veterans Affairs Committee hearing on the hazards of military research. But even before he spoke, the committee's chairman, Sen. John D. (Jay) Rockefeller IV (D-W.Va.), blasted Pentagon officials, who "threw caution to the winds, ignoring all warnings of potential harm, and gave these drugs to hundreds of thousands of soldiers with virtually no warnings and no safeguards."

Later, Dr. Edward Martin, an assistant secretary of defense, defended the Pentagon's actions.

"We were facing an enemy who had used nerve gas before," Martin said, "and we had every reason to believe that they had integrated the use of nerve gas and biologic weapons into their combat arms. There was a very strong feeling that we had hundreds of thousands of troops who most likely would face chemical and possible biologic weapons."

Whether or not PB turns out to be the root cause of Gulf War syndrome, Coats feels betrayed.

He acknowledges that Gulf War syndrome might be mass hysteria, or a cluster of real illnesses caused by unforeseen factors such as smoke from burning oil wells, contamination from uranium-rich ammunition, or something sinister released into the air by Iraqi President Saddam Hussein.

Still, the thought of the little white pills makes him seethe.

"You always assume there's a risk involved with going to war," he said. "You always assume you could come back hurt, or dead. You *don't* assume it could happen to your kids."

The Coatses are joined in the hospital waiting room by Brad's parents, and by Lynn's mom and sister, who caught the red-eye from Atlanta.

Throughout the morning, everyone observes a near-perfect, monastic silence.

When someone does talk, it is usually about the Gulf War.

After four hours, Christian's doctor appears. Still wearing his surgical gown, he pronounces Christian's heart strong and says the chances of repairing it are good.

Brad Coats asks how long Christian can live with a rebuilt heart on the wrong side of his chest.

Frowning, the doctor says he has no idea.

Later in the day, Brad and Lynn will see Christian, and it will break their hearts to find that he seems angry with them, almost resentful that they let this happen to him.

But for now, they sit quietly, immobilized by relief.

"Take a deep breath," Brad's mother says. "The hard part is over."

But in a far corner of the waiting room, Lynn's mother strikes a less hopeful tone.

"That walnut-sized heart," she says, her voice trailing off, "beating in that little baby . . ."

Dr. Grey

- No direct correlation
- 400,000
- Adv Committee looking into what govt doing

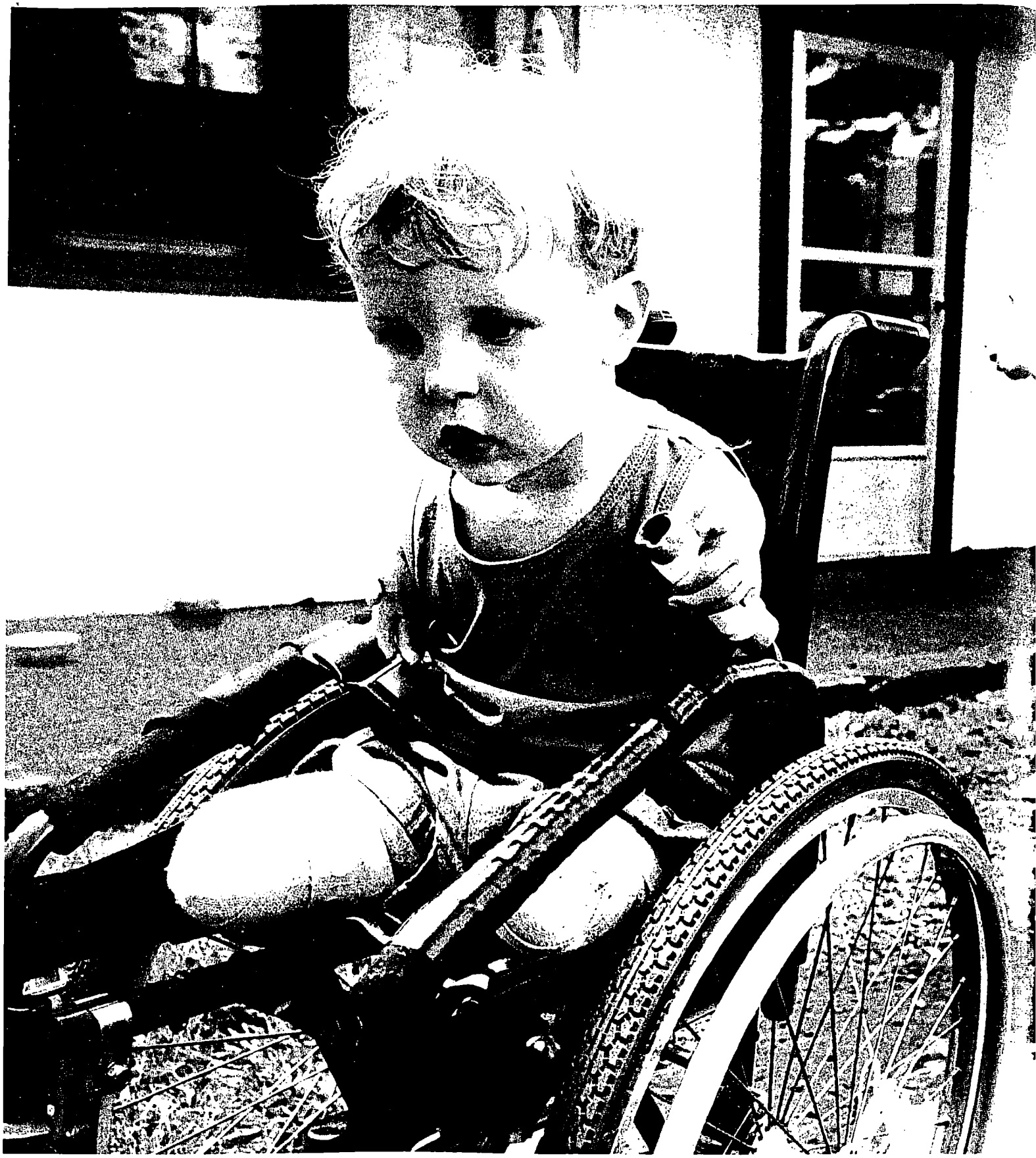
LIFE, November 1995

When our soldiers risked their lives in the Gulf, they never imagined that their children might suffer the consequences—or that their country would turn its back on them.

THE TINY VICTIMS OF DESERT STORM

Photography by **Derek Hudson** Text by **Kenneth Miller** Reporting by **Jimmie Briggs**

Jayce Hanson's birth defects may stem from his father's Gulf War service. But like hundreds of other families, the Hansons face official stonewalling—and a frightening future.



"He gets ear infections constantly, but he never really cries. You know how mo

JAYCE

Flying kites with his sister, Amy, he displays a fierce determination. "He's a problem solver," says his father, Paul. Jayce suffers from a syndrome similar to that of the thalidomide babies of the 1950s. But his mother, Connie, took no drugs.

From outside, the evil that has invaded Darrell and Shana Clark's home is invisible. Set on a modest plot in a San Antonio subdivision, equipped with a doghouse and a swimming pool, the house is a shrine to the pursuit of happiness—a ranch-style emblem of the good life Darrell and 700,000 other U.S. soldiers fought for in the Persian Gulf four years ago.

Inside, the evil shows itself at once. It has taken up residence in the body of the Clarks' three-year-old daughter, Kennedi.

On a Saturday afternoon, Darrell and Shana huddle in their paneled living room. They are in their mid-twenties, robust and suntanned, but their eyes are older. Kennedi toddles about, pretending to snap pictures. You see the evil's imprint when she lowers the toy camera: Her face is grotesquely swollen, sprinkled with red, knotted lumps.

Kennedi was born without a thyroid. If not for daily hormone treatments, she would die. What disfigures her features, however, is another congenital condition: hemangiomas, benign tumors made of tangled blood vessels. Since she was a few weeks old, they have been popping up all over—on her eyelids and lips; in her throat and spinal canal. Laser surgery shrinks them, but they return again and again. They distort her speech, threaten her life. And, inevitably, they draw the stares of strangers. "When people see her," says Shana, "they say, 'Ooh, what happened to your baby?'"

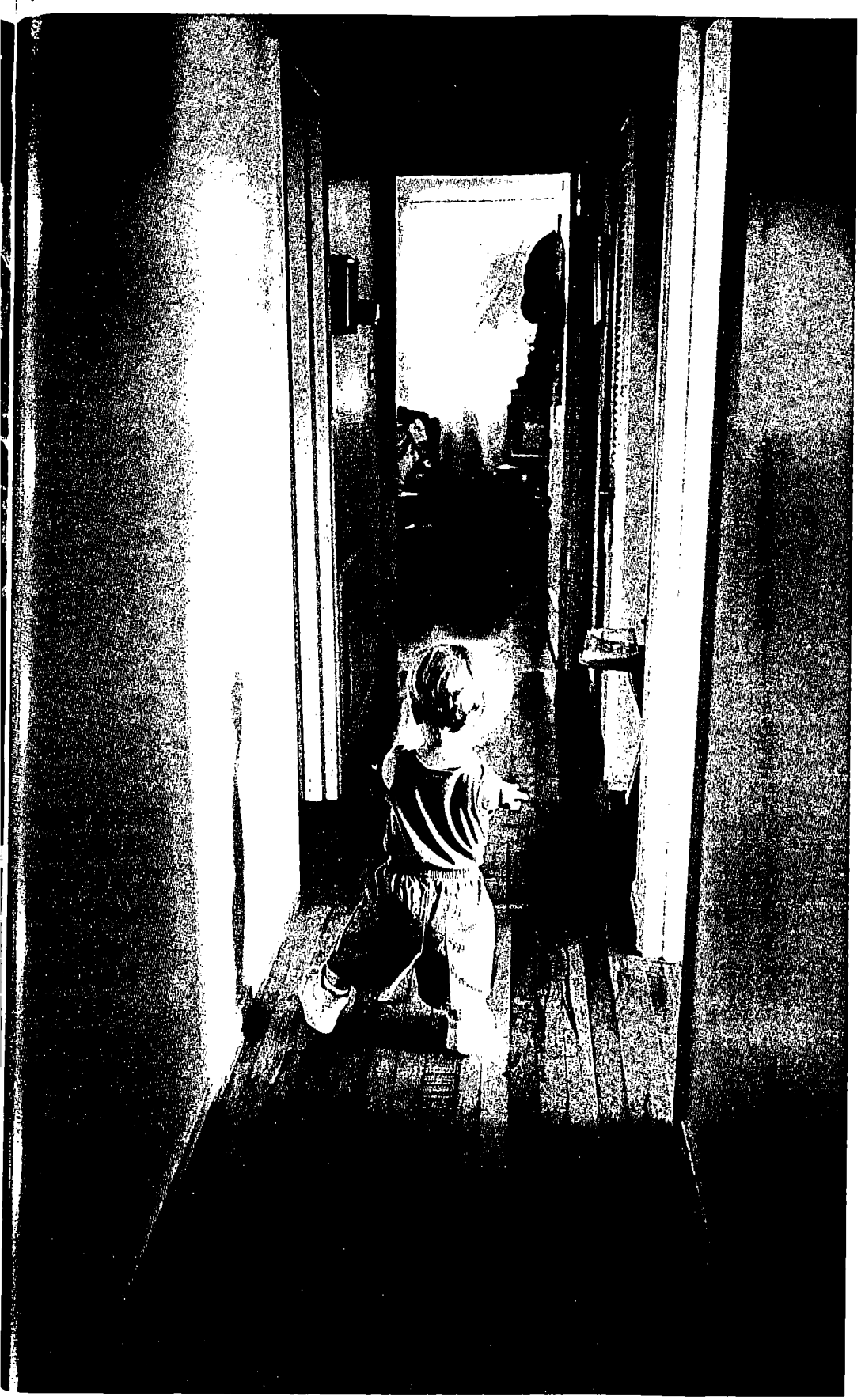
Neither Shana nor her husband can answer that question conclusively, but they suspect that Kennedi's troubles have their ori-

ildren scream when they get earaches? Maybe he's immune to pain.

—CONNIE HANSON

Jayce is remarkably agile. He can feed himself marshmallows (above) or shimmy quickly across a floor. But learning to walk on prosthetic legs (far right) is terribly difficult without arms to use for balance. Jayce's mother, Connie (right), holds up a mirror to help him with coordination. A devout Christian, she faces her family's troubles stoically. "I accept what God has given us," she says, "and try to make the best of it."

[The veterans] need to keep the pressure on because . . . the companies who sta



be found liable will be in there lobbying." — ADM. ELMO ZUMWALT JR.

gins in the Gulf, where Darrell served as an Army paratrooper. During operations Desert Shield and Desert Storm, he faced a mind-boggling array of environmental hazards. Like an estimated 45,000 of his comrades, he has developed symptoms—in his case, asthma and recurring pneumonia—linked to an elusive affliction known as Gulf War syndrome. And like a growing number of Gulf War veterans, some of whom remain apparently healthy, he has fathered a child with devastating birth defects.

Researchers have been probing Gulf War syndrome since late 1991, when returning soldiers reported a spate of mysterious maladies. Conclusions have been slow to arrive. Last June the federal Centers for Disease Control (CDC) confirmed that Gulf vets were unusually susceptible to a dozen ailments—from rashes to incontinence, hair loss to memory loss, chronic indigestion to chronic pain. But in August a Pentagon study concluded that neither the vets nor their loved ones showed signs of any "new or unique illness." Veterans' advocates disputed that finding, as did the National Academy of Sciences' Institute of Medicine, which declared that the report's "reasoning . . . is not well explained." And while there is, as yet, no absolute proof that Gulf vets' babies are especially prone to congenital problems, patterns of defects have begun to emerge—patterns unlikely to result from chance alone.

During the past year, LIFE has conducted its own inquiry into the plight of these children. We sought to learn whether U.S. policies put them at risk and whether the nation ought to be doing more for them and their families. We also aimed to determine whether, as some scientists and veterans allege, the military's own investigation is deeply flawed.

The future of this country's volunteer armed forces—institutions dependent on citizens' willingness to serve, and therefore on their trust—may rest on the answers to such questions. Certainly, soldiers expect to forfeit their health, if necessary, in the line of duty. But no one expects that of a soldier's kids.

Lea' Arnold was not born to a soldier, but she might as well have been: Her father went to the Gulf as a civilian helicopter mechanic with the Army's 1st Cavalry Division. On a Wednesday morning, Lea' lies naked in her parents' bed, in a small house off a gravel road in Belton, Tex. A nurse looms over her, brandishing a plastic hose.

"Don't hurt me," wails Lea'.

"I'm not going to hurt you, sweetie," says the nurse. "You need to peepee."

As the nurse administers the catheter, Lisa Arnold—a sturdy woman who carries her sadness on broad shoulders—tells the story of her

When people see her they say, 'What happened to your baby?'

– SHANA SHAPA

KENNEDI

"Adults are more than children as far as suffering," says mom Shana Kennedi's dad, Darrell, tested for Persian Gulf exposure, but it was his testes he dissected, not his to her condition can be proved.

daughter's birth. "The doctor said, 'Well, she's got a little problem with her back.' They let me hold her for a minute, and then they took her to intensive care." Lea' had spina bifida, a split in the backbone that causes paralysis and hydrocephalus, or water on the brain. She needed surgery to remove three vertebrae. "They told us that if she lived the next 36 hours, she'd have a pretty good chance of surviving. Those 36 hours . . . it's kind of indescribable what that's like."

Three years later, Lea' has grown into a redhead like her mother, with the haunted face of a medieval martyr. She cannot move her legs or roll over. A shunt drains fluid from her skull. "She tells me every night that she wants to walk," says Richard Arnold, a soft-spoken ex-Marine.

Richard, who had fathered two healthy children before he went to war, was working for Lockheed in the Gulf. But he bunked in the desert with the troops—and that meant swallowing, inhaling and otherwise absorbing some very dicey stuff. According to a 1994 report by the General Accounting Office, American soldiers were exposed to 21 potential "reproductive toxicants," any of which might have harmed them as well as their future children. They used diesel fuel to keep down sand. They marched through smoke from burning oil wells. They doused themselves with bug sprays. They handled a toxic nerve-gas decontaminant, ethylene glycol monomethyl ether. They fired shells tipped with depleted uranium (see box below). Other teratogens—materials that cause birth defects—may have been present too. One possibility is that desert winds bore traces of Iraqi poison gas (see box, page 54).

Some physicians who have treated Gulf vets believe they may be suffering from a general overload of chemical pollutants—and that their body fluids are actually toxic (Indeed, many veterans' wives are sick; a few complain that their husbands' semen blisters their skin.) "It was a toxic environment," says Dr. Charles Jackson, staff physician for the Veterans Administration Medical Center in Tuskegee, Ala. Other doctors, while agreeing that chemicals or radiation may have caused birth defects, think the vets' ills came from a germ—an unknown Iraqi biological warfare agent, perhaps, or some form of leishmaniasis, a disease carried by sand flies.

Government scientists generally discount these theories. "The hard cold facts" are simply not there, says Dr. Robert Roswell, executive director of the Persian Gulf Veterans Coordinating Board. But one hypothesis elicits even his respect. "The one argument that does deserve further study [concerns] the combination of pyridostigmine bromide with pesticides."

Pyridostigmine bromide—or PB—is a drug usually prescribed to sufferers of myasthenia gravis, a degenerative nerve disease. But animal experiments have shown that pretreatment with PB may also provide some protection from the nerve gas soman. The U.S. military therefore gave the drug to most Americans in the Gulf. Darrell Clark, for instance, took it, and Richard Arnold—now racked with chronic joint pain—probably did: "I took everything the First Cavalry took."

The Defense Department may have been taking a big chance with PB. In earlier, small-scale safety trials, Air Force pilots →

POISON IN THE DESERT DID EXPOSURE TO DEPLETED URANIUM CAUSE ILLNESS?

Allied tanks and airplanes fired a new kind of ammunition in the Gulf War: shells jacketed with depleted uranium, a waste product from nuclear reactors. When such a shell hits an enemy tank, it heats up, incinerating the vehicle's crew. In a 1993 report, the General Accounting Office concluded that while troops using such ordnance were unlikely to receive a radiation dose exceeding Nuclear Regulatory Commission limits, "the Army has not effectively educated its personnel in the hazards of DU contamination and in proper safety measures appropriate to the degree of hazard." And the safety of even low-level radiation exposure remains a subject of scientific debate. For troops salvaging shrapnel-pocked equipment, or working in areas filled with the dust and debris of tank battles, the risk may have been especially high. Nearly a million DU-tipped shells were fired during the war. Says Paul Sullivan, president of the Gulf War Veterans of Georgia: "We're talking about tons and tons of radioactive wastes floating around."

"Everything we hoped for just crashed. Why us? Why Cedrick?" —BIANCA MILLER

CEDRICK

His five-year-old sister, Larissa, must be careful when they play together; A fall could dislodge the shunt in his head and lead to brain damage. Cedrick's handicaps have left his parents, Steve and Bianca, terrified of having more children.

had reported serious side effects, including impaired breathing, vision, stamina and short-term memory. (Many soldiers would experience such symptoms during the Gulf War.) Even more alarming, PB was known to *worsen* the effects of some kinds of nerve gas (see box, page 56). Nonetheless, as war threatened, the Pentagon persuaded the Food and Drug Administration to waive its prohibition on testing a drug for new purposes without the subjects' "informed consent." FDA deputy commissioner Mary Pendergast defends that ruling: "You can't have your troops being the ones to decide whether they'll take some step to keep themselves healthy."

If PB did cause lasting problems, the reason could be the way it interacts with bug spray. In 1993, James Moss, a scientist with the U.S. Department of Agriculture, found that when cockroaches are exposed to PB along with the common insect repellent DEET—used in the Gulf—the toxicity of both chemicals is multiplied. Moss says he pursued his experiments in spite of orders to stop. His contract wasn't renewed when it expired last year, and the researcher claims he was blackballed. (USDA Secretary Dan Glickman says Moss's "temporary appointment" was up and Moss knew it.) Since Moss's study, two others—one by the Pentagon itself, the second by Duke University—have found neural damage in rats and chickens exposed to another chemical cocktail, this one a mixture of PB, DEET and permethrin, an insecticide. Permethrin, however, was probably used by no more than 5 percent of U.S. soldiers in the Gulf.

Pentagon officials deny that any PB-DEET mixture could have caused birth defects in male Gulf vets' children. "I'm not aware that a male can be exposed to a chemical agent, and then two years later his sperm creates a defect," says Dr. Stephen Joseph, assistant secretary of defense for health affairs. But some chemicals, such as mustard gas, have been shown to affect sperm production for even longer periods. Clearly, further research is needed to determine whether a PB-and-bug-spray combo can behave the same way.

Army Sgt. Brad Minns is pretty sure he didn't take PB, but he did take a vaccine meant to save his life if Iraq resorted to germ warfare. He fears that this medication caused his chronic fatigue—and that his Gulf War service ultimately blighted his baby's life at the root.

In their bungalow at Fort Meade, Md., Brad and his wife, Marilyn, list their son's tribulations. Casey was born with Goldenhar's syndrome, characterized by a lopsided head and spine. His left ear was missing, his digestive tract disconnected. Trying to repair his scrambled innards, surgeons at Walter Reed Army Medical Center damaged his vocal cords and colon, say Brad and Marilyn. (Ben Smith, a spokesman for Walter Reed, says, "A claim has been filed by the family, and until it's resolved [the case] is in the hands of the lawyers.") Now 26 months old, Casey speaks in sign language. His parents feed him and remove his wastes through holes in his belly. Otherwise, he's a regular kid, tearing about the sparsely decorated room, shoving pens, books, scraps of paper into his mouth. Marilyn follows, tugging them out again.

"He's a little terror," says Brad, with the weariest of smiles. ➤➤

POISON IN THE AIR WERE NERVE AND MUSTARD GASES PRESENT, AFTER ALL?

In 1975 a landmark Swedish study concluded that low-level exposure to nerve and mustard gases could cause both chronic illness and birth defects. The Pentagon denies the presence of such chemicals during the Gulf War. But the Czech and British governments say their troops detected both kinds of gas, presumably released during allied bombing of Iraqi chemical plants. And veterans' advocate Paul Sullivan recently obtained 11 pages of a secret Defense Department log revealing that U.S. chemical alarms went off repeatedly during the war. Pentagon spokesmen blame those alarms on faulty equipment and note that there have been no reports of massive Iraqi gas deaths near the bombed factories. But former congressional investigator Jim Tuite speculates that gases were blown straight upward, then settled miles away as fallout. And, he says, Iraqis *are* suffering health problems "similar to what we're seeing in our veterans." Ironically, much of Iraq's chemical arsenal was made by U.S. companies—80 of which face a class-action suit by 2,000 ailing vets.

"A lot of the parents have had anxieties about coming forth."

DR. SHARON COOPER, Womack Army Medical Center

CASEY

Born with organs out of place, he suffered further damage in surgery, says his father, Brad. Now Casey's chest has stopped growing, leading to fears that he may need an operation at some point to preserve function in his lungs.

A military policeman posted mainly at an airfield in Saudi Arabia, Brad, along with 150,000 other American soldiers, took a vaccine—on his commander's orders—against weapon-borne anthrax. A second vaccine, against botulism, was administered to 8,000 soldiers. A staff report issued last December by the Senate Committee on Veterans' Affairs concluded that "Persian Gulf veterans were . . . ordered under threat of Article 15 or court-martial, to discuss their vaccinations with no one, not even with medical professionals needing the information to treat adverse reactions from the vaccine." The Senate report noted that the particular botulinum toxoid issued "was *not* approved by FDA." Other details from the survey: Of responding veterans who had taken the anthrax vaccine, 85 percent were told they could not refuse it, and 43 percent experienced immediate side effects. Only one fourth of the women to whom it was administered were warned of any risks to pregnancy. Of all responding personnel who had taken the antibotulism medicine, 88 percent were told not to turn it down and 35 percent suffered side effects. None of the women given botulinum toxoid were told of pregnancy risks. "Anthrax vaccine should continue to be considered as a potential cause for undiagnosed illnesses in Persian Gulf military personnel," said the report in one of its summations. And in another: "[The botulism vaccine's] safety remains unknown."

In a conference room at the Womack Army Medical Center in Fort Bragg, N.C., Melanie Ayers is addressing a support group for parents of Gulf War babies. "Sometimes," she says, "I wish I'd gone into a corner and stayed naive." Pixie-faced and preternaturally energetic, Ayers, 30, dates her loss of innocence to November 1993, when her five-month-old son died of congestive heart failure. Michael, who was conceived after his father, Glenn, returned from action as a battery commander in the Gulf, sweated constantly—until the night he woke up screaming, his arms and legs ice-cold. His previously undetected mitral-valve defect cost him his life.

After Michael's death, Melanie sealed off his bedroom; she tried to close herself off as well. But soon she began to encounter "a shocking number" of other parents whose post-Gulf War children had been born with abnormalities. All of them were desperate to know what had gone wrong and whether they would ever again be able to bear healthy babies. With Kim Sullivan, an artillery captain's wife whose infant son, Matthew, had died of a rare liver cancer, Melanie founded an informal network of fellow sufferers.

Surrounded by framed photos of decorated medics and nurses, a dozen of those moms and dads have come to share their worries, anger and grief. Kim is here. So is Connie Hanson, wife of an Army sergeant; her son, Jayce, was born with multiple deformities. Army Sgt. John Mabus has brought along his babies, Zachary and Andrew, who suffer from an incomplete fusion of the skull. The people in this room have turned to one another because they can no longer rely upon the military.

"A lot of the parents have had anxieties about coming forth with their concerns," says Dr. Sharon Cooper, the Womack ➳

POISON IN THE MIX DID PYRIDOSTIGMINE BROMIDE HURT RATHER THAN HELP?

Whether or not it proves to have caused birth defects, the way pyridostigmine bromide was used in the Gulf was highly questionable. For one thing, its effectiveness against the nerve gas soman may have been undermined by bad planning. U.S. troops (and those of several allied countries) took PB as a pretreatment for exposure to soman. But by itself, PB does nothing—it only helps the antidote to soman work better once exposure has occurred. Atropine is one of two chemicals used in the antidote, but the dose of atropine contained in U.S. personnel antidote kits was inadequate, according to a December 1994 report by the Senate Committee on Veterans' Affairs. Worse, says the report, experiments show that PB makes animals *more* vulnerable to some nerve agents, such as sarin (the gas used in this year's Tokyo subway attacks). As it happened, sarin was one of the gases detected by chemical monitors during Desert Storm. The Pentagon says these detections were unreliable, but if there were even minute traces of sarin on the battlefield, PB may have exacerbated its effects.

"They told us that if she lived the next 36 hours, she'd have a pretty good chan

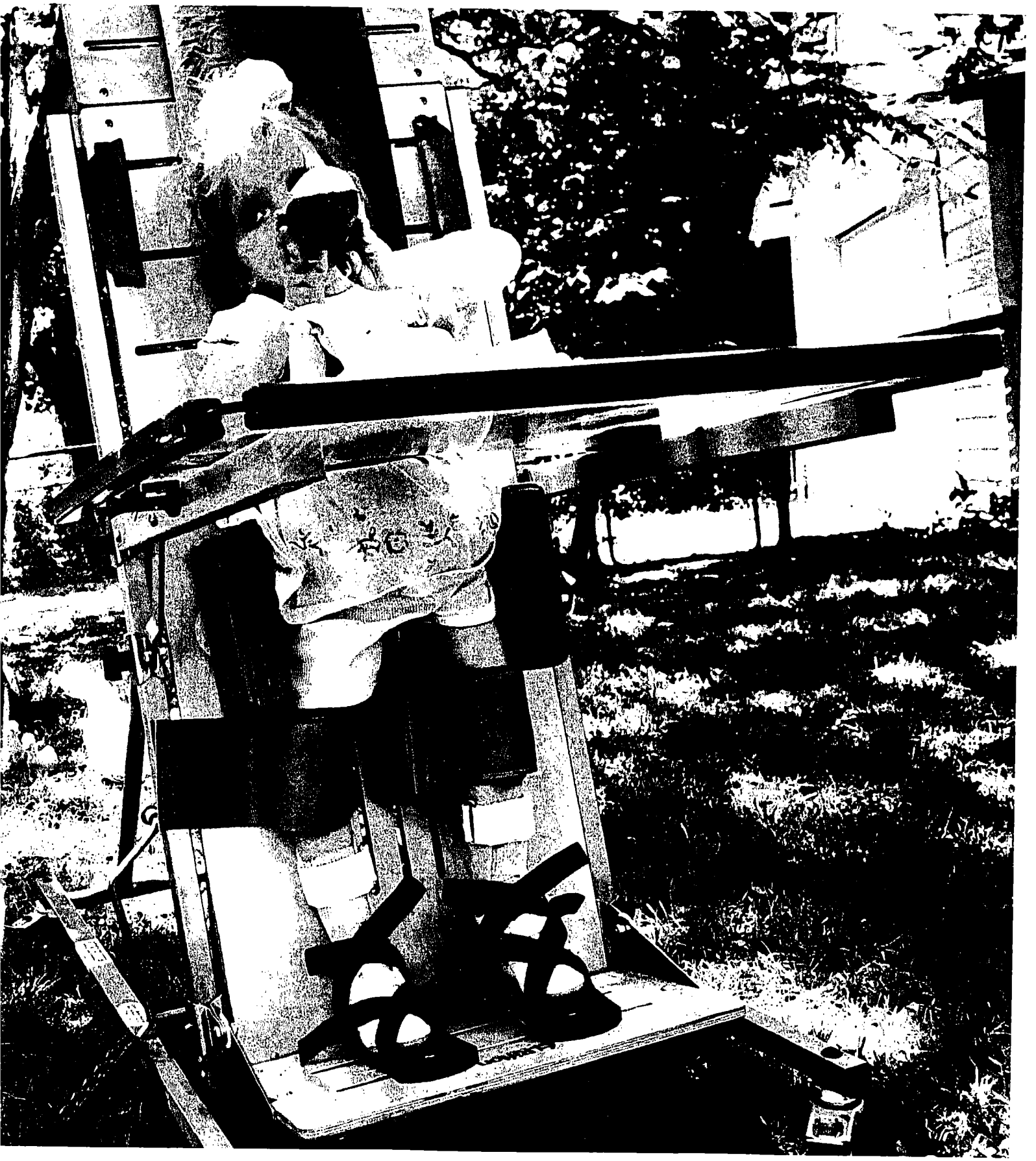
Center's director of pediatrics. Cooper is one military official who, rather than taking an adversarial stance, is dedicated to helping Gulf veterans and their families cope. Many vets speak of Army physicians who dismiss physical ailments as symptoms of stress, even as fabrication. They cite an internal report by the National Guard, leaked to the press last year, which revealed that hundreds of Gulf vets had been wrongly discharged as a money-saving measure—let go with a supposedly clean bill of health, although ongoing medical problems entitled them to remain in the service for treatment. A second report, issued by the GAO earlier this year, scores the Veterans Administration for being routinely tardy with its payments to ailing vets. "When you send a veteran off to do dangerous work, I think his complaints deserve respect," says West Virginia Sen. Jay Rockefeller. "The phrase I've used is 'reckless disregard.' There's a stark pattern of Defense Department recklessness."

For vets with afflicted babies, the runaround can be just as bad. Military doctors often ignore signs of inborn disorders, say Gulf War parents, or refuse to discuss them frankly. And when they do talk about birth defects, the doctors—and Pentagon bureaucrats—are quick to cite a statistic that drives these parents wild: At least 3 percent of American babies are born with abnormalities. To which Melanie Ayers responds: "I'd like to put my child's picture in front of them and say, 'Glance at that once in a while to make sure you're telling me the truth.'"

LEA'

Spina bifida cripples her legs. Her upper body is so weak that she can't push herself in a wheelchair on carpeting. To strengthen her bones, she spends hours in a contraption that holds her upright. Brothers Nathan (in tree) and Joey, both born before the war, are healthy. "The boys care a lot about Lea'," says her mom, Lisa. "Every time she goes to the hospital, their schoolwork suffers."

e surviving. Those 36 hours . . . it's kind of indescribable what that's like. "—LISA ARNOLD



"There's a stark pattern of Defense Department recklessness." —SEN. JAY ROCKEFELLER

Indeed, the truth may not be as simple as "at least three percent" implies. On a blazing Saturday afternoon, flanked by his parents, three-year-old Cedrick Miller is dangling his feet in an apartment-complex pool in San Antonio. Flossy-haired and shy, he looks younger than his age. Cedrick was born with his trachea and esophagus fused; despite surgery, his inability to hold down solid food has kept his weight to 20 pounds. His internal problems include hydrocephalus and a heart in the wrong place. But it's clear from one look that something else is awry.

Cedrick suffers, like Casey Minns, from Goldenhar's syndrome. The left half of his face is shrunken, with a missing ear and a blind eye. His mother, Bianca, says that when a prenatal exam showed the defects, "everything we'd hoped for just crashed. What had Cedrick done to deserve this?"

Steve Miller, a former Army medic, thinks chemicals damaged his sperm. He believes statistical evidence is at hand. "With Goldenhar's," he says, "we have clustering."

Clustering is the term epidemiologists use when an ailment strikes one group of people more than others—and the phenomenon can be a key indicator that something more than chance is causing birth defects. The Association of Birth Defect Children says it has found the first cluster of defects in the offspring of U.S. Gulf veterans: 10 babies with severe Goldenhar's syndrome, a condition that usually strikes one in 26,000, according to ABDC executive director Betty Mekdeci. (Another case has surfaced in Britain, where 600 vets complain of Gulf-related illness.) The ABDC, which has gathered data on 163 ailing Gulf War babies so far, is tracking four more possible clusters—of victims of hypoplastic left heart syndrome, of atrial-septal heart defect, of microcephaly and of immune-system deficiencies. Significantly, not one of the parents in the ABDC survey has a family history of these types of birth defects. Or as Mekdeci puts it, "There have been no relatives with funny ears."

The difficulty in proving conclusively whether clusters are occurring is that no one—not Mekdeci, not the Pentagon—knows how many babies have been born to Gulf vets. The Defense Department's own survey of 40,000 birth outcomes, initial results of which are due in late October, is the largest study yet, but far from complete since it relies on data only from military hospitals. The Pentagon's Dr. Joseph says the forthcoming report will include "by far the best and most comprehensive information available." Maybe it will, but many still question whether Defense Department scientists are really seeking the hard answers. Earlier this year Dr. Joseph told LIFE that, although trained as a pediatrician, he was entirely unfamiliar with "Goldhavers or Gold Heart—whatever." It's precisely that kind of response that enrages veterans with afflicted babies.

Along with the ABDC and Defense Department surveys, more than 30 other studies of Gulf vets and their children ➠

"Just about our whole world is centered around Lea'," says Lisa Arnold. Huge medical bills—and the unwillingness of insurance companies to cover preexisting conditions—force the family to live in poverty to qualify for Medicaid.

"A millionaire couldn't care for these kids." —LISA ARNOLD

are under way. One that is no longer ongoing, by the Senate Banking Committee, folded last year when committee chair Don Riegle retired. Of the 400 sick vets who had already answered committee inquiries, a startling 65 percent reported birth defects or immune-system problems in children conceived after the war.

Although Riegle is gone, there are a few others in Washington fighting for afflicted Gulf War families. One is Rockefeller, but in recent months he has lost clout. After last year's GOP landslide, he was ousted as chairman of the Veterans' Affairs Committee, which produced the 1994 report on PB and vaccine use in the Gulf. The new chair, Alan Simpson (R–Wyo.), plans no action "until the hard science is in," says an aide.

Then there is Hillary Rodham Clinton, the point person for an administration that, by pushing through a 1994 law mandating benefits for vets with symptoms, has cast itself as a friend of Gulf War syndrome sufferers. On August 14, at the opening session of the presidential advisory committee on the syndrome, she declared, "Just as we relied on our troops when they were sent to war, we must assure them that they can rely on us now."

Whatever White House fact finders discover, there's no guarantee that Gulf War babies will get government help. As it stands, a soldier's children receive free medical care only as long as a parent remains in the service. For parents who return to civilian life, the going can be grim. Moreover, the government's record on earlier military health grievances is hardly reassuring. Soldiers unwittingly used in radiation experiments in the 1950s, for instance, had to fight the VA for compensation until the 1980s. And Vietnam veterans claim that scientists manipulated evidence to hide the ravages of Agent Orange. "The CDC actually skewed the data," says retired Navy Adm. Elmo Zumwalt Jr., who blames his son's fatal cancer on the defoliant. Vietnam vets won a $180 million settlement from Agent Orange manufacturers, but not until 1984. Gulf vets, says Zumwalt, "need to keep the pressure on, because in the case of Agent Orange—and I'm sure it'll occur with Desert Storm syndrome—the companies who stand to be found liable for any harmful effects will be in there lobbying."

A few Desert Storm families have been relatively lucky—the Clarks, for instance, whose daughter has been granted free treatment through November of 1996, thanks to an Air Force doctor who recommended her as a subject for study. But others have been denied insurance coverage for "preexisting conditions." They are being driven into poverty; some join the welfare line so Medicaid will help with the impossible burden. "You could be a millionaire, and there's no way you could take care of one of these children," says Lisa Arnold.

Betty Mekdeci thinks Congress should set up a special insurance fund for families like the Arnolds. "The very least we owe these folks is to provide them with a guarantee of care," she says. "I'd be glad to pay the extra taxes to do it."

"I'm angry, frustrated and sad," says Darrell Clark. "It's unfortunate that no one will speak up and say, 'Maybe we made a mistake. How can we help you get on with your lives?'"

Packed into an airplane-shaped swing at his grandmother's house in Charlottesville, Va., Jayce Hanson is getting on with his life as best he can. A cherubic, rambunctious blond, he's the unofficial poster boy of the Gulf War babies—seen by millions in *People*. Jayce is the center of attention here, too, as his father pushes the swing and a photographer snaps his picture. But since his last major public appearance, he has undergone a change: His lower legs are missing.

Now three years old, Jayce was born with hands and feet attached to twisted stumps. He also had a hole in his heart, a hemophilia-like blood condition and underdeveloped ear canals. Doctors recently amputated his legs at the knees to make it easier to fit him with prosthetics. "He'll say once in a while, 'My feet are gone,'" says his mother, Connie, "but he's been a real trouper."

During the war, Paul Hanson breathed heavy oil smoke; he stopped taking PB pills early, because they made him dizzy. Now he suffers regularly from headaches, nausea, tightness in the chest. Still, he is optimistic for his son.

"Jayce is very bright," says Paul. "He doesn't realize his limitations. But when he grows up and says, 'Why am I not like everybody else?' we'd like to be able to explain it to him." ▭

An airplane swing sets Jayce free.

ROUTING AND TRANSMITTAL SLIP

Date: June 13, 1995

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. LeeAnn Inadomi	Jennifer O'Connor 67929 (F)	
2. Persian Gulf Task Force	Elisa Harris 69180 (F)	
3. White House	Cathie Wolski 66027 (F)	
4.	Diane Zuckerman 66244 (F)	
5.		

	Action		File		Note and Return
	Approval		For Clearance		Per Conversation
	As Requested		For Correction		Prepare Reply
	Circulate		For Your Information		See Me
	Comment		Investigate		Signature
	Coordination		Justify		

REMARKS

1. Attached is a final draft of VA's answers to questions from the Senate Committee on Veterans' Affairs, following a hearing May 11, 1995. The hearing was on VBA's Processing of Compensation Claims with Emphasis on Persian Gulf War Claims."

2. Please review and submit comments to me by cob tomorrow, June 14, 1995.

3. If you have any questions, please call me on 273-5615. Thank you.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post	Room No. - Bldg.
Douglas Dembling, Congressional Affairs, VA	VACO
	Phone No. 273-5615

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

Questions from the Honorable Lane Evans
Ranking Member of the Subcommittee on Compensation,
Pension, Insurance and Memorial Affairs
For the Honorable R. John Vogel
Under Secretary for Benefits, Department of Veterans Affairs

Question: When will VBA's review of denied Persian Gulf claims be completed? Please provide Chairman Everett and I with copies of this review.

Answer: We expect that the review of previously denied cases to be completed within the next 10 weeks. We have not kept separate records for the review of the cases that were previously denied based on undiagnosed illnesses. They are included with all other undiagnosed cases.

Question: Will you contact any veterans whose claim was originally denied, but who may now be entitled to compensation under P.L. 103-446?

Answer: All veterans involved in this review will receive notification of the latest decision made by the Area Processing Office (APO) reviewing the case.

Question: Only 97 of 1905 Persian Gulf claims for mysterious ailments have been granted. Please provide a breakdown of the reasons why 1808 claims were denied.

Answer: The statistics cited in the question were for the week ending April 28, 1995. At that time 133 cases were disallowed because there was a diagnosed condition found, 69 cases were disallowed because the claimed condition was not chronic, 15 cases were disallowed because the claimed condition was found to be due to another etiology, 847 cases were disallowed because the claimed condition was not manifest while the veteran was on active duty or during the presumptive period, 691 cases were disallowed because the claimed condition was not shown by the evidence of record and 53 cases were disallowed because the undiagnosed condition was less than 10% disabling.

As of June 1, 1995, there have been 2,682 undiagnosed cases rated by our offices. Service connection has been granted in 163 cases and 2,519 cases have been disallowed. There were 224 cases disallowed because there was a diagnosed condition found, 114 cases were disallowed because the claimed condition was not chronic, 16 cases were disallowed because the claimed condition was found to be due to another etiology, 1,255 cases were disallowed because the claimed condition was not manifest while the veteran was on active duty or during the presumptive period, 844 cases were disallowed because the claimed condition was not shown by the evidence of record and 66 cases were disallowed because the undiagnosed condition was less than 10% disabling.

Question 12: How many claimants have been assigned diagnoses without having additional medical examinations and have been denied compensation since the enactment of P.L. 103-446?

Answer: Any diagnosis which is assigned is based on medical evidence. Our rating boards may not determine that a condition is a diagnosable condition without adequate medical evidence to support their decision. In most instances where the condition was diagnosable, there would be no reason to secure additional medical evidence. We do not have any data which tell us the number of veterans who have been assigned diagnoses without having additional medical examinations and denied compensation since the enactment of P.L. 103-446.

Question 13: Similarly, VVA and The American Legion allege that some Gulf War veterans have been assigned diagnoses for which compensation is not granted rather than being granted compensation for "mysterious illnesses." Please comment on this allegation.

Answer: Eligibility for compensation under PL 103-446 is of course precluded if the claimed disability can be attributed to any known clinical diagnosis. To determine whether a diagnosis is appropriate, we review the individual veteran's history and records including results of physical examinations and laboratory tests. Recently we have requested VHA to take a look at some of the cases involving diagnoses and to confirm whether, in fact, such diagnoses are warranted.

Question 14: According to your testimony, VBA has centralized the processing of Gulf War cases for mysterious illnesses at four regional offices.

A) Are other Gulf War claims processed elsewhere?

B) What mechanisms are in place to ensure that Gulf War claims are being identified and that those dealing with mysterious illnesses are sent to the centralized locations?

Answer:
A. We have designated four regional offices as Area Processing Offices (APOs) which provides for regionalized processing of claims based on exposure to environmental hazards in the Persian Gulf and for claims based on an undiagnosed illness or a combination of undiagnosed illnesses. If a veteran claims any condition which may fall within these two categories, the case falls under the jurisdiction of the Area Processing Office. Once it is established that the case is under the jurisdiction of the APO, the APO will be the office that processes all compensation and pension issues raised by the claimant.

In those cases where there is no indication of exposure to an environmental hazard or there is no undiagnosed illness claimed, the cases are processed by the local regional office.

B. We have issued written directives to our regional offices which specify which cases must be sent to the APOs and the procedures for forwarding these cases. There is no indication that undiagnosed cases are not being referred to APOs as required.

Questions from the Honorable Terry Everett
Chairman, Subcommittee on Compensation, Pension
Insurance and Memorial Affairs
For the Honorable R. John Vogel
Under Secretary for Benefits, Department of Veterans Affairs

Claims Processing Questions

Question: How many Persian Gulf Vets have applied for compensation?

Answer: As of the end of April 1995, which is the most recent information available, 72,784 veterans have filed for compensation benefits.

Question: How many for undiagnosed illness?

Answer: We do not have the number of veterans who have filed compensation claims for undiagnosed illness.

Question: How many have been approved?

Answer: As of the end of April 1995, which is the most recent information available, 18,190 veterans who served in the Persian Gulf area during the Persian Gulf war are receiving compensation benefits. As of the end of May 1995, 152 of these veterans have been granted service connection for undiagnosed conditions.

Question: ASD Deutch said that there was no evidence of WIDESPREAD offensive use of chemical or biological weapons in the Gulf War. That implies there may have been use or encounters with those weapons that was not widespread. In light of that possibility, is the two year presumptive period reasonable considering what may be a lack of the long-term effects of those weapons?

Answer: We defer to DOD on the issue of the evidence for chemical or biological weapons use in the Persian Gulf War. We presently do not have enough information to warrant reconsideration of the 2-year presumptive period. The current medical evidence concerning the etiology and case definition of the undiagnosed illnesses is uncertain. It is possible that we could be dealing with more than one clinical entity.

We cannot definitively rule out the possibility that the use of chemical and biological weapons might account for some of the illnesses documented. However, identification of these weapons and the time and locations of their use could well lead to diagnoses of some illnesses. Once a diagnosis is obtained, we would have to consider service connection under a statutory or regulatory provision other than Public Law 103-446.

NATIONAL SECURITY COUNCIL

FAX COVER SHEET

Exec Order expediting naturalization for non-citizen nationals who served in P.G. War

NATIONAL SECURITY COUNCIL	From: Jim Seaton
	To: Molly Brostrom
	Agency: DPC
	Fax Number: 6-7028
	Date/Time:
	No. of pages to follow: 6
	Message:

17th & Penn, N.W.
Washington, D.C.
20504

Did you get a complete, clear transmission? If not, please call:

(202) 456-9891

November 22, 1994

On November 22, the President recognized the contributions of those foreign citizens who served on active duty in the U.S. Armed Forces from August 2, 1990 - April 11, 1991, when he signed an Executive Order which expedites naturalization of aliens and noncitizen nationals who served in an active duty status during the Persian Gulf Conflict. This Order waives customary restrictions and residency time limits on the citizenship process for Persian Gulf Conflict-era veterans. According to Defense Department records, it affects approximately 14,700 individuals.

The vast majority of non-Americans in our Armed Forces can acquire citizenship through the normal naturalization process (although it normally takes five years). However, small numbers of individuals are, for various legal reasons, ineligible to attain American citizenship. It is for these individuals that this Order is most beneficial (although it expedites the citizenship process for all non-nationals on active duty in our military during the August 2, 1990 - April 11, 1991 period), because one does not need to be a "lawful permanent resident" (hold a Green Card).

Section 1440(b) of Title 8, U.S. Code, allows the President to expedite naturalization for non-nationals who served on active duty during periods of military operations involving armed conflict against foreign forces. The law already expedites naturalization for noncitizens who served during periods associated with the two World Wars and the Korean and Vietnam Wars, and authorizes the President to take similar action related to other conflicts.

In February 1987 President Reagan signed an Executive Order on behalf of non-national Service members who served in the theater of operations for the 1983 Grenada operation. That Order was later invalidated by the courts on the grounds that the law did not permit the President to attach geographic limitations on service during periods of conflict.

The Gulf Conflict Executive Order applies to all non-nationals who served on active duty in the U.S. Armed Forces during the Gulf Conflict period -- not just to those who served in Operations Desert Shield/Storm. This decision was based on the belief that during periods of major conflict all active duty Service members have a role in successfully executing the operation.

EXECUTIVE ORDER

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EXPEDITED NATURALIZATION OF ALIENS AND NONCITIZEN NATIONALS WHO SERVED IN AN ACTIVE-DUTY STATUS DURING THE PERSIAN GULF CONFLICT

By the authority vested in me as President by the Constitution and the laws of the United States of America, including section 1440 of title 8, United States Code, and in order to provide expedited naturalization for aliens and noncitizen nationals who served in an active-duty status in the Armed Forces of the United States during the period of the Persian Gulf Conflict, it is hereby ordered as follows:

For the purpose of determining qualification for the exception from the usual requirements for naturalization, the period of Persian Gulf Conflict military operations in which the Armed Forces of the United States were engaged in armed conflict with a hostile force commenced on August 2, 1990, and terminated on April 11, 1991. Those persons serving honorably in active-duty status in the Armed Forces of the United States during this period are eligible for naturalization in accordance with the statutory exception to the naturalization requirements, as provided in section 1440(b) of title 8, United States Code.

William J Clinton

THE WHITE HOUSE,

November 22, 1994.

Local fam I es truly thankful

Bojorquez-Pico family has a dream come true

By GEORGE POAGUE
News Staff Writer

Manuel Bojorquez-Pico put a human face on the issue of non-citizen nationals living in the United States, a White House spokesman said Wednesday.

A Mexican-born sergeant stationed at Redstone Arsenal in Huntsville, "Manny" Bojorquez (as friends and co-workers know him) had been threated with deportation by the Immigration and Naturalization Service. Frustrated in his dealings with the INS, he took his case to U.S. Rep. Bud Cramer, D-Ala., and U.S. Sen. Richard Shelby, R-Ala.

They likewise got nowhere with the Service or the judicial system, so they turned as a last resort to the president of the United States.

"I feel that if this lands on the president's desk and he learns about my case, everything will be all right," Sgt. Bojorquez told the *Huntsville News* months ago.

On Tuesday, President Clinton issued an executive order making foreigners who served with the armed forces during the Persian Gulf War eligible for naturalization as U.S. citizens on an expedited basis. That is exactly the request Bojorquez had made in a letter to Clinton.

The speedier process will apply to aliens and non-citizen nationals who served on active duty during the Persian Gulf hostilities between Aug. 2, 1990, and April 11, 1991.

Bojorquez said Clinton had given him the best Thanksgiving he could ever have. "This is like something from a mov[illegible]," he told the *News*.

Robert Bell, special assistant to the president for security affairs in the National Security Agency, said it was very moving to hear the sergeant's joy and loyalty to his commander-in-chief when the NSA office called him Wednesday morning.

"As we worked on this for the last few months, the human face on the case was Sgt. Bojorquez's," the Birmingham native told the *News* by phone from his White House office.

According to Bell, Clinton took a personal interest in the case once it was brought to his attention. Secretary of Defense William Perry was also closely involved. Bell said he spoke to Perry on Wednesday and described the secretary as "thrilled" with the outcome and the sergeant's reaction.

"We appreciate the efforts by Bud Cramer and Dick Shelby," Bell said, noting that their persistence ensured that the case "came out well in the end."

He also praised efforts by Jim Seaton, a marine major on the NSA staff who worked with the congressional members' offices.

Bell added that the *Huntsville News* staff deserves "a large measure of credit" for the sergeant's victory. Cramer's office faxed *News* articles on the case to the White House, and the stories transmitted the issues "vividly, in a way that a letter can't," Bell said.

Those stories made Bojorquez the "human face" in the matter and played a role in Clinton's decision to issue an executive order, he said.

(See Dream, Page A5)

The Bojorquez-Pico family gets ready for happiest Thanksgiving: Ruby, Jose, Manuel and Manuel

Huntsville News Nov. 24, 1994

Dream

(Continued from Page 1)

Bell asserted the order will apply to everyone who was on active duty status during the Gulf War, not just those who were in the theater of operations. He pointed out that the Desert Storm combat forces were backed by "a tremendous amount of logistics support" in Europe and America.

Bojorquez did not see combat during the war. However, as a soldier on active duty, he could have been sent to the Middle East had the war lasted longer.

"He signed on, he did his part," Bell said of the sergeant. "We felt he should be eligible."

Here is the text of Clinton's Nov. 22 executive order:

"By the authority invested in me as President by the Constitution and laws of the United States of America, including section 1440 of title 8, United States Code, and in order to provide expedited naturalization for aliens and noncitizen nationals who served in an active-duty status in the Armed Forces of the United States during the period of the Persian Gulf Conflict, it is hereby ordered as follows:

"For the purpose of determining qualification for the exception from the usual requirements for naturalization, the period of the Persian Gulf Conflict military operations in which the Armed Forces of the United States were engaged in armed conflict with a hostile force commenced on August 2, 1990, and terminated on April 11, 1991.

"Those persons serving honorably in active-duty status in the Armed Forces of the United States during this period are eligible for naturalization in accordance with teh statutory exception to the naturalization requirements, as provided in section 1440 (b) of title 8, United States Code.

"William J. Clinton."

Cramer's district coordinator, Doug Grice, said, "Until it got to the White House, we were floundering. We couldn't get it done through the INS or the judicial system."

"It seemed to make sense that this was the right thing," Grice said. "It shows that the system works. You just have to keep working the system."

He credited the work of case worker Marian Hill, who followed the case on a daily basis and kept Cramer posted on its progress.

Shelby said Wednesday that Bojorquez should be granted American citizenship.

"I thought all along that that was a miscarriage of justice," Shelby said.

"He has served in the service, he has served well," the senator added. "Those are the kind of people we need to keep. I think it would be inhumane and irresponsible to send him back."

Bojorquez's Huntsville attorney, Behrouz K. Rahmati, said he personally identified with the soldier's plight. Rahmati came here from Iran in 1978 and is in the process of becoming an American citizen himself.

"I was inspired by the case," he told the *News* at his downtown office Wednesday. "I felt it had to be won.

"He's a sergeant in the United States Army. He orders other U.S. citizens around. He's a protector of the Constitution ... and you have the INS trying to deport him.

"They don't view him as a person. He's just a file they have to deal with. So many people in his situation are falling through the cracks, because there's no human contact there. I think this case has sent a message."

Rahmati, an associate with McDaniel and McDaniel, said the sergeant's Mexican-born wife will also be naturalized. Their two sons, born in Oklahoma, are already American citizens.

"This is like a dream coming true for Manny," Rahmati said. "He has feared deportation for 10 years. Congressman Cramer's office and his staff, Senator Shelby's office and his staff, my office and my staff — we all worked toward a common goal. We came up with some legal remedies that even the President of the United States couldn't ignore, so this executive order was issued.

"The beautiful thing is that Manny is finally able to call this place, the United States, his home."

Bojorquez said his call from the White House on Wednesday morning was "very encouraging. They said they were very inspired by my case and very thankful to Congressman Cramer's efforts and Senator Shelby's efforts."

The sergeant said he conveyed to his NSA caller his belief "that the letter I sent to the president made a difference. I told them I was in gratitude to my commander-in-chief."

On Wednesday afternoon, attorney and client were trying to set up a naturalization hearing in Atlanta.

"This will not be over with until he is sworn in as a citizen," Rahmati said.

Meanwhile today, the Bojorquez family will be enjoying a Thanksgiving holiday as they never have before — one as citizens-to-be.

EXECUTIVE

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EXPEDITED NATURALIZATION OF ALIENS AND NONCITIZEN NATIONALS WHO SERVED IN AN ACTIVE-DUTY STATUS DURING THE PERSIAN GULF CONFLICT

By the authority vested in me as President by the Constitution and the laws of the United States of America, including section 1440 of title 8, United States Code, and in order to provide expedited naturalization for aliens and noncitizen nationals who served in an active-duty status in the Armed Forces of the United States during the period of the Persian Gulf Conflict, it is hereby ordered as follows:

For the purpose of determining qualification for the exception from the usual requirements for naturalization, the period of Persian Gulf Conflict military operations in which the Armed Forces of the United States were engaged in armed conflict with a hostile force commenced on August 2, 1990, and terminated on April 11, 1991. Those persons serving honorably in active-duty status in the Armed Forces of the United States during this period are eligible for naturalization in accordance with the statutory exception to the naturalization requirements, as provided in section 1440(b) of title 8, United States Code.

William J Clinton

THE WHITE HOUSE,

November 22, 1994.

Copy of president's Executive Order

(Continued from Page 1)

this means to me."

The soldier said he got a call recently from a "highly reliable source" who told him an executive order was on the way. But he didn't want to get his hopes too high.

"This is the greatest moral victory you could think of," he said. "This means I will be naturalized as soon as possible.

"I cannot find the words to express my gratitude. I'm speechless. This is the end of a story that has gone on for so long. Thank the Lord and thank my commander-in-chief."

Bojorquez-Pico said he plans to be naturalized in Atlanta at the first opportunity.

He said many people have worked behind the scenes for months to make his victory possible, including U.S. Rep. Bud Cramer, D-Ala., and U.S. Sen. Richard Shelby, R-Ala. Their work on his behalf "maintained my attitude, my faith that this would work."

In September, Clinton sent a letter to Cramer stating that he had directed Attorney General Janet Reno and Secretary of Defense William Perry to investigate Bojorquez-Pico's case and prepare a report.

Born in Mexico, Bojorquez-Pico lived in the United States as a boy and returned to Mexico for a few years. He then came back to the states and enlisted in the Army.

After years of exemplary service (according to the testimony of his superiors), the Immigration and Naturalization Service claimed he gave up his permanent residency status when he returned briefly to Mexico.

When he contacted the *News* several months ago, he said he was in danger of being deported at any time.

Cramer and Shelby both wrote to Clinton asking the president to grant the soldier's request to naturalize resident aliens who served in the military during the Gulf War. Shelby also contacted Department of Defense officials seeking their help.

Although Bojorquez-Pico did not take part in combat, he was on active duty during the 1990-91 conflict and could have been sent overseas. Copies of *News* articles about the case were also sent to the White House.

The 32-year-old sergeant has lived in Huntsville for the last two-and-a-half years. His wife, Ruby, was also born in Mexico, but their two sons were born in the United States.

Bojorquez-Pico said he visited the Mexican Consulate in Atlanta last Friday and was told he gave up his Mexican citizenship when he joined the U.S. Army: "When I raised my hand and took the oath, I was no longer a Mexican. Since then, I've been living in no land."

Staff Photo/J.W. Elmore

Bojorquez-Pico and his son Manuel read AP story on executive order

Huntsville (AL) News
Nov. 23 1994

Arsenal soldier to be granted US citizenship

Clinton issues executive order for Gulf War veterans

By GEORGE POAGUE
News Staff Writer

"We did it! We did it!".

A Redstone Arsenal soldier could not contain his joy Tuesday night when he learned President Clinton was giving him a very happy Thanksgiving.

Sgt. Manuel Bejarquez-Rico, a Mexican native who has lived in the United States for half his life, has been under the cloud of possible deportation. Months ago he wrote to Clinton, asking him to make aliens who served in the U.S. military during the Persian Gulf War eligible for citizenship.

On Tuesday, Clinton granted that request.

The Associated Press moved the following brief story last night:

"Clinton orders citizenship fast track for Gulf War veterans (headline)

"WASHINGTON (AP) — President Clinton ordered Tuesday that foreigners who served with the armed forces during the Persian Gulf War be made eligible for naturalization as U.S. citizens on an expedited basis.

"In an executive order, Clinton said the speedier process will apply to aliens and non-citizen nationals who served on active duty during the Persian Gulf hostilities between Aug. 2, 1990 and April 11, 1991."

After a *Huntsville News* reporter read the story over the phone to Bejarquez-Rico, there was a moment of silence.

Then he shouted: "Do you know what that means? We did it! We did it! My God! You just gave me the best Thanksgiving call I could ever get.

"This is great! You don't know what

(See Granted, Page A8)