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Folder Title:
Gulf War Illness-Presidential Advisory Committee Report & Event 1/97

Staff Office-Individual:
Speechwriting-Blinken

Original OA/ID Number:
3388

Row: 48  Section: 6  Shelf: 1  Position: 3  Stack: V
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<td>12/31/1996</td>
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**COLLECTION:**
- Clinton Presidential Records
- National Security Council
- Anthony Blinken (Speechwriting)
- OA/Box Number: 3388

**FOLDER TITLE:**
Gulf War Illness-Presisdential Advisory Committee Report & Event, 1/97

**RESTRICITION CODES**

- Presidential Records Act - [44 U.S.C. 2204(a)]
- Freedom of Information Act - [5 U.S.C. 552(b)]

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PAC REPORT ON GULF WAR ILLNESSES EVENT

Communications Issues and Schedule

Context:

While the Gingrich news will likely be the dominant story on Tuesday, the President’s receipt of this report will not slip by unnoticed. There are too many print reporters devoted to this issue, and the networks have, time and time again, surprised us by placing this story at the top of their broadcasts.

Anticipated Headline:

"REPORT SHARPLY CRITICICAL OF DoD FAILURE TO INVESTIGATE CHEMICAL EXPOSURE -- President Extends PAC as Independent Oversight Authority"

Objective:

To show the President embracing this report as further evidence of his commitment to “leave no stone unturned.” After months of negative and complicated stories about DoD’s handling of this investigation (which generally ignored the existence of the PAC), this day is finally an opportunity to put the President in the story -- leading, acting affirmatively, reiterating his attention and commitment. Our goal should be to shape the fairly jaded DoD press corps’ daily stories effectively and to influence editorial commentary to give credit to the President for his perseverance in getting to the bottom of Gulf War illnesses.

Organizing Principles:

Experience tells us that the media will pick up on the PAC’s criticism of DoD and the President’s action to extend the PAC -- little else will lead. In an attempt to best shape this story in our favor, we need to exercise serious “message discipline.” This entails effectively coordinating the Administration spokespeople and working to make sure the story is about the President’s commitment, the PAC report findings and the subsequent action -- not about who was exposed to what, when, where, how, etc. This story should be about how the President is ensuring that his Administration -- and now others -- are doing everything possible to get the answers.

Communications Planning:

Unlike our past efforts to keep this story at DoD, Tuesday should be the President’s day and the President’s remarks and actions should be the focus. The President should be the primary spokesperson. After that, Dr. Lashof will do some press to amplify the credibility of this process. On-the-record press by other administration officials will be kept to a minimum (extensive backgrounding will take place). Lastly, every reporter will want a DoD response, and we need to work to make sure that DepSec. White is prepared. Our press outreach will be thorough, but will not seek to create stories where there is not interest.
COMMUNICATIONS SCHEDULE

Monday

- Coordinate POTUS, VPOTUS (t), HRC, Lashof statements

- Finalize Materials
  POTUS Statement
  Talking Points
  Comprehensive Chronology of Administration Efforts
  Fact Sheet
  Q & As

- Message Coordination Conference Call with Principals
  Recommended Participants: White, Shalala, Brown, Berger, Busick, others tbd

- Meeting with Dr. Lashof

- Leak story to David Brown, Washington Post (Busick/other?)

Tuesday

- Off-the-record session with network reporters, or, at least, CNN (tbd)

- Morning Gaggle

- POTUS Event

- White House Briefing Room Briefing
  Recommended Participants: White, Shalala, Brown, Lashof, Berger/Johnson or Busick

- Dr. Lashof interviews with editorial boards, daily reporters, radio, TV

- Admiral Busick interviews with:
  - NYT, Wash. Post, USA Today Editorial Board Calls
  - Conference Call with daily reporters and regional editorial writers
  - Additional Interview Requests to be filled (NPR, others)

- DoD Regular Briefing

Wednesday

- Meeting or conference call with newsmagazines

- Op-eds
Gulf War illness is a serious problem that must be solved. No one is more committed to getting to the bottom of this problem than the President and Mrs. Clinton. They have made it very clear that they will leave no stone unturned in the effort to learn what happened and to ensure that veterans receive the medical care they need. These veterans stood by us when the Nation needed them -- we can do no less for them now.

The President and Mrs. Clinton have been concerned from the outset of the Administration. As the scope of the problem became clear, the President quickly:

- Established a Persian Gulf Veterans Coordinating Board, chaired by the Secretaries of VA, DoD, and HHS, to ensure effective coordination of the government's response to veterans' illnesses;
- Signed legislation that pays benefits to Gulf War veterans with unexplained illnesses/disabilities;
- Initiated DoD/VA toll-free telephone Persian Gulf Information Help Lines and Internet sites to provide information on the broad range of services available to Gulf War veterans and families;
- Provided free health exams to Gulf War veterans -- ill or not -- at DoD and VA medical facilities;
- Solicited and funded government and private research studies; and,
- Declassified information and ordered re-examination of records that may help identify causes.

As a result of these and other administration efforts, those who served in the Gulf and are ill are receiving the care they need. And the information available now -- information indicating that further investigations are warranted -- is being acted upon.

- Over 80,000 free medical exams provided
- Over 70 research projects initiated
- Over 26,000 disability compensation claims approved for veterans with undiagnosed illnesses

When it became clear that answers weren't emerging fast enough, the President established the Presidential Advisory Committee on Gulf War Veterans' Illnesses in May 1995. The 12-member PAC, made up of eminent scientists, health care professionals, and policy experts, as well as Gulf War veterans, was asked to conduct an independent, open and comprehensive examination of all health concerns related to Gulf War service. Over the past 16 months, the PAC has analyzed the full range of the government's outreach, medical care, research, chemical and biological weapons, and coordination activities pertinent to Gulf War veterans' illnesses.

Since its establishment in May 1995, the PAC has served as an important catalyst for improvement of government's efforts on behalf of Gulf War veterans:

- Over 23,000 pages of information from the war declassified and made available on the Internet
- DoD and the CIA are currently reviewing over 5 million pages of Gulf War documents
- DoD has expanded its investigative financial and personnel resources by ten-fold

Today, the President is pleased to accept their final report. It is a valuable contribution to the ongoing process of ensuring that all the facts come to light and veterans get the care they deserve. The PAC findings include:
• With the exception of the investigation into chemical exposure incidents, the government has responded with a comprehensive series of measures to address Gulf War veterans' illnesses. For the most part, the recommendations in the report are suggestions to fine-tune the government’s programs on Gulf War health matters.

• Many veterans are clearly experiencing medical difficulties likely connected to their service in the Gulf War. A causal link between any single factor and the veterans' illnesses is still unfound.

• Although somewhat slow to act at the end of the Gulf War, the government is now providing appropriate medical care to Gulf War veterans. (VA Vet Centers and Persian Gulf Family Support Program, VA and DoD clinical evaluation programs)

• The government has initiated research in areas most likely to illuminate the causes of veterans’ illnesses. Additional research on the long-term health effects of low-level exposures to chemical warfare agents and also on the body’s physical response to stress is urged.

• The Committee takes issue with the government’s performance in one key area: investigation of possible exposures. It recommends that evidence of possible chemical warfare agent exposures during the Gulf War must be thoroughly evaluated by a group independent of DoD.

• The PAC noted that in November of 1996, DoD announced intensified efforts related to low-level chemical warfare agent exposure. The PAC believes that these initiatives -- combined with independent, vigorous oversight -- could begin to restore public confidence in the government’s investigations of possible incidents of chemical warfare agent exposure.

While these findings indicate we are doing well in most areas, and are on the right track, there is still more to do until the answers are found. Upon receiving the report, the President:

• Asked the Secretaries of Defense, HHS, and VA to report back to him in 60 days with concrete, specific action plans for implementing the Committee’s recommendations. He also directed Secretary-designate Cohen to make this a top priority.

• Accepted Secretary Brown’s recent recommendation to consider extending the rule that Gulf War veterans with unexplained illnesses must prove their disabilities emerged within two years of their return in order to be eligible for benefits. He will report back to the President in 60 days.

• Asked the Committee to stay in business for another nine months to provide independent, expert oversight of DoD’s efforts to investigate chemical exposure, and also to monitor the government-wide response to their broader recommendations.

This report is neither a beginning nor an end in the search for answers. It is, however, a critical piece of this process -- a process which must be credible, open and relentless until the answers are found. We owe it to our veterans -- and to all Americans. While we did not get the answers we need today, we did take an important step toward ensuring that we are on the right track with a credible and comprehensive investigation.
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MEMORANDUM

TO: Secretary William Perry, Department of Defense
   Secretary Donna Shalala, Department of Health and Human Services
   Secretary Jesse Brown, Department of Veterans Affairs

RE: Final Report

DA: December 31, 1996

On behalf of the Presidential Advisory Committee on Gulf War Veterans’ Illnesses, I am pleased to transmit our Final Report. Over the past 16 months, the Committee has analyzed the full range of the government’s outreach, medical care, research, chemical and biological weapons, and coordination activities pertinent to Gulf War veterans’ illnesses. We also investigated short- and long-term health effects of Gulf War risk factors.

Together with our February 1996 Interim Report, we make several recommendations we believe can improve our government’s approach to addressing the concerns of the men and woman who served our country during Operations Desert Shield/Desert Storm. We emphasize, however, that in the main these are suggestions to fine-tune the government’s programs on Gulf War health matters. The Committee has concluded that in all areas save one, the government has responded with a comprehensive series of measures to address Gulf War veterans’ illnesses.

Many veterans clearly are experiencing medical difficulties connected to their service in the Gulf War. First and foremost, continuing to provide clinical care to evaluate and treat veterans’ illnesses is vital. At the same time, however, a causal link between a single factor and the symptoms Gulf War veterans currently report remains elusive. And while the Committee finds that stress is likely to be an important contributing factor to Gulf War veterans’ illnesses, the story is by no means complete: Veterans, their physicians, and policymakers clearly stand to benefit from the broad array of ongoing research.

This benefit can only be achieved with a thoughtful, inclusive dialogue between veterans and your Departments. In light of public skepticism arising from recent revelations related to chemical weapons, the Committee strongly believes that a sustained risk communication effort is the only way to repair what many believe has been a breach of the government’s compact with Gulf War veterans. This effort cannot begin soon enough.

The Committee is pained by the current atmosphere of government mistrust that now surrounds every aspect of Gulf War veterans’ illnesses. It is regrettable—but also understandable. Our investigation of the Department of Defense’s efforts related to chemical weapons led us to conclude these early efforts have strained public trust in our government. Hence, evidence of possible chemical warfare agent exposures during the Gulf War must be thoroughly evaluated by a group independent of DOD. This process must be conducted in an open manner and include veterans. The Committee recognizes that in November 1996 DOD announced it was expanding its efforts related to low-level CW agent exposure. These initiatives—combined with independent, vigorous oversight—could begin to restore public confidence in the government’s investigations of possible incidents of CW agent exposure.

In closing, the Committee notes that in preparing this report, we relied on the generosity of hundreds of citizens committed to addressing concerns about Gulf War veterans’ health. We gratefully acknowledged the significant time and effort that individuals within and outside government devoted to our effort—the contributions were invaluable.

Lastly, the Committee has been fortunate to have a talented and dedicated staff: This Final Report would not have been possible without them. The Committee members, staff, and I thank you for the unique opportunity to contribute to this critically important issue.
President Clinton established the Presidential Advisory Committee on Gulf War Veterans' Illnesses in May 1995 to ensure an independent, open, and comprehensive examination of health concerns related to Gulf War service. The Committee, a 12-member panel made up of veterans, scientists, health care professionals, and policy experts, held 18 public meetings between August 1995 and November 1996. We heard invited testimony and received public comment at each meeting. Staff held in-house consultations, received briefings, conducted literature reviews, interviewed veterans, and reviewed government documents throughout our tenure. We analyzed information on the full range of activities specified in our charter—research, coordinating efforts, medical treatment, outreach, reviews conducted by other governmental and nongovernmental bodies, risk factors (exposure and health effects), and chemical and biological weapons—to reach our findings and recommendations. The Final Report presents the Committee's conclusions in three major parts:

- an evaluation of the government's response to Gulf War veterans' illnesses;
- an evaluation of available data on the nature of Gulf War veterans' illnesses; and
- an evaluation of available data on the health effects of Gulf War risk factors.

Findings and recommendations specific to the needs of Gulf War veterans appear throughout the Final Report and are summarized here.

The Committee's primary focus was on Gulf War veterans' illnesses, but parallels with the health concerns of Vietnam veterans became increasingly obvious over time. Thus, the Committee also decided to include in its analysis, recommendations on how to anticipate and avoid post-conflict health concerns.

ADDRESSING GULF WAR VETERANS' ILLNESSES

Overall, the Committee is encouraged by the government's response to the range of health-related problems experienced by Gulf War veterans. We found the Vet Centers and Persian Gulf Family Support Program established by the Department of Veterans Affairs (VA) to be effective outreach programs and recommend that these field-based initiatives serve as models for health education and risk communication campaigns.

The Committee agrees with the Institute of Medicine's conclusion that the clinical evaluation programs of the Department of Defense (DOD) and VA are excellent for the diagnosis of Gulf War veterans' illnesses. We found some shortcomings in the availability of treatment, particularly with regard to mental health and reproductive health, and recommend better follow-up care in these areas.
The Committee found that the government’s research portfolio is appro-
priately weighted toward epidemiologic studies and studies on stress-related
disorders that are likely to improve our understanding of Gulf War veterans’
ilnesses. To close gaps in the current knowledge base, we recommend addi-
tional research on the long-term health effects of low-level exposures to chem-
ical warfare agents and on the synergistic effects of pyridostigmine bro-
mide—a chemical warfare agent pretreatment—with other Gulf War risk fac-
tors. We also recommend more emphasis on basic and applied research on
the body’s physical response to stress.

The existing knowledge base, including results from epidemiologic studies
of Gulf War veterans, data from clinical evaluation and treatment programs
for Gulf War veterans, and published literature from decades of toxicologic
research, enabled the Committee to reach some conclusions about the nature
and causes of Gulf War veterans’ illnesses. We found that:

- among the subset of the Gulf War veteran population examined
  in the ongoing clinical and research programs, many veterans
  have illnesses likely to be connected to their service in the Gulf.

- current scientific evidence does not support a causal link between
  the symptoms and illnesses reported today by Gulf War veterans
  and exposures while in the Gulf region to the following environ-
mental risk factors assessed by the Committee: pesticides, chemi-
cal warfare agents, biological warfare agents, vaccines, pyri-
dostigmine bromide, infectious diseases, depleted uranium, oil-
well fires and smoke, and petroleum products.

- stress is known to affect the brain, immune system, cardiovascu-
  lar system, and various hormonal responses. Stress manifests in
diverse ways, and is likely to be an important contributing factor
to the broad range of physical and psychological illnesses cur-
rently being reported by Gulf War veterans.

Currently, the extent of service-connected illness among Gulf War vet-
erans is unknown, but the Committee anticipates results from the large,
population-based epidemiologic studies now underway will shed light on
this issue. In addition to the government’s existing research, the Commit-
tee also recommends that mortality studies of Gulf War veterans con-
tinue, since some health effects, such as cancer, would not be expected to
appear until a decade or more after the end of the Gulf War.

Although somewhat slow to act at the end of the Gulf War, the govern-
ment is now providing appropriate medical care to Gulf War veterans and
has initiated research in the areas most likely to illuminate the causes of
their illnesses. The Committee identified ways to fine-tune those efforts,
but found that, for the most part, the government has acted in good faith
to address veterans’ health concerns.

The Committee takes issue with the government’s performance in one
key area: investigation of possible exposures of U.S. troops to chemical
and biological warfare agents in the Gulf. We found substantial evidence of site-specific, low-level exposures to chemical warfare agents. Moreover, we found DOD's investigations to date superficial and unlikely to provide credible answers to veterans' and the public's questions. DOD's failure to seriously investigate chemical warfare agent exposures also adversely affected decisions related to funding research into possible health effects of low-level exposures to chemical warfare agents. At the Committee's final meeting in November 1996, DOD announced plans to revamp its investigatory and research programs related to low-level chemical warfare agent exposure. The Committee believes these efforts—combined with independent, high-quality oversight—could begin to restore public confidence in the government's investigations of possible incidents of chemical warfare agent exposure. Given that these steps come too late for the Committee to evaluate, however, we emphasize the importance of the following recommendation:

- To ensure credibility and thoroughness, further investigation of possible chemical or biological warfare agent exposures during the Gulf War should be conducted by a group independent of DOD. Openness in oversight activities—including public access to information and veteran participation—public notice of meetings, opportunity for public comment, and regular reporting are essential. Full public accountability is critical.

The government has a significant amount of ground to recover with Gulf War veterans and the American public, who have come to question whether a lack of data—on possible chemical warfare agent exposures, on the pre- or post-deployment health of veterans, or on the location of troops in-theater—indicates a lack of commitment to veterans' health. We recognize the many laudatory actions taken to address the concerns of Gulf War veterans, but the Committee believes the government can do a better job of anticipating and avoiding these types of problems. We offer the following findings and recommendations in that spirit.

AVOIDING POST-CONFLICT HEALTH CONCERNS

The Committee was impressed by the professionalism of the individuals responsible for the government services we evaluated. We believe the expertise needed to improve technical performance and implement policy and procedural changes resides within the government, but we also believe that DOD and VA have much to learn from their peers in other agencies. Therefore, the Committee recommends that:

- A Presidential Review Directive (PRD) be issued to instruct the National Science and Technology Council (NSTC) to develop an interagency plan to address health preparedness for and readjustment of veterans and families after future conflicts and peacekeeping missions. The President's Committee of Advisors on Science and Technology and other nongovernmental experts, as appropriate, should be asked to review the plan 12 months after the PRD is
issued and again at 18 months to ensure national expertise is brought to bear on these issues.

The NSTC’s agenda should include the following recommendations for better communication, data, and services, which were developed during the Committee’s evaluation of issues related to Gulf War veterans’ illnesses (see Final Report, chapters 2-4).

Better Communication

Clearly, the volunteers who serve in defense of our Nation deserve complete and accurate information about the risks they face. An open democracy demands that the public, as well, has the opportunity to engage in policy debates that accompany the commitment of troops abroad. Therefore, the Committee recommends that:

- DOD and VA immediately develop and implement a comprehensive risk communication plan. This effort should move forward in close cooperation with agencies that have a high degree of public trust and experience with risk communication, such as the Agency for Toxic Substances and Disease Registry and the National Institute for Occupational Safety and Health.

- FDA solicit timely public and expert comment on any rule that permits waiver of informed consent for use of investigational products in military exigencies. Among the areas that specifically should be revisited are: adequacy of disclosure to service personnel; adequacy of recordkeeping; long-term followup of individuals who receive investigational products; review by an institutional review board outside of DOD; and additional procedures to enhance understanding, oversight, and accountability.

Better Data

Many of the health concerns of Gulf War veterans may never be resolved fully because of the lack of data. The Committee identified problems related to missing medical records, the absence of baseline health data, inaccurate records of troop locations, and incomplete data on the health effects of what should have been viewed as reasonably anticipated risks. To help prevent similar problems in the future, we recommend that:

- DOD officials at the highest echelons, including the Joint Chiefs of Staff and the Commanders in Chief, assign a high priority to dealing with the problem of lost or missing medical records. A computerized central database is important. Specialized databases must be compatible with the central database. Attention should be directed toward developing a mechanism for computerizing medical data in the field (including classified information, if and when it is needed). DOD and VA should adopt standardized recordkeeping to ensure continuity.
the Persian Gulf Veterans Coordinating Board and other appropriate departments and agencies be charged to develop a protocol to implement the following recommendation, which was made in the Committee's Interim Report: Prior to any deployment, DOD should undertake a thorough health evaluation of a large sample of troops to enable better postdeployment medical epidemiology. Medical surveillance should be standardized for a core set of tests across all services, including timely postdeployment followup.

- the government develop more accurate and reliable methods of recording troop locations to facilitate post-conflict health research. DOD should make full use of global positioning technologies.

- the government plan for further research on possible long-term health effects of low-level exposure to organophosphorus nerve agents such as sarin, soman, or various pesticides, based on studies of groups with well-characterized exposures, including: a) cases of U.S. workers exposed to organophosphorous pesticides; and b) civilians exposed to the chemical warfare agent sarin during the 1994 and 1995 terrorist attacks in Japan. Additional work should include followup and evaluation of an appropriate subset of any U.S. service personnel who are presumed to be exposed during the Gulf War. The government should begin by consulting with appropriate experts, both governmental and nongovernmental, on organophosphorus nerve agent effects. Studies of human populations with well-characterized exposures will be much more revealing than studies based on animal models, which should be given lower priority.

- the government continue to collect and archive serum samples from U.S. service personnel when feasible.

- research on possible causes and methods of prevention of excess mortality from external causes among veterans receives high priority.

- the government consider methods for routinely sampling military populations regarding reproductive health so that an appropriate baseline exists for evaluating reproductive outcomes following deployment. In particular, DOD should consult with the National Center for Health Statistics and strongly consider implementing its National Survey of Family Growth and related methodologies for collecting data.

- the entire federal research portfolio place greater emphasis on basic and applied research on the physical effects of stress and on stress-related disorders.
Better Services

The Nation has long provided care to veterans for service-connected health problems. Unfortunately, the government continues to give short shrift to veterans' legitimate concerns about reproductive health, and society at large continues to stigmatize mental health concerns. Therefore, the Committee recommends that:

- the government conduct a thorough review of VA's policies concerning reproductive health and seek statutory authority to treat veterans and their families for service-connected problems. When indicated, genetic counseling should be provided—either via VA treatment facilities or referral—to assist veterans and their families who have reproductive concerns stemming from military service.

- the government continue and intensify efforts to develop stress reduction programs for all troops, with special emphasis on deployed troops.

CONCLUSION

Approximately 697,000 men and women answered the call to serve in Operations Desert Shield/Desert Storm. In many important ways—through medical care, outreach, and research—the Nation has begun to pay its debt to these service members. It is essential, now, to move swiftly toward resolving Gulf War veterans' principal remaining concerns: How many U.S. troops were exposed to chemical warfare agents, and to what degree?

A continued and sustained commitment to a healthy future for Gulf War veterans—for all current and future veterans—is a priority for all Americans. This Final Report represents the Committee's contribution to that goal. We have given our full dedication to President Clinton's charge and have appreciated the opportunity to serve Gulf War veterans and their families.
Presidential Advisory Committee on Gulf War Veterans' Illnesses

Statement by
Joyce C. Lashof, MD
Committee Chair
Presidential Advisory Committee on Gulf War Veterans' Illnesses

January 7, 1997

Over the past 16 months, the Presidential Advisory Committee on Gulf War Veterans' Illnesses Committee has conducted a broad analysis of issues related to the health consequences of Gulf War service. Our efforts to address the complexities of Gulf War veterans' illnesses would not have been possible without the contributions of hundreds of Gulf War veterans and their families. As during the war, they have served with distinction.

Together with our February 1996 Interim Report, the Committee makes several recommendations we believe can improve the government's approach to addressing the health concerns of veterans who served in the Gulf. In all areas save one, these suggestions are to fine-tune the government's programs on Gulf War health matters. Overall, the government has responded with a comprehensive series of measures to resolve questions about Gulf War veterans' illnesses.

Unfortunately, the positive nature of these efforts has been diminished by how the Department of Defense approached the possibility that U.S. troops had been exposed to chemical weapons. It is essential, now, to move swiftly toward resolving Gulf War veterans' principal remaining concerns: How many U.S. troops were exposed to chemical warfare agents, and to what degree?

The Committee is pained by the atmosphere of government mistrust that now surrounds every aspect of Gulf War veterans' illnesses because of these concerns. It is regrettable — but also understandable. Our investigation of DOD's efforts related to chemical and biological weapons led us to conclude the department's early efforts were superficial and lacked credibility. Moreover, DOD's failure to seriously investigate these issues also adversely affected decisions related to funding research into possible health effects of low-level exposures to chemical warfare agents. DOD's intransigence in refusing to fund such research until late this year has done veterans and the public a disservice.

The Committee recognizes that in November 1996, DOD announced it was expanding its investigation and research related to low-level chemical warfare agent exposure. We hope these initiatives can begin to restore public confidence in the government's investigations of possible incidents of chemical agent exposure.

Moving beyond this specific — albeit important — topic, it is important to reiterate that many veterans clearly are experiencing medical difficulties connected to their service in the Gulf War. First and foremost, it is vital that the government continue to provide clinical care to evaluate and treat these veterans' illnesses. Next, we must try to find out why they are sick. Based on existing scientific data, none of the individual environmental Gulf War risk factors commonly suspected appear to be the cause. And while the Committee finds that stress is likely to be an important contributing factor to Gulf War veterans' illnesses, the story is by no means complete. Veterans, their physicians, and policymakers clearly stand to benefit from the comprehensive array of ongoing research.
We believe a continued commitment to long-term mortality studies is important. Some health effects, such as cancer, would not be expected to appear until a decade or more after the end of the Gulf War. Additionally, the Committee recommends new research in three specific areas:

- the long-term health effects of low-level exposures to chemical warfare agents;
- the synergistic effects of pyridostigmine bromide with other Gulf War risk factors; and
- the body's physical response to stress.

As I mentioned, veterans and their families stand to gain much from ongoing and new research. However, maximum benefit will only be realized through a thoughtful, inclusive dialogue between veterans and the departments. In light of current public skepticism, the Committee strongly believes that a sustained risk communication effort is the only way to repair public trust. This effort cannot begin soon enough. The volunteers who served in defense of our national interest deserve complete and accurate information about the risks they faced.

During the Committee's deliberations on what the government had done to address Gulf War veterans' health issues, we also felt it important to be forward-looking. The Committee believes the government can avoid many future post-conflict health concerns through better communication, better data, and better services. We make recommendations in each of these areas based on lessons drawn from the Gulf War experience.

In closing, I would like to re-emphasize that in many important — and in some instances unprecedented — ways, the Nation has begun to pay its debt to the 697,000 men and women who served in Operations Desert Shield and Desert Storm. We were impressed with the research the government had already initiated to understand the nature and causes of the illnesses so many veterans suffer from. The Committee hopes the same degree of commitment will be applied to the issues still outstanding.

Finally, the Committee gratefully acknowledges the significant time and effort that individuals within and outside government devoted to our effort. We also have been fortunate to have a talented and dedicated staff. On their behalf and on behalf of my fellow Committee members, I thank you for your leadership in addressing Gulf War veterans' health concerns and for providing us with a unique opportunity to contribute to this vitally important issue.

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**USIA**

**MSG NBR** 696

**FROM** CENTRE

**TO** D/O

**PHONE NBR** 617-4722

**SUBJECT** MEDIA REACTION REPORT

**OPERATIONS CENTER OFFICE/DESK**

**TIME TRANSMITTED (LOCAL)**

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**PAGES** 9

**NOTES:**

- Hold for normal duty hours/routine
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**NOTE:** Furnish after duty hour contact telephone number for each addee requiring after duty hour delivery

**REMARKS:**

**WASHFAX COVER SHEET**

**WASHFAX OPERATOR**
Tuesday, January 7, 1997

HELMS-BURTON--TITLE III SUSPENDED AGAIN

The Clinton administration's decision to suspend Title III of the Helms-Burton Act for a second six-month period received mixed reviews in the foreign press. A commentator in Quito saw it as a challenge to European countries to continue pressuring Cuban President Castro to make democratic changes, while centrist Stuttgarter Zeitung characterized the decision as an indication of American willingness "to bury the whole affair silently and prevent the development of a great transatlantic trade war." Beijing's official, intellectually oriented Guangming Daily argued, however, that the decision offered proof that "even a superpower that is accustomed to acting as it pleases will have to restrain itself and even retreat."

NATO AND RUSSIA: 'STILL 'NYET' TO ENLARGEMENT'

Analysts in Europe pondered the implications of the Kremlin's 'nyet' to NATO admission of former Warsaw Pact allies reportedly delivered Saturday to German Chancellor Kohl. Writers judged that Russia is now staking a "maximalist" position so as to eke out as many assurances as possible from the West, and warned that this should not lead to giving Russia "any power to interfere with core Alliance business." Berlin's right-of-center Die Welt offered suggestions for satisfying France's demand for a European heading a NATO command and left-of-center, independent Dnevnik indicated that the new NATO might soon face bigger challenges to its south and east than Russia.

SERBIA'S MILOSEVIC: SHOULD WEST SUPPORT THE 'GREATER EVIL'?

The press in Europe and in India, watching as the Milosevic opposition continues its street protests and as leaders of the Serbian Orthodox Church break their alliance with Belgrade's strongman, wondered how long Mr. Milosevic could hold on to power and whether the West should side with the protesters. Among editorialists, sentiment ran strongly in favor of the opposition, although there were still concerns that "nationalistic and chauvinist tones" tarring some protesting factions were not harbingers of a more democratic Serbia.

BRIEFS

-- Bombing In Damascus--Syria Accuses Israel
-- 105th Congress: The Republicans' 'Dilemma'
-- China: The 'Sleeping Giant' Awakes

NOTE: Moscow's report was not available owing to the celebration of a Russian holiday.

EDITORS: Mildred Sola Neely and Pat McArdle
ECUADOR: "Cuba: The Big Question"

An editorial in the leading Quito El Comercio (1/6) held, "The suspension of the Helms-Burton law can be read in two ways. On the one hand it please those who are opposed to its validity, whether from practical or principled motives. But, on the other hand, it poses a difficult challenge for the European countries. They have the requirement of pressuring Castro to make democratic changes."

GERMANY: "Cuba Libre"

Washington correspondent Stefan Kornelius filed the following editorial for centrist Stuttgarter Zeitung (1/7): "President Clinton's decision to suspend the Helms-Burton Act was made shortly before the weekend. This is an external sign of the willingness of the U.S. government to bury the whole affair silently and to prevent the development of a great transatlantic trade war. The Helms-Burton Act carries the name of two important foreign policy experts in Congress, but it reflects the widely spread will of the American political class to turn the thumbscrews against Cuba even if it means to violate the principles of free global trade.... The EU already prepared a counterstrike, but we owe it to the intense travel diplomacy of special U.S. envoy Stuart Eizenstat that a slaughter of sanctions could be avoided.... The isolationist smell of the U.S. policy towards Cuba has now gone and the spirit of discord in transatlantic relations has stopped to grow rampant."

THE NETHERLANDS: "EU Takes Exam in Washington Every Six Months"

Amsterdam-based, financial Het Financieele Dagblad (1/7) commented, "Clinton said that he again postponed implementation of the Act because there is now a 'momentum for democratic reform in Cuba.' The American President means the tougher policy toward Cuba which the EU countries decided to implement upon a Spanish initiative.... Friendly words, however, cannot hide the fact that we now actually have a very strange situation. President Clinton indicated that he will again postpone implementation of the Helms-Burton Act if the EU and other countries continue to do their best to encourage democracy in Cuba. This means that the U.S.'s Western partners have to take a six-months U.S. test of good behavior. We are getting a picture in which the EU role has been reduced to that of a naughty student whose behavior needs to be corrected."

China: "An Act That Leaves U.S. No Choice"

Intellectually-oriented Guangming Daily (1/7) said, "On January 2, the White House quietly announced President Clinton's decision to suspend implementation of the sections of the Helms-Burton Act that would subject foreign companies to prosecution... Clinton's decision actually means that this provision of the act will be suspended indefinitely. The passage of the Helms-Burton Act and international reaction to its passage over the past year reflects a new, post-Cold War political reality. It shows that certain U.S. politicians persist in clinging to a hegemonic point of view. It demonstrates that all countries, including U.S. allies, are unwilling to hand over their sovereignty and national dignity to a superpower. It proves that so long as the nations of the world demonstrate enough determination to safeguard generally-acknowledged standards of truth and justice, even a superpower that is accustomed to acting as it pleases will have to restrain itself and even retreat."

Oman: "Clinton's Highwire Act"

The following unsigned commentary appeared in the semi-independent, English-language Times of Oman (1/5): "President Bill Clinton walked a political and diplomatic tightrope in the
latest fight over sanctions on Cuba -- balancing his political needs with U.S. global interests. In the end, his highwire journey took him exactly where he wanted to go: back where he started. He announced on Friday that he was fully prepared to keep delaying a controversial provision in the so-called Helms-Burton law that has angered close allies, who say it interferes with the rights of their own citizens.... The tortuous debate over the sanctions coincided with a remarkable recovery of political fortunes for the president.... White House officials insist the decision had nothing to do with politics, and instead was driven by America's economic and foreign policy interests. Critics say it is yet another example of 'Slick Willie' at his best."

NATO AND RUSSIA: 'STILL 'NYET' TO ENLARGEMENT'

GERMANY: "Solutions For Southern Command Dispute With France"

Lothar Ruehl remarked in an editorial in right-of-center Die Welt of Berlin (1/7), "The European partners which are by no means all willing to offer France the command of AFSOUTH, have so far not given a convincing answer to the question of why they are willing take away the direct regional responsibility for the Mediterranean and the Southeastern flank of NATO from the Americans.... Is it really necessary to eliminate them all (Allied headquarters), and what would be useful in view of NATO's enlargement...?"

"After 30 years at the top of AFCENT, the Germans could return the supreme command to the French, and it is likely that a French general as a supreme commander in Central Europe would psychologically be a factor of relaxation within NATO. This means that the supreme command for this region could alternate between Germany and France. Why is it absolutely necessary to dissolve the regional command in northwestern Europe? Could the British and the French not find a place as cornerstones of the 'Atlantic Europe'...in this region? Even in the Mediterranean region, two regional commands under U.S. leadership could be created: One where the command rotates between France and Italy and another one where it rotates between France and Spain."

BRITAIN: "Ground Rules For Dealing With Moscow"

The independent Financial Times' editorial concluded (1/7): "The puzzling signals that emerged from Chancellor Helmut Kohl's weekend visit to Moscow have come as a reminder of the formidable task faced in the coming months by would-be constructors of a new European security order. Russia has sought to dampen the breezy optimism expressed by Mr. Kohl by staking out a maximalist position. So the chances are that the run-up to the Madrid meeting will see a hectic search for terms on which the Alliance and Moscow can do business, while allowing enlargement to go ahead.

"Faced with the prospect of all this secret diplomacy, European citizens are entitled to suggest some ground rules. Perhaps the first point is that NATO should be prepared to offer Russia substantial assurances over the deployment in Central Europe of new weapons. NATO should also offer Russia the option of wide-ranging consultation on issues of common concern such as peacekeeping doctrine and non-proliferation. But NATO must avoid giving Russia any power to interfere with core Alliance business. The mixture of courtesy and firmness which NATO showed when involving Russia in its Bosnian operation might, perhaps, be extended to the larger game of European security as a whole."

FRANCE: "Yeltsin's Action Plan Against NATO Enlargement"

Isabelle Lasserre said in right-of-center Le Figaro (1/7): "Western nations were counting on Yeltsin to help them advance in their negotiations and to set up a European security system appropriate for the new post Cold War realities.... But Russia feels that NATO's plans are a threat to its security. (Nevertheless) experts think that Russia has resigned itself to the first
'wave' of new members and is trying to obtain as many concessions as possible before the Madrid Summit in July. Still, Yeltsin is threatening the West with the non-ratification of international disarmament agreements planned for 1997.

BULGARIA: "The Kremlin Bluffs Against West"

Readers of center-left Standart (1/7) saw this piece under the headline above, "The Kremlin's counter against NATO's enlargement gets even bigger. Russia puts everything on the table—the possibility of integrating Belarus, the refusal to ratify START-2 and of destroying its SS-18 missiles. The goal is to allow Moscow the right of veto on some of the East European countries' accession to NATO. The truth is that Russia is an economic and military giant standing on clay legs. Not long ago, the Soviet leaders bluffed in the same way and lost everything."

POLAND: "Still 'Nyet' in Moscow"

Moscow correspondent Andrzej Lomanowski filed for center-left Gazeta Wyborcza (1/7) on remarks by Yeltsin's press secretary, Sergei Yastrzhembsky: "It apparently means that in Russia's view, the Alliance can expand in any direction except the East which is so dear to Russia. According to Yastrzhembsky, financial aspects of the possible Russian response to NATO enlargement are being considered now. He denied, however, that there were any plans to form a Belarus-Russian military bloc.... Gazeta found out from an other source that Brussels itself is trying to talk Russia into a prompt signing of an agreement on partnership because, otherwise, an agreement would have to be negotiated with newly accepted nations and that might be humiliating for the Kremlin."

SLOVENIA: "NATO's New Challenge"

Left-of-center, independent Dnevnik (1/7/97) stated in a commentary: "Most probably, the new NATO will no longer be directed against Russia. Russia threatens and shouts, but it is increasingly evident that—with its outdated and unkept military machinery—it will hardly preserve peace at home, while it can simply forget about any adventures abroad. Even more: China, the economic superpower of the coming millennium, has been rising on Russia's south eastern border; if Beijing decides to spur nationalistic tendencies in the Russian southern, non-Slavic republics, Russia will need all the Western help it can get.... Russia, which is constantly on the brink of chaos, should be more concerned with (the situation in China) than with the shame of being a loser in the Cold War and of losing some former satellites.... The line going across the Balkans and in the direction of northern Africa, the Middle East, and western Asia will be in the coming decades a threat to Europe as important as an unstable and rising Russia."

SERBIA'S MILOSEVIC: SHOULD WEST SUPPORT THE 'GREATER EVIL'?"

GERMANY: "Why Support The Greater Evil?"

Johann Georg Reissmueller said on the front page of right-of-center Frankfurter Allgemeine (1/7), "The fate of the (Milosevic) regime can be determined by the policy of the West. If it disclosed that it wants a change of power in Belgrade and if it made clear that it does not want to negotiate such a change, the Serbian opposition could gain new momentum.... He would have trouble giving in to the temptation to crush the protest movement by using force.

"But if the West wants to use this strategy to influence the power struggle in Belgrade, it must give up its absurd view...that Milosevic can be accused only of election fraud and that the Serbian president is a reliable partner...and an indispensable peacemaker and factor of order. Then the Western governments, with the British and French ones at the helm, should no longer ignore the fact that Milosevic and his civilian and military subordinates have waged a war of
conquest for years, which included genocide.... Reason and morality... require the Western powers to contribute to toppling this regime if there is a chance to do so.... One may say that the opposition in Belgrade is the lesser evil, but what sense would it make to support the greater evil?

"Opposition's Triumph Won't Solve Serbia's Problems"

Thomas Wittke argued in an editorial in centrist General-Anzeiger of Bonn (1/7), "Milosevic's power base is clearly crumbling. If the president no longer runs in the upcoming elections, this may be an emotional triumph for the opposition, but this will not resolve the problems of the county.... Even if the opposition won the upper hand in democratic elections, questions of its program remain. In any case, it must disassociate itself from nationalistic and chauvinist tones of the past. Political onesidedness cannot be terminated by replacing it by a different narrow-minded view."

BRITAIN:  "Cracking The Serbian Mold"

An editorial in the liberal Guardian observed (1/7): "This is a question in two parts. The first is whether the opposition can win, and the second is whether, if it does, it might offer a better alternative. At the moment, the odds remain even as to whether he [Milosevic] will survive. The second question can be answered more clearly.... Serbia...is the only European country where the government has not changed for half a century. The Belgrade street performers have begun at last to crack the mold."

"Opposition Deserves Support"

In an editorial, the conservative Times held (1/7): "For the first time in nine years, Mr. Milosevic appears on shakier ground than his opponents. The more he acts as though the removal of a small brick would tear his house down, the more likely he makes its collapse. By their wit, courage and peaceable conduct, Serbia's students and burghers have shown their determination to effect bloodless reform. They have done much to rebuild Serbia's tarnished reputation; if they win through, it would have a redeeming influence on the intolerant politics of the Balkans. For all these reasons, they deserve moral and political support."

FRANCE:  "Serbia Is Having A Hard Time Shedding Dictatorship"

According to Jacques Malmassari in right-of-center France-Soir (1/7): "Like its neighboring countries, Serbia is having a hard time freeing itself from dictatorship.... What Serbia has preserved is its youth, a treasure that will not easily accept a political trick as a long-term solution. The international community must count on that force to finally eradicate Serbia's dark past."

BELGIUM:  "Serbian Army As Referee"

Discussing the attitude of the Serbian armed forces in the present confrontation between President Milosevic and the opposition, Edouard Van Velthem wrote in independent Le Soir (1/7): "The officers' message is clear: If civilian authorities of all kinds gradually lose control over the institutions, 'other,' allegedly more 'stable' structures could be tempted to play their own cards. Instead of taking sides with one of the two camps, the army is ready to play the decisive role of referee. It will have an ultimate argument to justify such a dangerous possibility: legitimizing a possible coup through the concern of preventing the fatal spiral toward civil war."

CZECH REPUBLIC:  "Glory And Misery Of Serbian Protests"

Right-of-center Mlada fronta DNES commented (1/6): "What should the demonstrators do to
get rid of Milosevic?... International support has weakened during the seven-week-long demonstrations. But, as the opposition knows well, only a nationwide revolution joined by the working class and people in the country can depose Milosevic. Only a general strike which would paralyze the Serbian state would make him leave before he unleashes a new war. The Serbian opposition is apparently unable to organize it.

INDIA: "Milosevic Beleaguered"

An editorial in the right-of-center Newstime from Hyderabad commented (1/4): "The tragedy of Bosnia-Herzegovina is fast spilling over to Serbia, the rump Yugoslavia, though in a totally different fashion.... By stubbornly refusing to accept defeat, Milosevic has passed up a crucial opportunity to prove his democratic credentials and further bolster his position in the West. On the contrary, the American administration has joined in the chorus of criticism, and that can only be bad news for Milosevic. He used to turn to Russia for help in the past, but there is no way a sick Boris Yeltsin can intervene meaningfully now. The point is, Milosevic's usefulness to President Clinton was over after the signing of the Dayton agreement a year ago.... Now, Milosevic's credit with the West has frittered away, and he finds himself an international pariah once again. He has largely himself to blame for that. The only fear is that he may once again take it out on Bosnia."

BRIEFS

BOMBING IN DAMASCUS--SYRIA ACCUSES ISRAEL

SYRIA: "The Criminal Assassination Of The Peace Process"

Government-owned Al-Ba'th (1/5) held, "The Damascus bombing is part of an old Israeli scheme to hit at Syria and its policies because they resist Israeli schemes to impose Israeli hegemony in the region... Syria's strategy is completely irreconcilable with the Israeli course; the Tel Aviv government has gone crazy since it has been cornered by the Syrian exposition of the hollowness of its intentions vis-a-vis the peace process... It is high time for Israel to know that its aggressive course will not do her any good, on the contrary it will destroy the peace process. Syria still seeks a real peace that is based on the principles of international legitimacy and the Land for Peace forumla."

"The Black Record"

Government-owned Tishreen (1/4) observed, "Israel does not want Lebanon to be a strong and flourishing country therefore it has started to take it back to the dark era of the civil war; the Netanyahu government is annoyed with Syrian-Lebanese solidarity, hence its bombing of the Syrian passenger buses in Lebanon, then the recent bombing in Damascus in its endeavor to disengage that cohesion; by that crime Israel is settling old accounts with Syria so as to harm its reputation for being an oasis of peace and stability in the region, also to dissipate the remnants of the Peace Process... It has become crystal clear that Israel is behind those massacres and that it is planning for new terrorist acts; therefore, the Netanyahu government is dragging the region into a new wave of violence, terrorism and tension, but this wave will not exclude Israel...."

"Fingerprints Of An Israeli Crime"

Government-owned Al-Thawra (1/5) said, "The American stand expressed by the U.S. State Department Spokesman, Nicholas Burns was quick to acquit those who stand behind this crime; it is a deplorable and astonishing stand; it is a stand that lacks the objectivity which is requested from a sponsor of the Middle East peace process."
"Even the subsequent denunciation and expression of sympathy fails in alleviating the negative political impression on Syrian and Arab citizens."

JORDAN: "Our Terrorism and Theirs"

A commentator wrote in center-left, influential Al-Dustur (1/6): "It took quite a while for the U.S. Administration to condemn the terrorist act against innocent civilians on the streets of Damascus. Instead of condemning and offering condolences to the families of the victims, the U.S. Administration got busy in seeking ways to acquit Israel and to throw the ball back in the Syrian court. By American standards, violence originating from an Arab or Palestinian or Muslim quarter is 'organized terrorism' which necessitates summit meetings like Sharm Al-Sheikh and others; however, acts of terror committed by an Israeli quarter are 'isolated acts of violence' that could even be understood and justified as reaction to Arab terrorism. This is American policy in reality just as it is on the table of negotiations. Perhaps the complaint about the 'lack of neutrality' of Dennis Ross is the other side of stances and practices which have made 'apartheid' the official supreme policy of the American Administration."

SAUDI ARABIA: "Mossad Fingerprints"

According to influential Al-Jazira (1/5): "No matter how Israel attempts to deny it, the fingerprints of the Mossad are plainly visible."

"No Encouraging Signals"

Khairullah Khairullah was more careful in a signed editorial in London-based, influential, internationally circulated Al-Hayat (1/4): "The U.S. administration has not sent any encouraging signals indicating that Washington will deal with Damascus positively. Recent evidence: the American reaction after Syria accused Israel of being behind the blast which targeted a civilian bus in Damascus. Washington showed no hesitation in blaming Syria for this accusation directed at the Mossad. In reality, such American behavior might force Syria to adopt new policies, which might include more openness towards Iraq."

105TH CONGRESS: THE REPUBLICANS' 'DILEMMA'

BRITAIN: "Dark Ages Of The Grand Old Party"

In the view of the conservative Times (1/7): "It will be a peculiar celebration when Republican members of congress gather in Washington today. For the first time since the 1920s, they have retained control of Capitol Hill. Despite that, the atmosphere is subdued, even depressed.... Some Republicans foresee permanent alienation from the mainstream electorate.

"Yet despite the current fashion for despair in Washington, the death of the Republican revolution and the demise of the Reagan coalition have been greatly exaggerated. The American right does not lack a compelling national program.... The Republican's real dilemma is how to implement that program so that it is uniquely associated with them, rather than see the spoils shared by the ever-opportunistic White House. The worst mistake the Republicans could make during their present depression would be to abandon the principles of the 'Contract with America.'... To achieve their ambitious reforms in the next congress, Republicans will require at least some cooperation from Bill Clinton. That may hurt the short-term feelings of American conservatives, but it will cause more long-term pain to American liberals."
CHINA: "Rising China Contributes to World Peace"

This commentary by Yan Xuetong, Director, Center for Chinese Foreign Policy Studies at the China Institute of Contemporary International Relations, appeared in the official China Daily (1/7): "China's rise has spread fear among many Western observers, but their phobia is not new.... Early in the 19th century, Napoleon Bonaparte warned the West to 'let China sleep.' 'There lies a sleeping giant,' begins his well-known remark. 'Let her sleep. For when she wakes, she will shake the world.'

"The possibility of China's emergence as a global power was already bothering Western minds before the end of the Cold War.... Some Western scholars have alleged ... that China's rise would augur ill for security and stability in post-Cold War Asia. They maintain that economic expansion would transform China into a major military power, breaking the region's strategic balance.... Following traditional Western views in forecasting China's foreign policy trends, they concluded that a strong China would pose a threat to the security of other Asian countries. They base their theory on the...arguments (that) The emergence of a great power entails war. Western analysis with traditional political viewpoints argue that since wars accompanied the emergence of Britain, the United States, Germany, Japan and the former Soviet Union, history will repeat itself in China's case....

"Opinion varies among Western scholars working in the field of international economics. Some believe that China's rise will benefit world economic development. They point out that an economically strong China will represent expansion of the market and give a powerful impetus to the world economy in general, and East Asia's economy in particular. Others assert instead that an emergent China will aggravate the tussle for international capital and markets among the Asian nations....

"History will show that far from being a threat, China's rise--and the elimination of poverty and backwardness among one-fifth of mankind--will make great contributions toward world peace, stability and development in the 21st century. We believe that an increasing number of Western observers will also come to the same conclusion sooner or later."

##
GULF WAR ILLNESSES

Q: The Commission has concluded that DOD isn’t a credible investigator of potential chemical weapons exposure. Do you concur? Who should do this? Should those who’ve failed in this task be disciplined or fired?

A: DOD has already acknowledged the need to do more at the PAC’s final open hearing in November, and has moved aggressively to improve its efforts. Letters have been sent to over 20,000 veterans who may have been within 50 KM of Khamisiyah. Very soon, a follow-up survey seeking information about events occurring there will also be mailed to those veterans.

In terms of accountability, DOD and CIA have launched IG investigations into their past activities. It would be premature and inappropriate for me to comment on those pending investigations or to speculate relating to any actions which might be taken based on their findings.

The PAC has stated that the approach the DOD initiated in November coupled with rigorous oversight could work, and I’ve asked the PAC to undertake that effort. I believe it is critical that Americans have faith in the institutions of government, and I’m determined to make this work.

Q: It’s clear that DOD and VA are either incompetent on the Gulf War Illnesses question or they’re trying to cover up their earlier failures. Are you going to fire those responsible for behaving so horribly toward our veterans?

A: Dr. Lashof, the PAC chair, stated in her remarks that the government has a comprehensive program in place to deal with the difficult task of treating the symptoms and explaining the causes of the various Gulf War illnesses, with the single exception of the investigation into the possibility of low level chemical exposures. DOD has previously acknowledged its need to do more in this area and has already significantly intensified its efforts.

In addition, DOD and CIA have launched IG investigations into their past activities. It would be premature and inappropriate for me to comment on those pending investigations or to speculate relating to any actions which might be taken based on their findings.

I will reiterate my commitment to ensuring we leave no stone unturned in learning all the facts and getting the veterans the care they need. I have extended the PAC to provide independent oversight of DOD’s efforts, and to continue to advise me on the implementation of all of the PAC’s recommendations.

Q: Congressional hearings appear to show that our veterans were exposed to something that’s making them quite ill, and it doesn’t look like stress can produce cancer or Lou Gehrig’s disease. The PAC says the scientific evidence doesn’t support any causal link. Do you believe that? Is the PAC now part of the whitewash, too?
A: First of all, no one in the Administration has suggested that the Gulf veterans are NOT ill. I appointed this PAC because the First Lady and I were concerned about their health and wanted a look at the problem completely independent of the government to be sure we were doing all that was needed. The causal factors remain elusive. To my understanding, no one has provided an empirically-validated answer to this vexing question. Extensive additional research is required, and is being done.

I remain committed to getting to the answers, and I believe the PAC report helps us do just that. I welcome the help of each member of Congress in support of our efforts to find the answers to the many questions that remain.

Q: The Commission asks that you issue instructions to have the government get better prepared to deal with the health effects of military service during wartime and for peacekeeping. Will you? Why wasn’t this done before? Do we anticipate problems for our people who have returned from Haiti and Bosnia?

A: The Department of Defense has already begun to address this issue in response to the PAC’s interim report. I have asked the Departments to return within 60 days with their action plan for implementing the PAC recommendations in its final report. While there remains much to be done in this regard, my understanding is that preparations for the Bosnian deployment reflected some of the health “lessons learned” from the Gulf War. The health of all personnel placed in harm’s way to safeguard national security is important to me, and I will ensure we address each issue raised by the PAC.

Q: There are some aspects of the Commission’s conclusions that are insulting: that these illnesses are likely to be mostly stress-related and that the heart of the problem is something they call “risk communication.” Do you think our veterans are simply stressed out? Do you think Gulf War illnesses is mostly a “failure to communicate”?

A: I’m really glad you asked that question because I believe there is a fundamental lack of understanding about what has been said concerning the role of stress as it relates to the physical condition of SOME of the Gulf veterans. Credible experts are NOT saying, “It’s all in your head.” What the scientific community and the PAC members ARE saying is that it is very likely that stress -- whether associated with combat or other experiences -- plays an important role as A, not THE, causative factor in some people’s physical ailments. They also point out that we don’t fully understand how this happens. That’s why research into the physical impact stress has on people is a critical element of our overall program.

Now, what Risk Communications are intended to do is provide a multi-step approach to interacting proactively with a community affected by a given problem. This process must include continuing effective two-way communications about the nature of risk, prevention and minimization strategies, and available resources. These communications must engage and be fully understandable by the targeted audiences.
In the Gulf War illnesses context, we need to have an effective way to listen to the veterans, their families and their care providers. They need an effective way to acquire information about the entire range of government activities, about research, its outcomes and what they mean, about the chemical exposure investigations, and ultimately about what all of this may mean to them in terms of possible health effects. Finally, our processes need to be open and must include independent oversight and validation of the effectiveness of our efforts.

To belittle these findings relating to stress is to not understand their critical role in helping all of us comprehend the full dimensions of both the problems and the extraordinary efforts being applied to solve them.

Q: Other than establishing the PAC, what has your Administration actually done for our Gulf War veterans?

A: Through the dedicated efforts of DOD and VA personnel, Gulf veterans are receiving the care they need for Gulf War illnesses, whether diagnosed or undiagnosed. Moreover, free medical exams have been provided for more than 80,000 Gulf War veterans and more than 26,000 disability compensation claims have been approved for Gulf War veterans with diagnosed and undiagnosed illnesses. Thousands of pages of information from the Gulf War that may help to determine the possible causes of these illnesses have been declassified. Finally, more than 70 federally-sponsored research projects -- involving DOD, VA and HHS, as well as non-federal researchers -- are underway. Every credible possibility -- including possible adverse effects from exposures to low levels of chemical agents -- will be investigated as we seek to ensure that the Nation meets its commitment to our Gulf War veterans.

My Administration is taking the issues relating to Gulf War illnesses very seriously, and we will continuously improve our concerted efforts to fulfill the Nation’s obligation to Gulf veterans.

Q: Didn’t the DOD delay in “admitting” chemical exposure possibilities severely undercut the VA research agenda?

A: Everyone involved in responding to Gulf War illnesses -- whether in or outside government -- regrets that information on Khamisiyah did not come to light sooner. Now that we know about this incident, we are launching important new research on the issue of low-level chemical exposure; as one example, DOD has recently earmarked $5M of additional funds specifically for research in this area.

I am determined to do everything necessary to get out the facts and ensure that our Gulf veterans receive the care they need and deserve. We are engaged in a dynamic process which has already and likely will continue to bring new information to light -- an outcome which reflects my commitment to leave no stone unturned.

Q: Why hasn’t your Administration been listening to Gulf War veterans -- who’ve been saying for years that they’re sick and that there were chemical or biological exposures in the Gulf?
A: We have been listening to Gulf veterans and will continue to do so. One of the reasons I established the Presidential Advisory Committee in May 1995 was to afford veterans and others with any relevant information the opportunity to come forward; that opportunity took the form of numerous public hearings held across the country. Moreover, DOD has recently expanded its overall investigative effort -- an effort which includes interviews with Gulf veterans who believe they have relevant information about what occurred in the desert, as soon as their information is evaluated, DOD's findings will be made public.

Q: Congressional testimony and numerous other sources indicate that there were many chemical alarms that went off out there in the desert. Were these alarms ignored and has there been a coverup ever since the Gulf War?

A: DOD is aware of the various reports of chemical sensor alarms, and the expanded DOD investigative team is painstakingly tracking them down case by case. Commanders who served at all levels in the Gulf have told us that chemical and biological warfare agent detection and response had their highest priority, and thus I would expect that reports of sensor alarms were evaluated properly.

Nevertheless, many concerns have been raised and thus DOD is evaluating every report; in addition to tracking down each case, there are also focused IG investigations being conducted by both DOD and CIA to ensure that we have all the facts -- it would be premature to comment on these investigations while they are in progress.

Q: What is your view of the many Gulf War illnesses theories -- such as mycoplasma, aflatoxins, pesticides, stress and the blood-brain barrier, etc. -- now being discussed? Is any one of them the likely answer in your view?

A: I'll leave addressing the merits of specific theories to the many expert doctors and researchers -- at DOD, HHS and VA, as well as outside government -- currently focused on Gulf War illnesses.

The PAC has carefully evaluated nine leading environmental risk factors and concluded that current scientific evidence does not support a causal link between them and the symptoms and illnesses reported by Gulf veterans. [Risk factors: pesticides; chemical warfare agents; biological warfare agents; vaccines; pyridostigmine bromide (PB); infectious diseases; depleted uranium; oil-well fires and smoke; and petroleum products]

I will emphasize, however, that further research related to Gulf War illnesses is required and is in progress; every credible possibility -- including possible adverse effects from exposures to low levels of chemical agents -- will be investigated as we seek to ensure that the Nation meets its commitment to our Gulf War veterans. This commitment is reflected in the more than 70 federally-sponsored research projects -- involving DOD, VA and HHS, as well as non-federal researchers, that are now underway.
1. Prose student comments
2. Mtg w/ other principals
3. Mtg w/ Leshof
GWJ

Monday or Tuesday?

- extension of PKC
- $ per Research => not on us
- 2 year window => 2,200 people affected => Re-open decision process
- Reference to CWA? => NO] => may be section

1. DoD initial investigation
   - Didn't do so well so far
   - Doing better now

18 months passed, PKC 0. I am not solving all the

But a lot has happened. We have resolved problems. - Not

Unlike some other things and not with exposure

Welcome report. The is clearly bad impact.

DoD has clearly implanted some.
Asked 3 Secs to come but to be in 60 days
planning to implement.

Most difficult issue: Chemical Exposure. Do I let to
hit a day.
PAC suggested multiple oversight. Could
PAC test if done in seven months to produc

Restore credibility of sent.
[see WH testimony]

- Stress Realign. Need to target

3. Asked when to make one of highest priority

- Event
  - 1st Lady - Human Race
  - PAC Chur - Expert
  - Potus

- Methods
- Q&A
- TP

- Exec Summary: Bridging
Folks:

I've talked to Lucy Nathan in White House scheduling and she informs us that our roll-out event is now set for Tuesday, January 7th, in the Oval Office and the Roosevelt Room from 1015-1100 (with the President's brief just prior from 1000-1015).

Today's schedule for GWI rollout planning now looks as follows:

- 3:30 (vice 4 PM) meeting in OEOB Rm. 188 to review event planning -- please note that this meeting was slipped from 4PM to facilitate scheduling the follow-on teleconference discussed below.

- 4:30 teleconference to review ongoing development of our communications plan -- Assistant Secretaries for Public Affairs from each Department plus those involved from NSC involved in yesterday's teleconference (plus David Johnson hopefully); the number to call for those participating is 202-757-2100, code 3363.

Finally, the TENTATIVE roll-out event sequence is as follows:

- 1000-1015: Pre-brief for the President...
- 1015-1025: President, together with the First Lady, Vice-President and the 3 Secretaries, meets with Dr. Lashof (PAC Chairwoman) in Oval Office: report presentation plus still photos...
- 1025-1050: Roosevelt Room event:
  - Introductory remarks by First Lady...
  - Remarks by Dr. Lashof...
  - Vice-President introduces the President...
  - Remarks by the President...
- 1050-1100: President returns to Oval Office for photos w/all PAC members attending plus Staff Director...

Four days and counting!

Regards, Fred
Joyce Harmon reports that the President has approved both parts/recommendations in Package #8061 on Gulf War Illness roll-out.
<table>
<thead>
<tr>
<th>DOCUMENT NO. AND TYPE</th>
<th>SUBJECT/TITLE</th>
<th>DATE</th>
<th>RESTRICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>001. memo</td>
<td>Sameul Berger et al. to POTUS re: Acceptance Plan for the Final Report...on Gulf War Veterans' Illnesses (3 pages)</td>
<td>12/31/1996</td>
<td>P1/b(1)</td>
</tr>
</tbody>
</table>

**COLLECTION:**
- Clinton Presidential Records
- National Security Council
- Anthony Blinken (Speechwriting)
- OA/Box Number: 3388

**FOLDER TITLE:**
- Gulf War Illness-President Advisory Committee Report & Event, 1/97

**RESTRICTION CODES**

- **Presidential Records Act - [44 U.S.C. 2204(a)]**
  - P1 National Security Classified Information [(a)(1) of the PRA]
  - P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
  - P3 Release would violate a Federal statute [(a)(3) of the PRA]
  - P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
  - P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a](5) of the PRA]
  - P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

- **Freedom of Information Act - [5 U.S.C. 552(b)]**
  - b(1) National security classified information [(b)(1) of the FOIA]
  - b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
  - b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
  - b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
  - b(5) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
  - b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
  - b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
  - b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2204(3).

RR. Document will be reviewed upon request.
Executive Order 12961 of May 26, 1995

President Advisory Committee on Gulf War Veterans’ Illnesses

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

Section 1. Establishment. (a) There is hereby established the President’s Advisory Committee on Gulf War Veterans’ Illnesses (the “Committee”). The Committee shall be composed of not more than 12 members to be appointed by the President. The members of the Committee shall have expertise relevant to the functions of the Committee and shall not be full-time officials or employees of the executive branch of the Federal Government. The Committee shall be subject to the Federal Advisory Committee Act, as amended, 5 U.S.C. App. 2.

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

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

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

1. Research: epidemiological, clinical, and other research concerning Gulf War veterans’ illnesses.


3. Medical Treatment: medical examinations and treatment in connection with Gulf War veterans’ illnesses, including the Comprehensive Clinical Evaluation Program and the Persian Gulf Registry Medical Examination Program.

4. Outreach: government-sponsored outreach efforts such as hotlines and newsletters related to Gulf War veterans’ illnesses.

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

6. Risk Factors: the possible risks associated with service in the Persian Gulf Conflict in general and, specifically, with prophylactic drugs and vaccines, infectious diseases, environmental chemicals, radiation and toxic substances, smoke from oil well fires, depleted uranium, physical and psychological stress, and other factors applicable to the Persian Gulf Conflict.

7. Chemical and Biological Weapons: information related to reports of the possible detection of chemical or biological weapons during the Persian Gulf Conflict.

(c) It shall not be a function of the Committee to conduct scientific research. The Committee shall review information and provide advice and
recommendations on the activities undertaken related to the matters described in (b) above.

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

(e) As used herein, "Gulf War Veterans' Illnesses" means the symptoms and illnesses reported by United States uniformed services personnel who served in the Persian Gulf Conflict.

(f) The Committee shall submit an interim report within 6 months of the first meeting of the Committee and a final report by December 31, 1996, unless otherwise provided by the President.

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

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

(c) To the extent permitted by law, and subject to the availability of appropriations, the Department of Defense shall provide the Committee with such funds as may be necessary for the performance of its functions.

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

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

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

William J. Clinton

THE WHITE HOUSE,
Blinken, Antony J.

From: Rosa, Frederick M.
To: @PRESS - Public Affairs; @WHSR - WH Situation Room
Cc: /R, Record at A1; Busick, Paul E.; @DEFENSE - Defense Policy; @PLANNING - Strat Plan & Comm; @NESASIA - NE/South Asia; @EXECSEC - Executive Secretary; @NSA - Natl Security Advisor
Subject: Special GWI Press Guidance [UNCLASSIFIED]
Date: Tuesday, December 31, 1996 5:33PM

-- Please pass to David Johnson...

Dave: Attached is the contingency press guidance along the lines you discussed earlier today with Admiral Busick. Right now I think we can rate the probability of a leak of the PAC Final Report as low and the probability of intense media inquiries starting soon as high. The proposed guidance is intended for use only in response to the expected inquiries. Finally, our latest sense is that we're looking at a POTUS announcement on Tuesday (January 7th), but the final decision appears unlikely before Thursday. Happy New Year! Fred

<<File Attachment: PR31DEC.DOC>>
Current: 1700 31 December 1996

GULF WAR ILLNESSES DIRECTORATE

PRESS GUIDANCE

Topic: Final Report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses

IF ASKED -- whether the Final Report has been delivered:

The Final Report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses was delivered to the White House on December 31, 1996. The report is currently under initial review by the White House and the Departments of Defense, Health and Human Services, and Veterans' Affairs. We expect a formal announcement relating to receipt of the Final Report early in January.

IF ASKED -- when the Final Report will be made public:

Copies of the Final Report will be made available at the time of the announcement.

IF ASKED -- to comment further on receipt of the Final Report, or with respect to any leaked content:

The Final Report was just delivered on December 31, 1996, and is still under initial review by the White House and involved agencies. We plan no further comment on the document until the announcement to be scheduled in early January.
MWI Mtg w/SRB et al.

My thoughts:

Looking at any problem. Easy to do.

Looking under way req. Looking for stuff suddenly chopped out of sky - not low level exposure. Not looking under enough reqs.

Come out be President committ.

All self-disbanded

Detailed Admin report. 45-60 days

Consider review

Other req. Invest. CIA

Cells for continued PNC oversight. Credible process especially for 6 months.

Ask them to go an extra mile.

Other poss actions:

(a)

(b)
TO: Stephanie Streett  
      Anne Hawley  
FROM: Samuel R. Berger  
       Jack Gibbons  
       Kitty Higgins  
REQUEST: Acceptance Ceremony: Final Report of Presidential Advisory Committee (PAC) on Gulf War Veterans Illnesses  
PURPOSE: To highlight the significant contribution that PAC has made and announce the process for responding to PAC recommendations.  
BACKGROUND: The Administration made a strong commitment early on to determine all relevant facts and address various issues relating to veteran health problems possibly stemming from service in the Gulf War. This commitment assumed even greater importance after the June 1996 revelations that U.S. forces unknowingly destroyed chemical munitions at Khamisiyah. The PAC's broad review of relevant issues will assist the departments involved to: (1) ensure that all veterans receive needed care; (2) conduct appropriate medical research and thorough investigations of suspected chemical exposure incidents; (3) implement lessons learned for future deployments; and (4) promote public confidence in the government's commitment to taking care of its veterans.  
VFW Speech on March 6, 1995 with announcement of PAC.


Veteran’s Day Speech on November 11, 1996 (reiterated commitment to leave no stone unturned and cited PAC’s requirement to report by year end).

DATE AND TIME: OPEN -- Recommend 11:00 a.m. on first available date after January 6, 1997; lead time required to review report, orchestrate pre-briefs, etc.

BRIEFING TIME: TBD

DURATION: 30 minutes

LOCATION: Roosevelt Room (or OEOB 450)

PARTICIPANTS: Relevant Cabinet & Agency Officials
Select Members of Congress
PAC Members
Veterans’ Representatives

OUTLINE OF EVENTS: 1. POTUS meets privately w/PAC in Oval Office (5-10 minutes).
2. POTUS proceeds w/PAC to Roosevelt Room (OEOB 450 if necessary).
3. Preliminary remarks/introduction of POTUS.
4. POTUS remarks (5-10 minutes)

REMARKS REQUIRED: Remarks to be provided by NSC

MEDIA COVERAGE: TBD

FIRST LADY’S ATTENDANCE: Recommended

VICE PRESIDENT’S ATTENDANCE: TBD

SECOND LADY’S ATTENDANCE: TBD

RECOMMENDED BY: NSC; Cabinet Affairs; OSTP

CONTACT: Fred Rosa (NSC/GWI: 6-9391)

ORIGIN OF THIS PROPOSAL: Roll-Out Planning Meeting - 12/13/96
MRS. CLINTON: Thank you, and please be seated and welcome to the White House. I am pleased to see all of you here today for the presentation of this report of the Presidential Advisory Committee on Gulf War Veterans Illnesses. The work of this committee reflects the administration's commitment to finding answers for the thousands of brave men and women suffering from undiagnosed illnesses after serving in the Persian Gulf War. And it reflects the President's abiding commitment to being responsive to and responsible for our veterans and their families.

I know that there are numbers who are here of the commission, and I'd like them, if they would, to stand so that we could see all -- they're all standing. (Laughter.) We appreciate very much the time and effort that went into this service. And I know firsthand how important and difficult your task has been.

Over the last four years the President and I have received many heart wrenching letters from Gulf War veterans and family members. Many veterans and their family members said they felt that their country had forgotten them. So in the fall of 1994, the President asked me to explore the issues surrounding the health needs of Gulf War veterans and to look into the federal government's efforts to address their concerns.

I met with officials from the Department of Defense, the Veterans Administration, and the Department of Health and Human Services to determine if we were doing the very best we could to
respond to our veterans' needs and to facilitate research into their illnesses.

I met with representatives of the American Legion and the Veterans of Foreign Wars who shared their own observations and told me of their efforts to bring more serious national attention to these illnesses. And I visited with individual veterans, active duty soldiers and their families. At Walter Reed Hospital and the Veterans Hospital here in Washington, I listened to veterans as they tried to describe to me what it was like to live day after day, year after year, not knowing why they had become sick. I heard stories of hard working men and women who could no longer keep steady jobs and support their families because of their illnesses. One veteran officer who had been diagnosed as one hundred percent disabled told me about the healthy and active life he had led before his tour in the Persian Gulf and about his frustration in seeking effective treatments for his systems.

In February 1995, I reported to the President and the Chief of Staff on these findings and recommended some steps the administration could take in the future, including the creation of a blue ribbon panel to investigate these issues further. And I had the privilege of testifying at the first meeting of this committee in August 1995, and I've been following the work that has been done closely ever since.

So I'm particularly gratified to be here today, and I'm also gratified that our government is making progress and being responsive in taking affirmative steps to do all that can be done on behalf of our veterans and on behalf of future members of our forces who might be put in harm's way in the future.

I want to thank all who served for their persistent efforts on this committee, and for considering thoroughly the diverse and strongly held opinions, theories, explanations, and evidence about these illnesses. But I particularly want to thank Gulf War veterans and their families for taking the time to share their experiences with this committee. We could not have had a better chair person of this presidential committee than the one who was persuaded to undertake this significant responsibility, and it's my pleasure now to introduce Dr. Joyce Lashof, who will tell us more about the committee's findings.

DR. LASHOF: Thank you very much, Mrs. Clinton, especially for your compassion and your interest in this important issue. And thank you, Mr. President, for your very courageous leadership for wanting to get to the bottom of this issue and the effort you've made to bring this committee about.
Mr. President, Secretary Shalala, Secretary Brown, Deputy Secretary White, and Deputy Director Tenet: On behalf of the Advisory Committee it is a pleasure for me to transmit to you this, our final report.

Over the past 16 months we have conducted a broad analysis of issues related to health consequences of Gulf War service. Our efforts to address the complexities of Gulf War veterans' illnesses would not have been possible without the contributions of hundreds of Gulf War veterans and their families. They have served with distinction, and we thank them.

Our interim and final reports make several recommendations which we believe can improve the government's approach to addressing the health concerns of veterans who served in the Gulf. In all areas save one, these suggestions are to fine tune the government's programs on Gulf health matters. Overall, the government has responded with a comprehensive series of measures to resolve questions about Gulf War veterans' illnesses.

Unfortunately, the positive nature of these efforts has been diminished by how the Department of Defense approached the possibility that U.S. troops had been exposed to chemical weapons. It is essential now to move swiftly to resolving Gulf War veterans' principal remaining concern -- how many U.S. troops were exposed to chemical warfare agents and to what degree.

The committee is pained by the atmosphere of government mistrust that now surrounds every aspect of Gulf War veterans illnesses because of these concerns. It is regrettable, but also understandable. Our investigation of DOD's efforts related to chemical and biological weapons led us to conclude the Department's early efforts were superficial and lacked credibility. DOD's failure to seriously investigate these issues also adversely affected decisions related to funding research on health effects of low level exposure to chemical warfare agents. DOD was intransigent originally in refusing to fund such research until late this year. This has done a disservice to the veterans and the public.

But the committee recognizes that in November 1996, DOD announced it was expanding its investigation and research related to low level chemical warfare agent exposure. We hope these initiatives can begin to restore confidence in DOD's investigation on chemical agent incidents.

But moving beyond the specific, albeit important, topic, it is important to reiterate that many veterans clearly are experiencing health difficulties connected to their service in the Gulf. First and foremost, it is vital that the government
continue to provide the excellent clinical care for these veterans. Next, we must try to find why they are sick. Based on existing scientific data, none of the individual environmental Gulf War risk factors commonly suspected appears to be the cause. And while the government finds that stress is -- while the committee finds that stress is likely to be an important contributing factor to Gulf War veterans illnesses, the story is by no means complete.

Veterans, their physicians, and policymakers clearly stand to benefit greatly from the comprehensive range of ongoing research. We believe a continued commitment to long term studies is important. Some health effects such as cancer would not be expected to appear until a decade or more after the end of the Gulf War.

Additionally, the committee recommends new research in three areas: the long term health effects of low level exposure to chemical warfare agents; the synergistic effect of pyridostigmine bromide with other Gulf War risk factors; and the most physical response to stress.

However, veterans and their families will realize maximum benefits from such research only through a thoughtful, inclusive dialogue between veterans and the Departments. In light of current public skepticism, the committee strongly believes that a sustained risk communication effort is the only way to repair public trust.

The volunteers who served in defense of our national interest deserve complete and accurate information about the risks they faced, and I am sure that we will be able to provide it to them.

The committee also felt there were lessons to be learned about health matters based on Gulf War experience. We believe the government can avoid many future post conflict health concerns through better communication, better data, and better services, and we make recommendations in all these areas.

In closing, I would like to reemphasize that in many important and, in some places, unprecedented ways, the nation has begun to pay its debt to the 697,000 men and women who served in Operation Desert Shield Desert Storm. We were impressed with the research the government had already initiated to understand the nature and causes of the illnesses so many veterans suffer from. The committee hopes the same degree of commitment will be applied to the issues still outstanding.
Finally, the committee gratefully acknowledges the significant time and effort that individuals within and outside government devoted to our effort. We also have been fortunate to have a talented and dedicated staff. On their behalf and on behalf of my fellow committee members, I thank you for your leadership in addressing Gulf War veterans' health concerns and for providing us with the unique opportunity to contribute to this vitally important issue. (Applause.)

THE PRESIDENT: Thank you very much to Dr. Lashof and the members of the Presidential Advisory Committee on Gulf War Illnesses. Secretary White, Secretary Brown, Secretary Shalala, Deputy Director Tenet. I'd like to say a special word of thanks to Dr. Jack Gibbons for the work that he did on this. I thank Senator Rockefeller, Senator Specter, Congressman Lane Evans for their interest and their pursuit of this issue, and all the representatives from the military and veterans organizations who are here.

I am pleased to accept this report. I thank Dr. Lashof and the committee for their extremely thorough and dedicated work for 18 months now. I pledge to you and to all the veterans of this country, we will now match your efforts with our action.

Six years ago hundreds of thousands of Americans defended our vital interest in the Persian Gulf. They faced a dangerous enemy, harsh conditions, lengthy isolation from their families. And they went to victory for our country with lightening speed. When they came home, for reasons that we still don't fully understand, thousands of them became ill. They served their country with courage and skill and strength, and they must now know that they can rely upon us. And we must not, and will not, let them down.

Three years ago I asked the Secretaries of Defense, Health and Human Services, and Veterans Affairs to form the Persian Gulf Veterans Coordinating Board to strengthen our efforts to care for our veterans and find the causes of their illnesses. I signed landmark legislation that pays disability benefits to Gulf War veterans with undiagnosed illnesses. DOD and VA established toll free lines and medical evaluation programs.

I am especially grateful to the First Lady who took this matter to heart and first brought it to my attention quite a long while ago now. I thank her for reaching out to the veterans and for making sure that their voices would be heard.

To date, we have provided Gulf War veterans with more than 80,000 free medical exams. We've approved more than 26,000 disability claims. HHS, DOD and the Veterans Department have
sponsored more than 70 research projects to identify the possible causes of the illnesses.

But early on, it became clear that answers were not emerging fast enough. Hillary and I shared the frustration and concerns of many veterans and their families. We realized the issues were so complex they demanded a more comprehensive effort. That is why, in May of 1995, I asked some of our nation's best doctors and scientists, as well as Gulf War veterans themselves, to form a presidential advisory committee that could provide an open and thorough and independent review of the government's response to veterans' health concerns and the causes of their ailments.

Since that time, we have made some real progress. The Department of Defense with the CIA launched a review of more than five million pages of Gulf War documents, declassifying some 23,000 pages of materials and putting them on the Internet. Through this effort, we discovered important information concerning the possible exposure of our troops to chemical agents in the wake of our destruction of an arms depot in southern Iraq.

The committee made clear, and the Defense Department agrees, that this new information demands a new approach, focusing on what happened not only during but after the war and what it could mean for our troops. Based on the committee's guidance, the Department of Defense has restructured and intensified its efforts, increasing tenfold its investigating teams, tracking down and talking to veterans who may have been exposed to chemical agents, and devoting millions of dollars to research on the possible effects of low level chemical exposure.

I'm determined that this investigation will be comprehensive and credible. We haven't ended the suffering; we don't have all the answers; and I won't be satisfied until we have done everything humanly possible to find them.

That's why I welcome this committee's report and its suggestions on how to make our commitment even stronger. I also take seriously the concern regarding DOD's investigation of possible chemical exposure. I'm determined to act swiftly on these findings not only to help the veterans who are sick, but to apply the lessons of this experience to the future.

I've asked the Secretaries of Defense, Health and Human Service, and Veterans Affairs to report to me in 60 days with concrete, specific action plans for implementing these recommendations. And I am directing Secretary designate Cohen, when confirmed by the Senate, to make this a top priority of the Defense Department.
I'm also announcing two other immediate initiatives. First, I've asked this committee to stay in business for nine more months to provide independent, expert oversight of DOD's efforts to investigate chemical exposure, and also to monitor the government wide response to the broader recommendations. The committee's persistent public effort has helped to bring much new information to light and I have instructed them to fulfill their oversight role with the same intensity, resolve and vigor they have brought to their work so far. Dr. Lashof has agreed to continue and I trust the other committee members will as well.

Second, I'm accepting Secretary Brown's proposal to reconsider the regulation that Gulf War veterans with undiagnosed illnesses must prove their disabilities emerged within two years of their return in order to be eligible for benefits. Experience has shown that many disabled veterans have their claims denied because they fall outside the two year time frame. I've asked Secretary Brown to report back to me in 60 days with a view toward extending that limit.

And we will do whatever we can and whatever it takes to research Gulf War illnesses as thoroughly as possible. Every credible possibility must be fully explored, including low level chemical exposure and combat stress.

I know that Congress shares our deep concern, and let me again thank Senator Specter, Senator Rockefeller and Congressman Evans for being here. Caring for our veterans is not a partisan issue, it is a national obligation, and I thank them for the approach that they have taken.

As we continue to investigate Gulf War illnesses, let me again take this opportunity to urge the Congress to ratify the Chemical Weapons Convention which would make it harder for rogue states to acquire chemical weapons in the future, and protect the soldiers of the United States and our allies in the future.

This report is not the end of the road, anymore than it is the beginning. We have a lot of hard work that's been done and we have made some progress, but the task is far from over. The committee's assessment gives me confidence that we are on the right track, but we have much yet to learn and much to do.

As we do make progress, we will make our findings public. We will be open in how we view Gulf War illnesses and all their possible causes -- open to the veterans whose care is in our hands; open to the public looking to us for answers. I pledge to our veterans and to every American, we will not stop until we have done all we can to care for our Gulf War veterans, to find out why they are sick, and to help to make them healthy again.
Thank you very much. (Applause.)

END

11:05 A.M. EST
Acknowledgments: VP, Secretary Perry, Secretary Brown, Secretary Shalala, Dr. Lashof and members of the Presidential Advisory Committee on Gulf War Veterans' Illnesses, Members of Congress, representatives of veterans' organizations, distinguished guests [TK].

A few moments ago, Secretaries Perry, Brown, and Shalala delivered to me the final report of the Presidential Advisory Committee on Gulf War Veterans' Illnesses. Dr. Lashof and members of the Committee -- judging by the quality of your recommendations, your work has been intensive and thorough. I pledge to you, and to all America’s veterans: So will be our response.

This report addresses our most solemn obligation to those who wear America’s uniform. Six years ago, hundreds of thousands of American troops defended our vital interests in the Persian Gulf. They braved tremendous danger... a harsh desert environment... lengthy isolation from family... and when the time came, they blazed to victory with lightning speed. But when they returned, they found an unexpected and unintended outcome of their service. Thousands of young soldiers, once in peak condition, developed mysterious illnesses.

These men and women served their country with courage, skill and strength. Now, they must know they can rely on us. We must not -- and we will not -- let them down.

As soon as we understood the magnitude of the problem, our Administration took action. Three years ago, I asked the Secretaries of Defense, Health and Human Services, and Veterans Affairs to form the Persian Gulf Veterans Coordinating Board, to strengthen our efforts to care for
veterans and find the causes of their illnesses. I signed legislation that pays disability benefits, for the first time ever, to Gulf War veterans with unexplained illnesses. DOD and VA established toll free help lines. And I'm especially grateful to the First Lady, who took this matter to heart -- reaching out to veterans, listening to their concerns, making sure their voices were heard.

To date, we have provided Gulf War veterans with more than 80,000 free medical exams. We have approved more than 26,000 disability claims. HHS, DOD and VA have sponsored more than 70 research projects to identify possible causes of illness.

But early on, it became very clear that answers weren't emerging fast enough. Hillary and I shared the frustration and concern of so many veterans and their families. Like them, we wanted government to move even faster... and leave no stone unturned. That is why, in May 1995, I asked some of our nation's best doctors and scientists, as well as Gulf War veterans themselves, to form a Presidential Advisory Committee that could provide an open, thorough, and independent investigation of government's response to veterans' health concerns... and the causes of their ailments.

Since that time, we've made some important progress. The Department of Defense, with the CIA, launched a review of more than 5 million pages of Gulf War documents... declassifying some 23,000 pages of materials and putting them on the Internet. Through this effort, DOD discovered last spring information concerning the possible exposure of our troops to chemical agents in the wake of our destruction of an arms depot in Southern Iraq.
DOD has acknowledged that, up until that time, its conviction that Iraq had not used chemical weapons against our troops, and the lack of evidence of acute exposure, had led it to focus its investigation primarily on clinical symptoms. The Committee made clear that the new information demanded a new approach -- focusing on what happened during and after the war, and what it could mean for our troops. With the Committee's insistence and guidance, DOD has restructured and intensified its efforts -- increasing tenfold its investigative team... tracking down and talking to veterans who may have been exposed to chemical agents... and devoting millions of dollars to research on the effects of low-level chemical exposure.

I am determined that this investigation be credible and comprehensive. It must fulfill the requirements to get to the answers we need. We haven't ended the suffering... we don't have all the answers -- and Hillary and I won't rest until we do.

That is why I welcome the Committee's report and its many positive conclusions and suggestions to make our programs even better. I also take extremely seriously the concern regarding DOD's investigation of possible chemical exposure. I am determined to act swiftly on these findings -- not only to help those veterans who are sick, but to apply the lessons of this experience in the future... so we can better prevent and treat post-war illness among those who serve our country. I have asked the Secretaries of Defense, Health and Human Services, and Veterans Affairs to come back to me in 60 days with concrete, specific action plans for implementing the recommendations. And I have directed Secretary-designate Cohen to make this a top priority.
I am also announcing [two] immediate initiatives to move on this report. First, I have asked the Committee to stay in business nine more months -- to provide independent, expert oversight of DOD's efforts to investigate chemical exposure, and also to monitor the government-wide response to their broader recommendations. It is largely the Committee's persistent, public efforts that have brought so much of our new information to light. I know that none of its members expected their work to continue, but I also know how well they understand the crucial importance of this mission. I have instructed them to fulfill their oversight role with the same intensity, resolve and vigor they have brought to their work so far.

Second, I am accepting Secretary Brown's proposal to revisit the rule that Gulf War veterans with unexplained illnesses must prove their disabilities emerged within two years of their return in order to be eligible for benefits. Experience has shown that many disabled veterans have had their claims denied because they fall outside the 2-year time frame. I have asked Secretary Brown to report back to me in 60 days, with a view toward extending the limit.

I also want to say as a matter of principle that we will do whatever it takes to research Gulf War illnesses thoroughly. Every credible possibility must be fully explored [-- including low-level chemical exposure and combat stress. We know that stress can play a major role in people's physical ailments -- on the battlefield and off. This does not mean "It's all in your head." It's a very serious problem and we need to understand it better.]
I know that Congress shares our desire to meet our veterans’ concerns, and I thank [Senator X, Representative Y] for being here. This is not a partisan issue -- it’s an American issue. As we continue to investigate Gulf War illnesses, I urge Congress to ratify the Chemical Weapons Convention, which would make it more difficult for states like Iraq to acquire chemical weapons in the future.

This report is not the end of the road, any more than it is the beginning. We’ve done a lot of hard work, and we’re making some progress, but our task is far from over. The Committee’s assessment gives me confidence we’re on the right track. We have much yet to learn, and when we do, we will make our findings public. As we leave here today, I ask all members of government to make openness a top priority -- openness in how we view Gulf War illness and all of its possible causes... openness to the veterans whose care is in our hands... openness to the public that is looking to us for answers. And I promise our veterans -- and every American -- we will not stop until we have done all we can to care for our Gulf War veterans, to find out why they are sick, and to help make them healthy again.

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