



Persian Gulf Review

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Information for Veterans Who Served in Desert Shield/Storm

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President Clinton Approves Compensation Extension

On March 7, 1997, President Clinton announced his approval of Department of Veterans Affairs (VA) Secretary Jesse Brown's request to extend the eligibility period for compensation for Persian Gulf War veterans with undiagnosed illnesses. Secretary Brown recommended that VA extend through December 31, 2001, the period in which Persian Gulf War veterans' undiagnosed illnesses must become manifest to be presumed related to their military service in the Persian Gulf and thus qualify them for VA benefits. (The President's announcement is printed in the next column.)

"Gulf War veterans served honorably, and some are now suffering," Secretary Brown said. "It will take time for us to find all the answers, but until we do, we must provide them with the disability compensation they deserve. In recent days, I have met with Gulf War veterans across the country who contributed to the decision to extend the presumptive period through 2001. Their message was clear: 'All we are asking is that you not forget us, that you help us and our families.' This decision, as well as our continuing research and medical treatment efforts, reflect our commitment to doing just that."

Of the 85,000 veterans claiming a disability related to Persian Gulf War service, about 66,000 have already been approved by VA under conventional criteria. Only 660 have been service-connected under the undiagnosed-illness regulations published in the Federal Register on February 3, 1995. (The 1995 regulations were described in detail in the April 1995 issue of the "Persian Gulf Review.") Those regulations implemented a section of Public Law 103-446, which authorizes VA to compensate Persian Gulf War veterans suffering from a chronic disability resulting from an undiagnosed illness or combination of undiagnosed illnesses that became manifest either during active duty in the Southwest Asia theater of operations during the Persian Gulf War or to a degree of ten percent or more within a presumptive period following such service, as determined by the Secretary of Veterans Affairs. The 1995 regulations established a two year presumptive period.

VA anticipates that thousands of new claimants may become eligible as a result of the announced change in compensation regulations. After the regulation amendment becomes final, VA will readjudicate approximately 5,000 claims that were denied because they did not meet the current two-year presumptive period.

Where an illness or injury is shown by service medical records or other evidence to have occurred before discharge, a veteran of any war or peacetime era can be service-connected and compensated based on the degree of disability. Persian

Gulf War veterans have additional benefit covering undiagnosed illnesses. There is no requirement that a Persian Gulf War veteran prove a particular exposure or cause-and-effect. The initial regulations provided for compensation on the basis of symptoms alone, provided they persisted for at least six months, could not be attributed to a diagnosable medical condition, and become at least ten percent disabling within two years after the veteran left the Southwest Asia theater of operations.

With the change announced by the President, an undiagnosed illness that appears before December 31, 2001, will be presumed to be related to Persian Gulf service. The extension went into effect on April 29, 1997, when "interim" regulations were published in the Federal Register for public comment. The regulations may be modified when finalized based on the input received during the public comment period, which ends June 30, 1997.

President Clinton on His Commitment to Persian Gulf War Veterans

The following is an excerpt from President Clinton's opening statement at his March 7, 1997, televised news conference.

I also want to talk a moment about our commitments to our Gulf War veterans. And I thank Secretary Brown and the other veterans' leaders who are here, including Elaine Larson from the Presidential Advisory Committee on Gulf War (Veterans') Illnesses; the leadership of the Veterans of Foreign Wars and other veterans organizations; and the Persian Gulf veterans who joined with us here today.

Two months ago, when I accepted the final report of the Presidential Advisory Committee on Gulf War (Veterans') Illnesses, I pledged to the Committee and to all America's veterans that we would match their efforts with actions.

Today, I am announcing three important steps to meet that pledge and our debt to our veterans.

First, I have approved Secretary Brown's recommendation for new regulations to extend the eligibility period for compensation for Persian Gulf veterans with undiagnosed illnesses. We aim to raise significantly the window for Gulf veterans to claim the compensation they have earned. Under current regulations, veterans with undiagnosed illnesses must prove their disabilities emerged within two years of their return from the Gulf in order to be eligible for benefits.

Experience has shown that many disabled veterans have had their claims denied because they fall outside that two-year time frame. The proposed new regulations would extend the



time frame through the year 2001. That is ten years after the cessation of hostilities in the Gulf War. Gulf War veterans who became ill as a result of their service should receive the compensation they deserve, even if science cannot yet pinpoint the cause of their illnesses.

Second, I have accepted from the Secretaries of Defense, Health and Human Services, and Veterans Affairs a comprehensive action plan to implement the recommendations of the Presidential Advisory Committee's Final Report. I asked for this plan within 60 days, and they delivered. The plan addresses outreach, medical and clinical issues, research, coordination, investigations, and chemical and biological weapons. It will help us do an even better job of caring for Gulf War veterans in finding out why they're sick.

Third and finally, as the Committee recommended, I have initiated a presidential review directive process to make sure that in any future troop deployments, we act on lessons learned in the Gulf to better protect the health of our service men and women and their families. We need to focus on better communication, better data and better service. The Committee's work in a massive, intensive, ongoing review of millions of pages of documents by the Department of Defense and the CIA continues to bring new information to light, including recently released documents about possible exposure of our troops to chemical agents.

The scope of the effort is substantial, and if there is additional information, it will be found and released,

We will be asking two very important questions about any such new information. First, should it change the research or health care program we have in place? And second, how will it help us to make the policy changes to better protect our forces in future deployments?

What is most important is that we remain relentless in our search for the facts and that, as we do get new information, we share it with our veterans, with Congress and with the American people, and that we act on any information we uncover. That is what we have done, and what we must continue to do.

I will not stop until we have done everything we can to provide the care and to find the answers for Gulf War veterans that they need and deserve. And again, let me say, I thank all of you for your work and for being with us here today,

Action Plan Adopted to Implement Presidential Advisory Committee

The following is the "Executive Summary" of the Persian Gulf Veterans Coordinating Board Action Plan with respect to the findings and recommendations of the Presidential Advisory Committee on Gulf War Veterans' Illnesses Final Report. The 36-page Action Plan is available from the Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420.

The Persian Gulf Veterans Coordinating Board comprised of the Secretaries of Defense (DOD), Health and Human Services (DHHS), and Veterans Affairs (VA) greatly appreciates the effort, thought and constructive

recommendations provided by the Presidential Advisory Committee on Gulf War Veterans' Illnesses in its final report.

Like the Presidential Advisory Committee, the three Departments recognize that the issues surrounding Gulf War veterans' illnesses are complex. Since the end of the Gulf War, concerns have been raised as to whether there is a relationship between the illnesses (diagnosed and undiagnosed) being experienced by some Gulf War veterans and their family members and a variety of possible hazardous exposures during service, including chemical warfare agents. We share these concerns and are taking concrete steps to determine the causes of these illnesses and to provide care for veterans who are ill.

The Presidential Advisory Committee's "Final Report" provides a number of important findings and valuable recommendations. This plan outlines the Departments' actions, including those already partially or fully implemented, taken in response to the findings and recommendations of the Presidential Advisory Committee in their "Final Report." This Action Plan is a dynamic document which will need to be revisited and adjusted as information becomes available and we learn more. Furthermore, in the upcoming weeks, the three Departments and the Persian Gulf Veterans Coordinating Board will develop specific timelines for the actions proposed.

The plan addresses actions to be taken in the areas of outreach, medical and clinical issues, research, coordination, investigations, and chemical and biological weapons. These actions include:

- Initiation of a Presidential Review Directive pursuant to which the National Science and Technology Council will create an interagency plan to address health preparedness for, and readjustment of, veterans and their families after future conflicts and peacekeeping missions.
- The Persian Gulf Veterans Coordinating Board's Clinical Working Group will develop a comprehensive risk communication plan. Government and non-government risk communication experts will be engaged to assist in development and implementation of the plan.
- VA Transition Assistance Program briefings for service members separating from active duty will emphasize the VA programs and services available to Gulf War veterans and their families.
- VA will ensure that its outreach to the Latino populations provides information on Gulf War-related programs. A Spanish language information pamphlet and federal veterans benefits guide are being produced.
- Re-evaluation and enhancement of the Persian Gulf Veterans Coordinating Board will include the addition of new members to the existing Clinical, Research, and Compensation Working Groups. Further, a Deployment Planning Working Group will be established to make recommendations for interagency activities, and to monitor pre-deployment, deployment, and post-deployment medical surveillance programs.
- The Food and Drug Administration is preparing regulations that will solicit public and expert comment on any rule that permits waiver of informed consent for use of investigational products in military exigencies.
- Deployment health surveillance programs will be

carried out involving pre-deployment health screening and education, deployment operational, environmental, and medical surveillance, and post-deployment health surveillance and risk communication.

- DoD is developing enhanced orientation and training procedures to inform service personnel about the health risks, benefits and proper use of military medical countermeasures to chemical and biological warfare agents.
- Military medical record keeping will be given particular priority by DoD officials at the highest levels. Computerized medical records, medtags, and compatible information systems are under development.
- Continuing medical education programs for health care providers in VA and DoD will be enhanced to ensure up-to-date patient education and delivery of high quality health care.
- DoD is developing a Directive on Combat Stress that will set forth policy, improve stress reduction and management programs, and involve military leadership in stress management and unit cohesion programs,
- DHYIS will engage in a special effort designed specifically to impact the stigmatization of stress-associated and other mental health conditions.
- DoD has established the Office of the Special Assistant for Gulf War Illnesses, which is responsible for investigation of reported Gulf War-related incidents that may have health consequences. This effort involves case management and release of investigation narratives, and outreach to veterans and Military Coalition organizations. Recent activities include initiation of a Khamisiyah survey to collect information from veterans who were there and to encourage them to participate in the health registries,
- Service members who may have been exposed at Khamisiyah and other sites will be notified and any needed evaluation and care provided; moreover, appropriate research will be conducted.
- Research activities are a key component of the government's response. Related initiatives include:

- The Persian Gulf Veterans Coordinating Board has encouraged Public Advisory Committees be established for all large epidemiologic studies;
- Federal research request for proposals include:
 - the possible long-term health effects of chemical and other hazards (including nerve agents);
 - studies of combined exposures to pyridostigmine bromide, pesticides and other agents;
 - epidemiologic feasibility studies on Khamisiyah veterans and other groups possibly exposed to low-level chemical agents; and
 - research on stress-related disorders.
- Development of a strategic plan for research into the potential health consequences of exposure to chemical and other hazards, including low-levels of chemical and other hazards, including low-levels of chemical warfare agents; and

- Support for long-term mortality studies and cancer registries.

The Persian Gulf Veterans Coordinating Board has engaged in a comprehensive, coordinated effort to respond to the health concerns of Gulf War veterans. DoD, DHHS and VA are committed to finding answers to Gulf War illnesses and look forward to working with the Presidential Advisory Committee on Gulf War Veterans' Illnesses to achieve this goal. Our veterans and their families deserve no less.

Presidential Advisory Committee Issues Supplemental Report

On April 30, 1997, the Presidential Advisory Committee on Gulf War Veterans' Illnesses issued a supplemental letter report providing the Committee's response to President Clinton's memorandum of February 26, 1997, to the Committee regarding declassified documents pertaining to the Khamisiyah storage facility and U.S. troop demolition activities at this site.

Presidential Questions

The President's memorandum included the following questions: What is the significance of recently declassified documents regarding February 1991 warnings to the U.S. Army about chemical warfare agents (CW) at Khamisiyah and November 1991 suspicions of CW exposure of U.S. troops at Khamisiyah? When did we have sufficient evidence to conclude that chemical munitions were present at Khamisiyah and that U.S. forces conducting demolition activities may have been exposed to chemical warfare agents? Once we had that information, what actions were taken by whom to investigate this alarming possibility, and were those actions sufficient?

Committee Findings - The Evidence and its Significance

Based on its review of existing documents (classified and unclassified), briefings, and interviews, the Committee made several findings regarding the adequacy of the government's actions.

The Committee concluded that: (1) The recently declassified documents indicate substantial mismanagement and lack of communication among elements of the military and intelligence communities, but have no substantial impact on the findings and recommendations of the Committee's Final Report; (2) The intelligence community clearly had information prior to the Persian Gulf War that constituted reasonable cause for concern that Khamisiyah was a chemical munitions storage facility; and (3) Operational records show that concerns about the presence of chemical munitions at Khamisiyah were conveyed to some level of the military service prior to the March 1991 demolition activities.

The Committee also concluded that: (4) No later than December 1991, the intelligence community, military services, and any other U.S. government entity concerned about followup to the Persian Gulf War had, or should have had, documents that established reasonable cause for concern that U.S. forces conducting the ground-based demolition activities at Khamisiyah could have been exposed to CW; (5) Until late

1995, Executive Branch departments/agencies made no serious effort to examine the possibility of CW exposure to U.S. troops at Khamisiyah despite earlier inquiries from Congress, and DoD's Defense Science Board Task Force; and (6) In the face of substantial, credible evidence to the contrary, DoD's consistent denials to June 1996 of the possibility of CW exposure by U.S. troops cannot be justified.

Committee Findings - Adequacy of Ongoing Activities

The Committee also concluded that: (1) The activities of the Inspectors General for the U.S. Army and Central Intelligence Agency, alone, cannot provide answers to the President's questions; (2) The effort of the Assistant to the Secretary of Defense (Intelligence Oversight) is likely to gather the data necessary to answer the President's questions up to the question of sufficiency; however, no entity has the clear action on integrating the data to provide a comprehensive assessment of the government-wide response to Khamisiyah and actions needed for the future; (3) The scope of the President's third question needs to be clarified; (Is the goal (a) to ensure accountability for chemical and biological safety and service members' health, or (b) to establish and ensure implementation of more effective policies and procedures); and (4) Presidential-level policy councils should be well suited to the task of integrating the results of the multiple efforts into a comprehensive government policy. This Committee is not the appropriate entity to address this matter.

Oversight of Chemical and Biological Warfare Investigations

With respect to its mandate to oversee chemical/biological warfare agent investigations, the Committee addressed three issues in the letter report: (1) exposure modeling of demolitions at the Khamisiyah pit area, (2) the Committee's access to information held by DoD; and (3) standards for assessing the credibility of reported detection or exposure incidents.

The Committee concluded that none of the barriers raised by CIA and DoD presents insurmountable obstacles or in any way warrants the delay in completing modeling for the Khamisiyah pit. Uncertainties--including the number of demolition incidents and rockets involved, and the stability and other characteristics of the agent under specific demolition conditions--can be accommodated through modeling a range of scenarios, including a worse-case scenario,

The Committee report indicated that shortly after the President extended the term of the Committee, DoD raised the Privacy Act as a shield against the Committee's unfettered access to information held by DoD related to chemical and biological warfare incidents. Regulations published to implement the Act, have limited the Committee's ability to oversee, monitor, or independently evaluate the quality of DoD's investigation of exposures to these agents. The Committee reported that in April 1997, following repeated Committee requests, DoD took action that may eventually remove some barriers to the Committee's oversight activities. The Committee reported that it remains guarded in its assessment of DoD's willingness to provide access to this information.

The Committee found that DoD has not articulated clear standards for determining the credibility of reported detection or exposure incidents. The Committee noted that DoD should move as quickly as possible toward conclusions about the incidents under investigation and, when in doubt, err in favor of targeted notification of troops about possible health risks and the availability of free diagnosis and treatment programs established by the government.

About the "Review"

The "Persian Gulf Review" is written by VA's Environmental Agents Service (EAS). The "Review" is published to provide information about the concerns of Persian Gulf veterans, their families, and others interested in possible long-term health consequences of military service in the Persian Gulf War. The "Review" describes actions by VA and others to respond to these concerns.

The most recent, prior to this, issue of the newsletter is dated March 1997. Additional issues will be prepared when warranted by significant developments. EAS anticipates publication of the "Review" three or four times annually. Four issues were published in 1995 (January, April, August, and December) and three in 1996 (March, September, and December). This issue was written in late April 1997 and does not include developments that occurred after that time.

Comments or questions concerning the content of the "Review" are encouraged. Suggestions and ideas for future issues of the newsletter should be sent to Donald J. Rosenblum, Deputy Director, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420.

Questions about the Persian Gulf Registry examination should be directed to the Persian Gulf Registry Coordinator or Persian Gulf Registry Physician at the nearest VA medical facility. The telephone number can be found in the local telephone directory under the "U.S. Government" listings. Assistance is also available from the toll-free VA Persian Gulf Helpline: 1-800-749-8387.

IOM: CCEP Provides Appropriate Screening of Neurological Diseases

On April 22, 1997, the National Academy of Sciences' Institute of Medicine (IOM) released a report regarding nerve agents by its Committee on the Evaluation of the Department of Defense (DOD) Comprehensive Clinical Evaluation Program (CCEP). The IOM committee report concluded that "overall, the CCEP provides an appropriate screening approach to the diagnosis of a wide spectrum of neurological diseases and conditions."

The CCEP was developed to provide a systematic clinical evaluation program for the diagnosis and treatment of active-duty military personnel who have medical complaints they believe could be related to their service in the Persian Gulf. By December 31, 1996, about 24,400 individuals had completed the DoD examination. The Department of Veterans Affairs offers a similar examination to individuals no longer on active duty.

The committee held a one-day workshop during which leading researchers and clinicians presented the latest scientific and clinical information regarding possible health effects of low-level exposure to nerve agents and chemically-related compounds, as well as the tests available to measure the potential effects of such exposures.

Because there is little available research documenting long-term health effects of low-level exposure to nerve agents, speakers were asked to comment on the kinds of effects that might exist. These potential effects included neurological problems, such as peripheral sensory neuropathies, and psychiatric effects, such as alterations in mood, cognition, or behavior. The committee indicated that the issue of psychological and psychiatric problems will be discussed in upcoming workshops and the final committee report.

The committee concluded that, given the possibility of low-level exposure to nerve agents, certain "refinements" in the CCEP would enhance its value. The report stated that although these refinements "need not be applied retrospectively, the committee hopes implementation will be rapid so that as many new enrollees as possible will benefit from the improved system."

The refinements suggested by the committee report include:

- improved documentation of the screening used during Phase I for patients with psychological conditions such as depression and post-traumatic stress disorder;
- improved documentation of neurological screening used during both Phase I and Phase II of the CCEP;
- ensuring that Phase I primary physicians have ready access to a referral neurologist and a referral psychiatrist;
- ensuring that more complete histories are taken, particularly regarding personal and family histories, the onset of health problems, and the occupational and environmental exposures for each patient;
- standardization--to the extent possible--of predeployment physical examinations given members of the armed forces across the services; increased uniformity of CCEP forms and reporting procedures across sites;
- DoD should offer group education and counseling to soldiers and their families concerned about exposure to toxic agents.

The report emphasized that the CCEP is **not** an appropriate vehicle for responding to questions about the possible long-term health effects of low-level exposure to nerve agents. The committee noted that those questions must be addressed through "rigorous scientific research. The CCEP is a treatment program. Therefore, it is important not to attempt to use the findings of the CCEP to answer research question."

On the other hand, the committee observed that although data from the CCEP cannot be used to test for potential associations between exposures and health effects, it can, combined with other information, be used to identify promising directions for separate research studies.

The report was published by the National Academy Press. Copies of the report are available in limited quantities from the Division of Health Promotion and Disease Prevention, Institute of Medicine, 2101 Constitution Avenue, NW, Washington, DC 20418. Call (202) 334-2383 for additional information.

The IOM was chartered in 1970 by the National Academy of Sciences to enlist distinguished members of appropriate professions in the examination of policy matters pertaining to the health of the public. The Institute acts under both the Academy's 1863 congressional charter responsibility to be an adviser to the federal government and its own initiative in identifying issues of medical care, research, and education. Dr. Kenneth I. Shine is the president of the IOM.

Are Persian Gulf Veterans' Illnesses Contagious?

In mid-March 1997, there was a report that unusual symptoms experienced by some Persian Gulf War veterans are the result of bacteria transmitted to others through casual contact. The following letter to the editor signed by Kenneth W. Kizer, M.D., M. PH., Under Secretary for Health, Department of Veterans Affairs, was sent to numerous news media sources to clarify this matter.

You may have read or heard news reports in recent days that indicate that the illnesses suffered by some Gulf War veterans are caused by bacteria and are contagious. As head of the Veterans Health Administration, I would like to assure the public that there is no evidence that Gulf War veterans are suffering from a transmissible disease. These reports, based on an unsubstantiated theory of one non-physician researcher, have unduly alarmed the public that sick and disabled Gulf War veterans can transmit contagious illnesses by casual contact. Based on all we know, and all science has shown to date, this is inaccurate and has served only to needlessly frighten people.

The best medical evidence available finds no basis to claim that the illnesses which some veterans attribute to their service in the Gulf are contagious or that, as some reports have stated, the nation's blood supply is somehow endangered by Gulf War veterans who gave blood. The Department of Veterans Affairs (VA) employs tens of thousands of health care workers and, in contrast to what has been reported, not one physician or nurse in our medical facilities has become ill as a result of caring for Gulf War veterans. Likewise, in 1994, VA asked the Centers for Disease Control and Prevention to investigate concerns that a group of Gulf War veterans in Pennsylvania was suffering from an infectious disease. CDC carefully studied those veterans and found no evidence of a contagious illness.

Our Gulf War veterans and their families and the general public deserve facts, not harmful, unfounded hypotheses. We are reaching out to Gulf War veterans who are sick or have health concerns, urging them to contact VA through our around-the-clock toll-free helpline 1-800-PGW-VETS. VA can provide the medical care and scientific information that Gulf War veterans need.

CDC Statement on Mycoplasma and Gulf War Illness

The following statement was issued by the Centers for Disease Control and Prevention in March 1997.

The Centers for Disease Control and Prevention (CDC) is not aware at this time of any scientific evidence to suggest that illnesses among Gulf War veterans are caused by infectious agents. Recent reports suggesting that mycoplasma is a cause of an alleged contagious illness in Gulf War veterans have not been confirmed by rigorous epidemiological, clinical, and laboratory investigations.

CDC, in collaboration with the Iowa Department of Health and the University of Iowa, has recently completed a study of the health of Gulf War veterans from Iowa. This study did not provide evidence of a unique illness among Gulf War veterans, but instead found that some of these veterans are reporting a number of well known conditions that are found among persons not deployed to the Persian Gulf. In another ongoing CDC research effort of veterans in Pennsylvania, CDC has not found any evidence of an infectious agent associated with illness.

Federal and non-Federal researchers are currently developing new methods to detect mycoplasma strains. In addition, CDC has been in contact with researchers and has offered to provide blood specimens from Gulf War veterans with and without illnesses for blinded testing to further assess what role, if any, mycoplasma plays in Gulf War illnesses.

CDC, along with other agencies of the U.S. Public Health Service, will continue to work with the Department of Veterans Affairs and the Department of Defense in this ongoing investigation of illnesses among Gulf War veterans.

Teams Established to Enhance Communication/Responsiveness to Veterans

Early this year the Veterans Health Administration, the VA medical agency, established a new program known as Service Evaluation and Action Teams (SEATs), to improve communication with veterans and to improve the responsiveness of VA health care delivery. The SEATs are located in each of the 22 Veterans Integrated Service Networks (VISNs).

Initially, the SEATs are being piloted with Persian Gulf veterans' programs. The teams provide a mechanism for each VISN to continually assess opportunities to enhance the effectiveness of VA clinical programs and respond to veterans' concerns.

The teams, comprised of at least eight members representing a variety of disciplines and interests, including veterans, quality improvement specialists, patient representatives and clinicians, listen to and monitor trends in veterans' concerns about health care access, appropriateness, quality, and fulfillment of VA mandates.

Requests and referrals to the SEAT can be made by veterans, veterans service organizations, VA hotline staff,

veterans benefits counselors, VA regional offices, and others. The SEATs also receive input from national and local customer satisfaction and quality improvement programs. The information gathered on reported concerns and recommendations for resolution will be referred to local medical center staff for action.

The VISN locations and telephone numbers are listed below.

- 1 Boston, MA -- 617-278-4405
- 2 Albany, NY -- 518-472-1055
- 3 Bronx, NY--718-579-3590
- 4 Pittsburgh, PA -- 412-365-4350
- 5 Baltimore, MD -- 410-691-1131
- 6 Durham, NC -- 919-956-5541
- 7 Atlanta, GA -- 404-728-4101
- 8 Bay Pines, FL -- 813-319-1125
- 9 Nashville, TN -- 615-340-2397
- 10 Cincinnati, OH --513-697-2603
- 11 Ann Arbor, MI --313-930-5950
- 12 Chicago, IL --708-786-3737
- 13 Minneapolis, MN -- 612-725-1968
- 14 Omaha, NE -- 402-431-5900
- 15 Kansas City, MO -- 816-922-2908
- 16 Jackson, MS -- 601-364-7901
- 17 Dallas, TX -- 817-649-2992
- 18 Phoenix, AZ --602-222-2681
- 19 Denver, CO --303-756-9279
- 20 Portland, OR --360-690-1832
- 21 San Francisco, CA -- 415-744-6231
- 22 Long Beach, CA -- 310-494-5963

CIA Issues Report on Khamisiyah

On April 9, 1997, George J. Tenet, Acting Director of Intelligence released a 24-page report, entitled Khamisiyah: A Historical Perspective on Related Intelligence, describing the findings of the Central Intelligence Agency (CIA) Persian Gulf War Illnesses Task Force. The report concluded that while Iraq did not use chemical weapons during the Persian Gulf War, a chemical warfare agent was released as a result of U.S. postwar demolition of rockets with chemical warheads in a bunker (called Bunker 73 by Iraq) and a pit in an area know as Khamisiyah in southern Iraq.

One of the first assignments undertaken by the CIA Task Force, established on February 27, 1997, was to determine what the Intelligence Community knew about the Khamisiyah storage facility, when it was known, and what was done with this information.

The Intelligence Community comprises the CIA, Defense Intelligence Agency, Bureau of Intelligence and Research (Department of State), National Security Agency, National Imagery and Mapping Agency, and several other organizations within the Departments of Defense, Treasury, Justice, and Energy. One of the purposes of the task force is to ensure all documentation relevant to Khamisiyah and Persian Gulf War veterans' illnesses is made available promptly to the many governmentwide offices now involved in the issues.

The April 9 report and accompanying documents do not contradict previous intelligence warning before Operations Desert Shield/Desert Storm: that Iraq was likely to have

chemical warfare (CW) munitions in the theater of operations and that Iraq munitions might not be marked. "It also does not change our judgment that Iraq did not use chemical weapons during Desert Storm," added Tenet.

Intelligence Improvements Necessary

On the other hand, the report indicates that intelligence support particularly in the areas of information distribution and analysis should have been better. Key issues include problems with multiple databases; limited sharing of "sensitive" but vital information; and incomplete searches of files while preparing lists of known or suspect CW facilities. The Task Force is preparing recommendations regarding these problems and will continue to assess how CIA can improve. Tenet announced that CIA will move "aggressively" to implement those recommendations.

The report listed the following lessons learned from the Persian Gulf War experience: (1) Intelligence agencies must reconcile information in databases to eliminate confusion about facilities; (2) Intelligence components handling sensitive information must review their procedures for deciding how to share vital information with others who have a need to know; (3) Intelligence analysts must remain increasingly careful to avoid "tunnel vision" in crafting their judgments; and (4) Finally, as intelligence agencies support defense and policy experts on specific issues, they must ensure that searches are more thorough in order to provide the fullest possible answers.

Has Your Address Recently Changed?

If yes, please use this form to update our mailing list. Send completed form to the Gulf War Review, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420. Thank you.

Your Name _____

Social Security Number _____

Old Address _____

New Address _____

Q's & A's

The "Persian Gulf Review" occasionally includes a questions-and-answers section in which VA officials respond to readers' inquiries regarding various concerns of Persian Gulf War veterans and their families. Questions should be sent to Donald J. Rosenblum, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420. We cannot guarantee that all questions received will be included in the "Review."

The following questions, along with many others, were submitted by Mr. Chris Kornkven, President, the National Gulf War Resource Center, Inc., on behalf of his organization and the veterans they serve.

Q: The VA appears to have a propensity or bias for ruling out evidence rather than keeping an open and objective mindset. What is the VA doing to try to change this mindset?

A: We disagree with the characterization that we are not open-minded regarding the medical problems presented by Persian Gulf War veterans. In fact, the record gives clear evidence to the contrary. All information regarding Persian Gulf War veterans' illnesses is given careful and serious consideration. No risk factor is being ruled out as a potential contributing factor. We welcome and value the oversight and advice we have received.

We are proud that President Clinton asked Secretary Brown to take the lead in coordinating all federally-funded research on Persian Gulf War veterans' illnesses. More than ninety such projects are in progress, and others have already been completed. We recognize that more research is needed regarding the possible long-term health effects of low-level exposure to chemical weapons. You may be interested to know that three new basic research studies of chemical warfare agents were recently funded. In addition, DoD has requested scientists to submit proposals on long-term health effects of low-level exposure to chemical weapons.

With regard to compensation claims involving possible undiagnosed illnesses, the Veterans Benefits Administration has issued to its regional offices instructions strongly emphasizing the need to obtain and carefully consider all types of available evidence, both of a medical and non-medical nature (that is, lay evidence). The regional offices must offer all possible assistance to a claimant in establishing the merits of his or her claim. Where the evidence is of equal weight on both sides of an issue (that is, for and against), VA must resolve all reasonable doubt in favor of the claimant.

Q: What specifically does the VA do when a veteran reports their spouses or children show symptoms resembling those of their veteran family member?

A: VA has established a special health examination program specifically for the spouses and children of Persian Gulf War veterans in our Registry. Participants are examined at non-VA facilities by non-VA health care professionals. Congress authorized two million dollars for this program to exist through December 31, 1998. Medical treatment and follow-up care were not authorized. Examination results are included in the Registry. Registration for this program is accomplished through our toll-free helpline (1-800-PGW-VETS).

An alternative VA program exists for spouses and children of Persian Gulf veterans to enter their medical information into the Persian Gulf Registry. Eligible family members may have their private physicians complete a Registry code sheet containing the protocol examination information and submit it to VA for entry into the database. All expenses related to completion of the protocol and the code sheet are the responsibility of the veteran or the family members. Anyone seeking more information on this unfunded examination program for Persian Gulf veterans' spouses and children should contact the Persian Gulf Coordinator at the

nearest VA medical center.

Q: Does the VA currently have statistics on the rates of cancers in Gulf War Veterans?

A: No. VA does not have a cancer registry which would allow us to determine a cancer rate in veterans who served in Operations Desert Shield and Desert Storm.

As you know, many veterans obtain medical care outside the VA system. Cancer is rare among individuals who participate in the VA's Persian Gulf Registry health examination program. As of November 30, 1996, a primary diagnosis of cancer was made in 232 individuals (approximately 0.4 percent). There does not appear to be an unusual incidence of any specific type of cancer in the Registry participants.

Where to Get Help

Active duty military personnel with questions or concerns about their service in the Persian Gulf region - contact your commanding officer or call the Department of Defense (DOD) Persian Gulf Veterans' Hotline (**1-800-796-9699**) for an examination.

Persian Gulf veterans with concerns about their health - contact the nearest VA medical center. The telephone number can be found in the local telephone directory under Department of Veterans Affairs in the "U.S. Government", listings. A Persian Gulf Registry examination will be offered. Treatment will be provided to eligible veterans. The VA Persian Gulf Information Helpline can also provide the latest information and assistance. The toll-free telephone number is **1-800-PGW-VETS(1-800-749-8387)**.

Persian Gulf veterans in need of marital/family counseling - contact the nearest VA medical center or VA vet center. For additional information, call the Persian Gulf Information Helpline at **1-800-PGW-VETS (1-800-749-8387)**.

Persian Gulf veterans seeking participation for their spouses and/or child/children in the VA-funded health examination program for spouses and children - call the VA Persian Gulf Information Helpline at **1-800-PGW-VETS (1-800-749-8387)**. Veterans interested in the alternative self-funded examination for spouses and children - contact the Persian Gulf Registry Coordinator at the nearest VA medical center for forms and information.

Persian Gulf veterans disability compensation for illnesses incurred in or aggravated by military service--contact a Veterans Benefit Counselor at the nearest VA regional office or health care facility at 1-800-827-1000, or call the VA Persian Gulf Information Helpline at **1-800-POW-VETS (1-800-749-8387)**.

Persian Gulf veterans interested in learning about the wide range of benefit programs administered by VA - contact a Veterans Benefits Counselor at the nearest VA regional office or health care facility at **1-800-827-1000**. or Call the VA Persian Gulf Information Helpline at **1-800-PGW-VETS (1-800-749-8387)**.

Anyone with first-hand information about "incidents" that occurred in the Southwest Asia theater of operations during the Persian Gulf War that may be related to health problems experienced by military personnel who served in the War - call the DoD "Incidents" Hotline at **1-800-472-6719**.

For additional information about VA's program initiatives, see VA's Persian Gulf War veterans' illnesses home page at <http://www.va.gov/gulf.htm>

Note: Representatives of veterans service organizations, including the American Legion, Veterans of Foreign Wars of the United States, Disabled American Veterans, etc., may also be very helpful to Persian Gulf veterans.

Persian Gulf Review



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Who Served in Desert Shield/Storm
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