

## EIR Investigation

# Gulf War Syndrome: deadly legacy of George Bush's war

by Carol Hugunin

Gulf War Syndrome (GWS) is a national disgrace, a by-product of George Bush's dirty war of January-February 1991, involving roughly 700,000 American soldiers. But what it really should be called is "poverty medicine syndrome"—the failure to treat serious medical problems that developed as a result of fighting that war. Many of the soldiers in our volunteer army are from the same poor stratum that is targeted for genocide by Newt Gingrich's "Contract on Americans," and the failure to give them adequate medical treatment reflects this.

This is the legacy of the Bush Presidency, which not only conducted a genocidal war against the Iraqi population, in order to destroy the nation-state and establish a UN-run "new world order," but also perpetrated Nazi-style crimes against American soldiers. As we shall show, U.S. troops were unwittingly made into guinea pigs for the testing of dangerous "investigational drugs"—drugs which may have contributed to causing the illness known as GWS.

The treatment accorded these veterans threatens the health of the civilian population as well. In some cases, GWS seems infectious, as wives and children have come down with the same symptoms, after the return home of the Gulf war veteran. Some civilian physicians have labeled GWS a biological "time bomb" slowly spreading, untreated, through the U.S. population. Most of the considerable controversy surrounding GWS has ultimately been generated by the failure to support a serious, well-funded research effort to discover the multiple causes of GWS, and to develop adequate treatments, which could easily be done by re-opening a few of the closed military bases in areas that have good medical research facilities.

Vic Sylvester, president of Desert Storm Association, estimates that up to 150,000 soldiers returned home from the

war with some symptoms; and an estimated 60,000 of those developed such a debilitating syndrome, that they are either totally disabled, or only able to work a light job, sleeping the remainder of the day. Sylvester has documented, in a Yellow Commission report called "The Eye of the Eagle," a fairly consistent set of clinical symptoms—achy joints, chronic fatigue, memory loss, sleep problems, headaches, rashes—which may not have a single, simple cause. Veterans' groups like Sylvester's complain that these soldiers have received neither serious medical testing for GWS, nor serious medical treatment from the Veterans Administration (VA).

Yet, military recruiting manuals emphasize long-term medical care for illnesses or injuries related to service in the military, and President Clinton signed into law the Veterans Benefits Improvement Act of 1994 (PL103-446), specifically to address the problems veterans with GWS were having with the VA. Being left untreated with GWS has led to death for several thousand of these veterans, according to Sylvester; and for many, it has meant the disintegration of families, with family members forced onto welfare and food stamps, and children forced into foster homes.

The Department of Defense (DOD) and the VA have claimed, over the past five years, that GWS does not exist; or that if it does exist, it has no single cause; that whatever medical problems these veterans are experiencing are related to civilian life since the war, hence not subject to compensation, or are possibly psychological, due to combat stress. And, rather than spending money on thorough medical workups of veterans with GWS, or research to promote a successful treatment, the DOD and VA have spent considerable sums doing studies which support their own contentions about GWS.



*Troops protected against atomic, biological, and chemical warfare train in Saudi Arabia during Operation Desert Shield, 1990. When the war against Iraq began, safeguards were too often disregarded, exposing troops to chemicals whose effects are only now becoming apparent. Yet the Pentagon is continuing to maintain a coverup.*

### **Takedown of medical infrastructure**

GWS, whatever its causes, poses a potentially serious medical threat to the whole population—a new medical syndrome joining a swarm of emerging or re-emerging infectious diseases, in a situation in which basic U.S. medical infrastructure is rapidly collapsing, due to attrition and new budget cuts.

The number of hospital beds per 100,000 Americans has collapsed, relative to the standards set by the Hill Burton Act (PL725) in 1946. Many hospitals, particularly in poor areas, have closed some or all of their facilities. Increasingly, emergency rooms turn away patients who lack medical insurance, even in life-threatening emergencies.

A potential turning point in this crisis occurred in the 1985-88 period, with the development of Acquired Immune Deficiency Syndrome (AIDS). Lyndon LaRouche, then running in the 1988 Presidential elections, proposed a massive expansion of hospital capacity, and a \$3 billion-a-year crash program, comparable to the Apollo space program, to develop a cure for AIDS. Such a program was to focus on basic research, both in conventional molecular biology and in less conventional optical biology (non-linear spectroscopy); it would also include medical clinical research, focussed on the task of finding successful treatments for AIDS. Implementation of this crash, Apollo-style “war” on AIDS, and similar microbial threats, would have required sweeping changes in national economy policy.

Those changes in economic policy did not occur. The result: We still know very little, fundamentally, about what AIDS is, or how to stop its deadly advance. The research that

has occurred has been conventionally oriented; and although pharmaceutical progress has offered hope for those that can afford \$15,000 a year for treatment, a vaccine and an inexpensive cure, applicable to most of the world’s AIDS victims, are nowhere in sight.

Meanwhile, medical infrastructure continues to collapse, with America’s poorest getting less and less medical care, and much of the nation’s working population herded into Health Maintenance Organizations, in which adequate treatment is made secondary to making profits from treating the sick. Dr. Robert Pinner of the Centers for Disease Control (CDC) published a report in the Jan. 17, 1996 issue of the *Journal of the American Medical Association*, showing that there was a 58% rise in deaths in the United States from infectious diseases between 1980 and 1992. Corrected for age, since an increasing portion of the population is elderly, this translated into a 39% increase in mortality from infectious diseases.

Last fall, a series of medical conferences by the world’s top epidemiologists began to sound the alarm that the infrastructure for monitoring and controlling serious infectious microbes had collapsed down to alarming levels, precisely at a time when new diseases are on the rise.<sup>1</sup>

Enter, Gulf War Syndrome.

Most new medical syndromes, unless they create a situation in which people are dying in large numbers, are initially

1. Carol Hugunin, “Budget Cuts and Environmentalism Speed Spread of Disease,” *21st Century Science & Technology*, Spring 1996.

dismissed as psychosomatic illnesses. Multiple sclerosis was treated that way at the turn of the century. Hookworm was considered to be a case of "southern laziness." Hypothyroidism, and in some cases even diabetes, were treated as psychosomatic problems by some, long after insulin and thyroxine became available. AIDS patients were treated in that way until large numbers dropped dead. Any new medical syndrome, even one with a single, simple cause, is a major challenge to the medical system, requiring extensive testing, and research to determine what might be causing the problem, and how it might best be treated.

This requires a substantial financial investment, fueling the research that turns it into a readily manageable medical problem. If GWS is not a syndrome with a single cause, then there is even a greater need for extensive medical research.

### The challenge posed by GWS

Many of the more thoughtful people involved in medical research have come to the conclusion that we are at the end of the era of discovering human diseases or syndromes that have a single, simple cause (for example, one infectious agent, or one missing hormone). Those diseases have already been discovered, they say, and the ones that are left as significant unmanageable medical problems, involve more than one infectious agent and/or chemical-hormonal problem, interacting synergistically. From that standpoint, GWS presents a tremendous challenge to medical research, since it involves a large population of veterans who, in the course of a very dirty war, were exposed to multiple threats to the proper functioning of their immune system, including chemical exposures of varying sorts, experimental drug and experimental vaccine exposures, depleted uranium, plus a variety of infectious agents under very unsanitary conditions. A successful effort to pin down the effect of such interactions, and to find successful treatments for such patients, could spin off into advances into many areas of medicine.

A few doctors and researchers have started treating veterans with GWS with repeated, aggressive use of various antibiotics, with dramatic improvement reported in most cases. Thus far, about 100 Gulf war veterans have been successfully treated in this way. Dr. Edward Hyman in New Orleans started that approach after noticing unusual amounts of bacteria in the urine of GWS patients. Why such therapy works, when it works—because some Gulf war veterans do not respond at all to this therapy—is a hotly debated issue that will not be resolved without more substantial research funding.

Dr. Howard Urmovitz, from Calypste, a biomedical company in Berkeley, California, speaking at the Eighth Annual Conference on AIDS in America in Houston, Texas on April 12, 1996, insisted that a well-funded program to research GWS would lead to across-the-board medical advances. Dr. Urmovitz, an AIDS researcher, takes an unusually broad approach to his work, studying numerous other medical conditions that also involve inflammatory response, in order to get

a better idea of what the immune system may be doing. "If you study GWS and cure it," he said, "you will lead to a management that will be unbelievable. . . . We need to study these diseases concomitantly, rather than independently. . . . It is terribly important to do these clinical trials [on GWS]."

A tiny glimpse at the sort of thing that concomitant studies of possible exposures experienced by veterans with GWS might reveal, is a joint study by Dr. Mohamed Abou-Donia at Duke University Medical Center, and Dr. Robert Haley at the University of Texas, Southwest Medical Center, in Dallas, Texas. (Only part of this research has been published so far.)

## Thatcher, Bush set up the war against Iraq

The Persian Gulf war of January-February 1991 was not—as most Americans believe—a response by the so-called "coalition" forces to Iraqi aggression against Kuwait. It was deliberately engineered by Britain's Margaret Thatcher, with then-U.S. President George Bush acting like a puppy on her leash. Their purpose was to establish a precedent for the utter destruction of the sovereignty of a nation, *any* nation, and for malthusian world government by a United Nations dictatorship. The particular target of the British oligarchy was not so much Iraq, as Germany, which had achieved reunification in October 1990, and whose unity struck terror into the hearts of London's geopoliticians.

In an expression of gratitude to Britain's principal American pawns in Operation Desert Storm, Queen Elizabeth II awarded knighthoods to George Bush (Honorary Knight Grand Cross of the Order of Bath), Gen. Norman Schwarzkopf (Honorary Knight of the British Empire), and Gen. Colin Powell (Knight Commander of the Order of Bath).

*EIR* documented the strategic aims of Operation Desert Shield and Operation Desert Storm, every step of the way.

In a *Special Report* published in September 1990, while the buildup to the war was under way, we quoted an Aug. 12, 1990 statement by Lyndon H. LaRouche, Jr., who was still being held a political prisoner of George Bush. Headlined "Margaret Thatcher Is Brainwashing George Bush," the statement read in part: "As of the 11th and 12th of August, I began to become very upset at the way in which most of the leading British press was featuring breaking accounts of the way in which Margaret Thatcher had brainwashed President George Bush.

"The fact of the matter is, that every bit of the crisis

These two researchers were fortunate enough to get private funding to do this study, from Ross Perot. The study revolves around the interaction of three chemicals: pyridostigmine bromide (PB), an experimental anti-nerve gas pill given to soldiers in anticipation of possible use of chemical warfare by Iraq; DEET, a common insecticide; and permethrin, another common insecticide.

These insecticides were used to protect soldiers from insect-borne diseases endemic in the Persian Gulf area. None of these chemicals, individually, is harmful in the dose that was *supposed* to have been used during the Gulf War. But Dr.

Haley and Dr. Abou-Donia hypothesized that the use of the three together had a very different impact: that the PB pills blocked the natural production of an enzyme called plasma butyrylcholinesterase (BuCHE), which normally filters out chemicals, including insecticides like DEET and permethrin, preventing them from damaging the central nervous system.

Dr. Abou-Donia's study, published in the May 1996 issue of the *Journal of Toxicology and Environmental Medicine*, shows that chickens given the combination of PB with DEET and permethrin developed, according to doses used, increasing degrees of weight loss, diarrhea, weakness, tremors, short-

leading up to the Kuwait incident was orchestrated by British intelligence. I have the name, rank, and serial number of many major British agents who are controlling Israel and controlling the orchestration of the Arab side at the same time.

*"Britain orchestrated this crisis. Margaret Thatcher's government supported British intelligence's organization of this crisis. Then Margaret Thatcher came to the United States, and took a Bush who was reluctant to get into a military adventure in the Middle East, and she brainwashed the President of the United States into a military operation in the Middle East, which could backfire wildly, and which could certainly do damage to our allies in Japan and Western Europe; and will upset the balance of power, creating a Soviet problem of a kind we could have avoided."*

*EIR* reported that George Bush and the British lured Iraq into the invasion of Kuwait, which provided the pretext for the "coalition" war. On July 25, 1990, U.S. Ambassador to Iraq April Glaspie met with Saddam Hussein and told him: "Mr. President, not only do I want to say that President Bush wants better and deeper relations with Iraq, but he also wants an Iraqi contribution to peace and prosperity in the Middle East. President Bush is an intelligent man. He is not going to declare an economic war against Iraq. . . ."

"We have no opinion on the Arab-Arab conflicts like your border dispute with Kuwait. I was in the American Embassy in Kuwait during the late 1960s. The instruction we had during this period was that we should express no opinion on this issue, and that the issue is not associated with America. [Secretary of State] James Baker has directed our official spokesmen to emphasize this instruction." (For more on these events, see Webster G. Tarpley and Anton Chaitkin, *George Bush: The Unauthorized Biography* [Washington, D.C.: EIR, 1992].)

Between Jan. 16 and Feb. 28, 1991, the UN "coalition" carried out over 120,000 bombing "sorties" against Iraq, systematically destroying that nation's civilian and mili-



*EIR's* cover story of Oct. 12, 1990 showed how the buildup to the war against Iraq was part of a British strategy to prevent reunited Germany from participating in a Eurasian alliance for economic development.

tary infrastructure, sparing neither food warehouses nor bridges, mosques nor bomb shelters, civilians nor fleeing, defeated soldiers. The total deaths resulting from these attacks have been estimated at 200,000-500,000. The embargo imposed upon Iraq by the UN Security Council since the end of the war, has resulted in hundreds of thousands more deaths, primarily of children and the elderly.

This is what President George Bush described, in an address to the UN General Assembly on Sept. 23, 1991, as the advent of a *pax universalis*—a universal peace.



## LaRouche Campaign Is On the Internet!

Lyndon LaRouche's Democratic presidential primary campaign has established a World Wide Web site on the Internet. The "home page" brings you recent policy statements by the candidate as well as a brief biographical resumé.

**TO REACH** the LaRouche page on the Internet:

<http://www.clark.net/larouche/welcome.html>

**TO REACH** the campaign by electronic mail:

[larouche@clark.net](mailto:larouche@clark.net)

Paid for by Committee to Reverse the Accelerating Global Economic and Strategic Crisis: A LaRouche Exploratory Committee.

ness of breath, paralysis, and death. Dr. Haley's pre- and post-Gulf war epidemiological and neurological study of a whole battalion that served in the Gulf war, has not yet been published.

### Government coverup

Veterans and others who have testified at hearings sponsored either by Congress or by the President's Advisory Committee on Gulf War Veterans' Illnesses (PAC), have raised a number of very serious, well-documented questions about the ongoing DOD-VA coverup of what occurred during this war, as it relates to this country's moral commitment to treat its soldiers who return with slowly developing war-related injuries or illnesses.

Current VA records show that only 5% of Gulf war veterans' claims are being granted as requested, despite the intent of PL103-446. The American Legion did a study of three out of four Persian Gulf Area Processing Offices, which shows that 73% of the claims for compensation under PL103-446 were totally denied; 23% were partially granted; and only 4% were granted as requested. Testifying at the March 11, 1996 congressional hearings on GWS, Matthew Puglisi, assistant director of national veterans affairs, American Legion, said: "The majority of the reasons for denial given by the VA was the symptoms did not become manifest to a compensable

degree of 10% within the required two years of the veterans leaving the Persian Gulf Theater . . . 19% of the denial letters sent to the veterans were inadequate according to VA's own regulations and Court of Veterans Appeals decisions. . . . Thousands of Gulf war veterans who are symptomatic for the illness, or illnesses, known as GWS are not receiving health care or compensation from the VA."

Charles Sheehan-Miles, executive director of the National Gulf War Resources Center, Inc., made the same point in his March 11 testimony during congressional hearings: "Though a number of potential exposures have been reported and studies conducted, VA medical personnel do not know about these exposures and their possible effects on short- and long-term health. Some of these exposures include depleted uranium, chemical and/or biological weapons, toxic oil smoke, inoculations, and epidemic diseases. Unfortunately, VA has to a large extent relied on the Defense Department's denial that most of the exposures even took place. . . . As a result, VA doctors are following standard medical diagnostic protocols which are designed to detect illnesses likely to be contracted in civilian life, rather than in an extremely toxic wartime environment. Private and some government research has shown that medically significant effects are shown when veterans are tested for the right illnesses. . . . Though Maj. Gen. Ronald Blanck, M.D., commander of the Walter Reed Army Medical Center, wrote on Jan. 18, 1994, that 'clearly, chemical warfare agents were detected and confirmed at very low levels . . . [and] could have contributed to illnesses,' VA has failed to evaluate veterans for possible exposure to these low level agents."

Testifying at hearings of the PAC in Chicago on July 8, Samuel Ramos, a veteran who had received a bronze star for his service in Vietnam, stated that he and his whole family became sick following his return from service in the National Guard during the Gulf war; the VA has denied his claims for compensation, putting him on the following medications for his GWS symptoms: morphine, Methadone, Percoset, Demerol, Darvon, Merinol, Vicodin, and muscle relaxers. As a result of such treatment, Ramos testified: "I lost my family, my friends, my good standing with the community, my freedom, and even my self-esteem. I was disrespected, humiliated, lied to and harassed by General Blanck's staff. Treatment of active duty personnel was intolerable at Walter Reed Hospital. People with the same symptoms as I, were held in the psychiatric ward." The use of such drugs acts as a cheap, mind-deadening substitute for a serious treatment and research effort around GWS.

### Demolition of Iraqi arsenals

Brian Martin, president of International Advocacy for Gulf War Syndrome, released to the PAC on June 19, 1996, a copy of a video taken by members of the 37th Engineers' Battalion with the 20th Engineers' Brigade, during the March 4, 1991 demolition of Iraqi arsenals at Kamisiyah. The video

was shown at Martin's testimony to the PAC in Chicago on July 9. It documents the exposure of U.S. troops to chemical warfare agents.

This was a deployment which took place after the cease-fire, after the air and ground war had ceased. It involved blowing up 100 large concrete bunkers and warehouses, plus some open-pit storage areas, because they were arsenals containing weapons. According to many veterans, some bunkers at Kamisiyah contained chemical warfare agents stored along with other ammunition. In a telephone conversation, Martin stated that 85% of the ammunition he saw in those bunkers was U.S.-made, but Jordanian, Russian, Italian, Dutch, and other ammunition was also seen.

Charges that the Iraqis had chemical and biological warfare agents have not been proven; but since these charges have been supported by the U.S. government, then how can the same government credibly dismiss out-of-hand claims by veterans that they were exposed to these agents during coalition demolition, with deleterious effects on their health?<sup>2</sup>

The video shows an explosion, creating a huge plume of smoke fed by several smaller explosions, as 33 bunkers were destroyed at once. Soldiers are shown from the 37th, deployed about three miles southwest of the explosion, wearing neither chemical warfare protection suits nor masks, with black and gray smoke from the explosion swirling around their heads; they are running for cover as rockets and live rounds rain down on them.

A full-page feature on this incident by Philip Shenon, published in the Aug. 11 *Sunday New York Times*, states that although the DOD claims that they have found no unusual pattern of illness among those from the 37th exposed to this demolition effort, the author interviewed 37 of 150 battalion members so exposed. Of those 37, Shenon writes that 27 have suffered serious health problems since the war; yet, as elite paratrooper troops, they were in superb physical shape going into the war. Although the Pentagon claims that extensive inspection of the area was done prior to the detonation, soldiers of the 37th claim that no such thorough inspection was done, and that chemical alarms went off shortly after detonation began. Maj. James R. Riggins (ret.), who was the executive officer of the 37th, said: "We were so close, that it made sense to don all the chemical equipment, so we did." But he said that the 37th had no chemical expertise to conduct a thorough search of the bunkers in advance. "How the hell would we really know what's inside those bunkers? We are

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2. At the April 16 PAC hearings in Atlanta, Randy Wheeler, a Marine Artillery scout observer with the 3rd Tank Battalion, 1st Toll Platoon, assigned to protect a German-made FOX vehicle designed to test for chemical warfare agents, testified that at an area outside the Kuwait International Airport, they found storage of rounds containing mustard gas and other chemical agents, and that all munitions found there were manufactured in the Netherlands, Jordan, or the United States. During the July 8 PAC hearings, Igor Mitrokhin, from the United Nations special commission on disarming Iraq, testified: "Of course, Iraq was not able to create the CW arsenal on its own."

obviously not chemical-weapons experts." Shenon explains that the 37th was short of chemical suits, and, *since alarms went off frequently, they were encouraged not to unwrap new suits even when alarms went off.*

Brian Martin testified that he heard no chemical alarms during the detonation, but it is certainly possible that members of the 37th further away from the chemical alarms, might not have heard them over the noise of the explosion.

Major Riggins told Shenon that although he has remained healthy, he didn't question the claims of members of the 37th who had become sick. "Some of these guys are heroes. They are John Wayne types. These are not the type of guys to make these things up."

### **Blowback during coalition air war bombing**

Jim Tuite, director of the Senate Banking Committee investigation of GWS under then-Sen. Donald Riegle, Jr. (D-Mich.), is a Vietnam veteran, and was science and technology research coordinator with the U.S. Secret Service. He testified to the PAC on April 16, 1996, that he was developing arguments based on information which is "the position of the Department of Defense, not the position of Jim Tuite."

Tuite claimed that prior to the war, the Army and Air Force contracted with the national laboratories to do classified studies on how to destroy arsenals of chemical and biological weapons without killing massive numbers of Iraqis or coalition soldiers. The studies, he said, warned of the labs' serious concern about fallout from blowing up these facilities. The Russians, he said, including the former commander of the Soviet chemical weapons troops, also expressed serious concerns about such fallout once the air war began, especially given the geographic proximity of Iraq to the former Soviet states.

Tuite pointed out that in 1994, the DOD was spending tens of millions of dollars to develop "safe-kill" weapons that would minimize collateral effects from bombing of chemical and biological weapons arsenals, so it hardly seems likely that the United States had successfully developed a safe solution during the Gulf war, early in 1991.

Tuite further testified that the nerve gas Sarin does not burn, is mixable in water, and has a cumulative effect from low-dose exposure. Since Sarin does not burn, at least not under detonation-type conditions, and since there were, according to declassified Defense Intelligence Agency reports, no massive casualties in the immediate area of the bombings—a populated area along the Euphrates River—the question becomes, where did the gas go? If it was diffused, according to the DOD's weather modeling, in the layer of the atmosphere next to the Earth, large-scale casualties and deaths would have immediately occurred. Since there is no evidence of that, said Tuite, it must be that the DOD modeling was incompetent. Or, was the claim that Iraq possessed such chemical warfare agents false? If this turns out to be the case, it is, in itself, a scandal, since such claims have been used to



*Training for the war against Iraq, in a simulated chemical warfare environment. A full investigation is needed into what caused the symptoms known as Gulf War Syndrome, as well as a research program to determine how veterans who have this disease can be cured.*

justify continued sanctions against Iraq, which have killed hundreds of thousands of Iraqi children.

Tuite stated that Sarin vaporized during the bombing and rose from the heat of burning facilities, way up into the lower troposphere. He reported NOAA satellite weather data from that time period, which show that on the relevant days, the visible debris and smoke clouds from the bombings were drifting southeast across coalition troop concentrations. He testified that generally the coalition forces bombed late at night or early in the morning. Then, using Air Force Gulf War weather reports, he showed that a low fog, often containing both water and Sarin vapor, would drift over the troops most mornings, with Sarin, which is mixable with water but heavier than air, dropping out as the water evaporated each morning, causing alarms to go off. He testified that, according to DOD standards in training field manuals, those chemical alarms were confirmed to be positive alarms, and were re-confirmed by French, British, and Czech alarms.

He testified that nerve agents—that is, organophosphate chemicals, such as Sarin—in low doses cause cumulative damage, with flu-like symptoms and rashes, very much like the GWS symptoms that veterans experienced, both during the air war and later upon returning home. He told the members of the PAC to pick up a pesticide can, like malathion, and see what symptoms it warns you to look for: “It says if you see flu-like symptoms and rashes, immediately seek medical assistance.” He cited the peer-reviewed study by Dr. Gran Jamal, a British expert on organophosphate pesticide

poisoning, which shows that 14 out of 14 randomly selected sick British Gulf war veterans had peripheral nervous system damage similar to that seen in civilian agricultural overexposure to organophosphates.

Tuite testified that exposure to low levels of organophosphates, at two or more orders of magnitude lower than the levels at which the alarms start going off, causes chronic damage to health unless gas masks are worn; yet, gas masks were not worn, because soldiers were unaware of the danger! These levels of exposure were not an acute threat, in terms of impairing the military mission, but were a serious health threat to the individuals so exposed. He testified that besides the numerous chemical sensor alarms of various sorts, massive sudden deaths of animals during the air war further corroborated the assertion that the chemical alarms were not false alarms.

Tuite declared: “I am critical [of the DOD], in that denying that these low-level exposures are hazardous and by denying that when alarms went off it was real, they have undermined our forces’ confidence in their leadership, in their chemical weapons gear,<sup>3</sup> in their chemical weapons detectors and, quite

3. An article by Dr. Evan Koslow, “Would You Go to War Wearing This Equipment?” in the May 1990 *Armed Forces Journal*, argued that the suits and masks used in the Gulf war were nowhere near adequate, but the experience of the French troops, who were rigorous about staying in Mission Oriented Protective Posture-status whenever alarms went off, indicates that, in reality, the suits were definitely better than nothing.

frankly, a whole doctrinal review needs to be conducted. . . .”

Tuite was questioned about the permissible exposure limit for Sarin, and he pointed out that alarms were going off detecting 1,000, and even 10,000 or 100,000 times these permissible levels, “and again, the troops were told, because these alarms were all going off, that it wasn’t enough to hurt you, don’t worry about it, take the batteries out of the alarms. Because our doctrine specifically says that the effects of these chemical agents are acute, immediate and severely debilitating. And they are at militarily significant levels, but they’re not at levels that will cause serious physical injury to the individuals exposed. . . . We know that the French exercised fairly decent MOPP [Mission Oriented Protective Posture] discipline, both because of the quality of their detectors, and because they weren’t taking the nerve agent pre-treatment pills, and we have very few reports of French sickness. Now we don’t know whether that’s because of the pills or because they exercised MOPP discipline because they weren’t taking the pills. . . . My concern in this issue is not as it relates to veterans, it’s as they relate to the soldiers that are still in uniform. . . . We have systematically undermined our troops’ confidence in the abilities of their commanders to tell them the truth.”

Tuite then moved to the problem of depleted uranium. “The radioactive dust takes a long time to start manifesting its symptoms, but it has very similar symptoms. . . . I think you’re going to see more and more soldiers get sick, soldiers who aren’t sick now, or soldiers who are managing their illness now. . . . This becomes very frightening, because it becomes a readiness issue as well.”

Tuite was questioned as to where he got the information on the chronic low-level effect of organophosphates, since the military claims that such information doesn’t exist. He answered that he has a farm, and the Agricultural Extension Office passes out flyers from Rhône-Poulenc, among other manufacturers of agricultural pesticides, that include safety drawings and alerts for any farmer experiencing rashes or flu-like symptoms to immediately seek medical help. Plus, Tuite pointed to the literature about how occupational exposure to organophosphates can lead to delayed neuropathy.

Tuite also testified that a “board member of a major supplier of pathogens to Iraq’s biological warfare program was named to head the Defense Advisory Board’s inquiry” on GWS.

### **Double standard on chemical warfare**

Both the DOD and most veterans’ groups claim, that although the Iraqis possessed chemical weapons, they did not systematically and deliberately use them during the Gulf war. Yet, the fact that the Iraqis may have possessed chemical and biological weapons, apparently obtained largely from the United States, continues to be used by the U.S. government as an excuse for continuing punitive sanctions against the Iraqi population.

At the July 8 hearings of the PAC, Kathi Kelly, as an

American civilian who was in Iraq during the war, stated that 567,000 Iraqi children have died from starvation and lack of medicines since those sanctions were imposed in August 1990, and are continuing to die at a rate of 10,000 a month. “Children under five, like our own children, simply cannot control their governing forces. And yet, because of the terrible corrective punishment, they’ve been called upon to pay the price,” she said.

But while sanctions kill off young and old in Iraq, the DOD and VA are using the excuse that the Iraqis did *not* systematically use their chemical and biological warfare capacity against U.S. troops during the Gulf war, to avoid treating veterans for chronic low-level CBW exposure. This carefully skirts the issue that the Iraqis did not create the problem of U.S. soldiers’ exposure to CBW: it was the bombing of Iraqi arsenals by the coalition forces that did, according to Tuite’s testimony, which was carefully prepared using DOD material.

### **Parasites and contaminated blood**

Vic Sylvester of the Desert Storm Association, in an interview, accused the VA of incompetence, in its failure to test returning veterans with GWS for parasites endemic to the Gulf region. He pointed to a *New England Journal of Medicine* article from March 1991, which states that any veteran returning from the Gulf with chronic fatigue syndrome should be tested for *all* parasites native to the Gulf region. This includes sand fly fever; *leishmaniasis*—a difficult-to-detect lethal parasite also carried by the sand fly; *Euphrates schistosomiasis*, which is associated with irrigation projects and is second only to malaria in causing deaths worldwide; and *Winchera bancrofti*, a parasite that causes heart problems. In India, Sylvester said, *schistosomiasis* generates a high rate of bladder and urinary cancers due to chronic irritation. Desert Storm veterans have a very high rate of those cancers. Such parasites can be transmitted within the family by intimate contact. Many parasitic diseases, such as *schistosomiasis*, are immune system depressors, and certainly would fit in with the symptoms typically experienced in GWS.

Yet, veterans complain that the VA refuses to test them for the relevant parasites. Most VA facilities have no parasitologist on call, according to Sylvester, although soldiers are sent into combat overseas under some of the most unsanitary conditions imaginable. During testimony to the PAC on April 16, 1996, Louise Applequist testified that, during the war, her husband generally ate outside with the wind blowing around. “They could not help but eat a certain amount probably of dust and parasites that were in front of them.”

During July 8, 1996 testimony to the PAC, Dr. Timothy Gerrity, deputy director of the Medical Research Service in the Office of Research and Development in the Department of Veterans Affairs, defended the DOD’s award of research money for the development of diagnostic or screening test and treatment regimen for *leishmaniasis*, by stating: “We



are becoming aware, as our World War II veteran population ages, and enters into health conditions that reduce their immune status, that *L. tropica* infections that occurred due to service in the Middle East back in the 1940s, during World War II, are now turning into active opportunistic infections.”

Thus, he admits that parasites are a serious problem for veterans, but one which is generally ignored for the same general reasons that *Leishmaniasis tropica* is ignored: lack of adequate and accurate tests to screen for it, lack of safe treatments to treat it, and lack of a trained cadre force of parasitologists to handle such problems. This is a serious problem both in the civilian and the military realm, which is part of a general pattern of medical infrastructural collapse, in which even mildly challenging problems are swept under the rug, rather than invest in the infrastructure and research which would be necessary to treat that problem seriously.

Many Americans think that we don't have to bother with looking for parasites, because Americans have infrastructure that developing countries lack. This was once true, but increasingly decayed infrastructure leaves Americans more vulnerable. But, this argument is invalid for another simple, neglected reason: Americans have close contact with pets, and farm and wild animals, which are loaded with parasites.

Sylvester points out an additional fallacy in ignoring parasites in veterans returning from the Gulf: *Leishmaniasis* can stay dormant in the blood for ten years; *schistosomiasis* for 20 years; and *Wincherea bancrofti* for up to 20 years. Immediately following the Gulf war, there was a temporary ban on returning veterans giving blood, but it was prematurely lifted by the DOD. The Desert Storm Association approached the Red Cross with the problem of contamination of the U.S. blood supply, but the Red Cross, headed by Bob Dole's wife, was not interested.

## Drugs and vaccines

Sylvester is a veteran of the Korean War. Like most soldiers, he got all his vaccinations at once, right before going to Korea, and like many, he got very sick. He was initially so sick that he couldn't raise his arm, stayed “sick as a dog,” for the next month, and caught every cold and flu going around for the next year. This phenomenon is known as immune system overload, and can occur also in civilian life, with multiple childhood immunizations. To minimize this potential, civilians going overseas are vaccinated over a period of time. Most medical researchers consider the military tradition of giving all vaccinations at once, medically unjustifiable, pointing out that in terms of basic immune function, researchers have absolutely no idea what they are doing to the soldier who gets so many vaccinations at the same time. Military medicine regards this as a tradition, and no career officer wants to ruin his career by pointing out that it would make more sense to develop a standard vaccination series, for which soldiers and reservists are vaccinated over a period of time;

and then only add last-minute special vaccinations for extraordinary deployments.

In addition to standard licensed multi-vaccinations, soldiers deployed to the Persian Gulf were given investigational vaccinations (anthrax and botulis toxid) and the investigational drug pyridostigmine bromide (PB). Investigational drugs and vaccinations are products which lack Food and Drug Administration approval, because they have not yet been tested adequately for safety or efficacy. Normally, in medical research, experimental products would not be massively tested on large numbers of humans, the way these investigational drugs and/or vaccines were. Normally *all* medical research requires written informed consent, for the use of *any* investigational product on any human subject, but the FDA allowed the DOD a temporary waiver, during Desert Storm. Since then, the DOD has requested that the FDA make this temporary waiver permanent! Sylvester cites an article in *Modern Military Medicine*, which states that PB, anthrax vaccine, and botulis toxid vaccine were not the only investigational products fielded during Desert Storm; hence, he states, there may have been other, classified, investigational products tested on uninformed soldiers during this war.

There are a few soldiers who were vaccinated to go to the Gulf, but didn't go for one reason or another, and yet who *did* get very sick with GWS. Veterans and some researchers are therefore interested in these investigational products as a potential cause of GWS. But if the investigational drugs and/or vaccines did generate GWS, then the crucial question would become, what was it about these products that caused widespread GWS? Was it vaccine contaminants, vaccine adjuvants, interactions of various live weakened germs in a soldier whose immune system might have become overloaded by toxic battlefield conditions? Was it an interaction of chemicals like PB with other toxic battlefield conditions, as suggested by the research of Dr. Haley and Dr. Abou-Donia? Could some of these investigational products be totally unsafe? Could vaccines now being used in the civilian and military realm, harbor unsafe levels of contamination?

All these questions require considerable funding to be properly resolved, and have been made all the more pertinent by the simple observation that the French, who refused to allow their troops to be given investigational products and/or vaccines, have almost no GWS among returning troops, relative to other nations among the coalition forces.

## Full investigation needed

These are all very serious charges which deserve investigation by an impartial body. Thus far, the DOD's response to much of the testimony that has been offered, seems to be to erect a barrier of missing documents, virtual reality scenarios about what should have occurred, and sleight-of-hand dismissals of what real combat conditions are like. Can a super-computer weather model, which even its operators admit is

based on many unproven assumptions and is not very accurate—particularly on the question of the ever-changing wind direction—be held up as authoritative, over a video of an actual event, which the DOD admits is authentic, combined with numerous testimonies from soldiers who were at Kami-siyah?

Some have attempted to dismiss the Abou-Donia study as involving much higher doses of the combination of PB, DEET, and permethrin than soldiers could possibly have been exposed to during the Gulf war. But Sylvester claims that there was a world of difference between what the instruction manuals claim should have been done, and the actual concentration of pesticides sprayed on troops by contractors, who were, in fact, very short of water. Similarly, there are claims that the necessary use of chemical warfare protection suits locked the slime from the oil well fires on the DEET-impregnated uniforms directly against the skin, under high-temperature desert conditions that would generate a totally different rate of skin absorption than anything the DOD would ever have thought necessary to model back in the United States.

Another example: Sylvester states that some units drank diesel oil-contaminated water, because the troops that were ordered to change all filters on trucks that carried diesel fuel, before those same vehicles were used to haul water, were

unaware that the main filter system was on the bottom of those trucks, and so those trucks came back to the United States with the main filters, through which the water was pumped, still coated with diesel fuel!

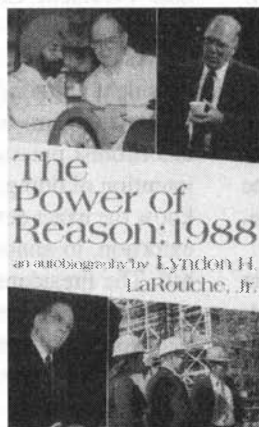
Therefore, which is more important to this country: to protect and treat its soldiers, and preserve its future war-fighting capacity, or to protect the career of some Pentagon desk officer, whose scenario for what should have occurred didn't work out in reality? And, what about the infectious diseases associated with GWS, spreading undetected and untreated through the U.S. civilian population, while the existence of GWS is being contested by the DOD/VA, which do not wish to deal with this problem, even though it is destroying that future war-fighting capacity in the process?

The Gulf War was concocted by then-President George Bush and then British Prime Minister Margaret Thatcher to cut off the potential for Eurasian industrial development which opened up with the fall of the Iron Curtain in 1989 (see box). It was a dirty war, followed by a dirty peace, which imposed murderous sanctions on the people of Iraq. The genocidal mentality ("Bomb the Iraqis back to the Stone Age and starve the survivors!") that designed this dirty war, is the same mentality that was willing to turn against American veterans once the war was over. Toleration of this mentality is a price no nation can afford to pay, and still survive.

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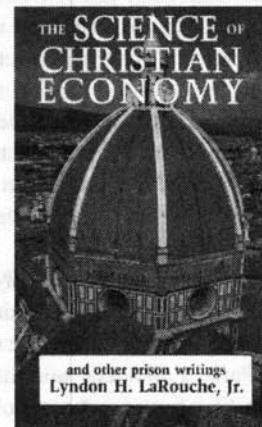
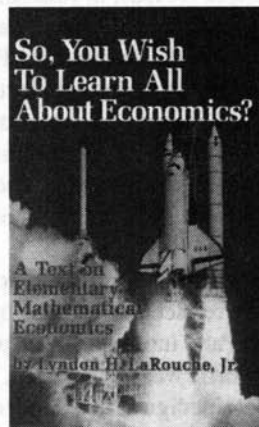


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