

The Gulf War Syndrome & The Pentagon's Secrecy Syndrome

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Contents

- [Multiple Factors](#)
- [The Coverup](#)
- [The Truth Was Known](#)
- [Fox Investigates Chicken Coop](#)
- [Memories of Vietnam](#)
- [Treatment and Research Delayed](#)
- [Recent Research](#)
- [British and French Troops](#)
- [Depleted Uranium](#)
- [Pesticides and Deadly Combinat](#)
- [Conclusions](#)

THE ELUSIVE GULF War Syndrome story reads like an Agatha Christie novel, revealing bits and pieces of a jigsaw puzzle, with government agencies admitting facts only after they have already been established.

After six years of duplicity, denial, and cover-up the Pentagon has had to admit that U.S. troops suffered exposure to chemicals and gases following the Iraqi war. Yet even in the face of TV coverage (including "60 Minutes"), Congressional hearing and countless personal stories by veterans, the stonewalling continues.

In June 1996 came the admission that the release of poison in the destruction of the Kamisiyah weapons complex did happen. But no one was hurt, it was initially claimed — then later conceded that possibly 400 may have been affected, the estimate gradually widening to 5000, and then to 20,000.

At the apex of the mystery is the saga of the Missing Logs, for eight crucial days between March 4 and 10, 1991. Not only are three-fourths of the logs missing, but one set is lost from a U.S. central command post in Florida and another set lost in Maryland. Both had been deposited in safes.

Obviously, the 700,000 U.S. troops who participated in Desert Storm had been pronounced mentally and physically combat ready before leaving for the Gulf. Of these veterans, 84,000 have now reported serious service-connected health problems.

Their complaints include at least twenty-three separate ailments and involve all body systems — severe urinary and bowel disorders, joint and muscle pains, digestive disorders, allergic reactions, chronic fatigue, skin eruptions, menstrual disorders, impotence, cognitive impairment, speech disorders so severe as to require interpreters, and neurological impairments, some resembling Lou Gehrig's disease (ALS), so disabling as to require ambulatory aids and wheel chairs when testifying before Congressional committees.

Most alarming were the numbers of birth defects in these veterans' offspring.

Multiple Factors

The very multiplicity of symptoms, and much recent research done by agencies other than the Pentagon, all point toward the conclusion that "GULF WAR SYNDROME" is not a single pathology — but many, depending on multiple factors: not only exposure to chemicals and gases, but the distance, whether the dose was high or low, and whether the person was exposed to (as yet-ignored) offending agents such as parasites, injections and pills given to guard against poison gases.

Also requiring full disclosure and investigation are respiratory symptoms due to oil fires or breathing in fine desert sands, pesticides, vaccinations against anthrax and botulism, diesel fuel sprayed through the encampments as well as used in kerosene lamps inside tents, and combinations of drugs and injections — all given without the individual's consent. These possible etiologies are as numerous as the complaints.

The Coverup

Among the naysayers (those who repeatedly said there were no toxic gases released) was General Norman Schwarzkopf. But his notes were never completely available to any investigating body because the Pentagon's Inspector General ruled that he could keep them in his possession, and therefore only edited versions were ever seen. To Schwarzkopf's credit, he did say that the Pentagon's handling after the war was scandalous.

John M. Deutch, number-two man at the Pentagon at that time, also repeatedly denied any toxic possibility. This is the same official who later, as head of the CIA, has denied any contra-cocaine connections.

But the most often quoted is Dr. Stephen Joseph, the Pentagon's chief health officer, who said it was not unusual for such complaints to be found in the population at large. ("Doctors' offices are filled with people who say, Doc, I just don't feel right.") The Jewish idiom for such statements is chutzpah, which is gall to an existential degree.

Later Joseph went so far as to admit that stress might be responsible. Yet the medical remedies for stress, namely counseling and/or tranquilizers, would not be appropriate remedies for neurological defects, and hardly a remedy for the high mortality rates and birth defects in the veterans' offspring!

Joseph's outrageous comments have angered the vets as well as Senator Rockefeller (WV-D), who said that it was "way past time" for the doctor to resign.

Not to be outdone in the game of denial and deception is the CIA. As late as November 1996, Nora Slatkin, the agency's second highest official, stated that the CIA still believes that the bombing of the Iraqi bunkers did not spread toxic gas.

A husband and wife team, Patrick and Robin Eddington, quit their jobs as photo analysts after finding their discoveries were muzzled by higher ups. They eventually wrote a book, *Gassed in the Gulf*.

The CIA claimed that it first heard about Kamisiyah in a Baltimore talk show when Brian T. Martin spoke of his Army 37th Engineering Battalion blowing up the bunkers and that he had videotaped the

ominous plumes for anyone who cared to see it.

Secretary of Defense William Perry, Secretary of Veteran Affairs Jesse Brown, and Secretary of Health and Human Services, Donna Shalala signed a joint statement, "There is no information that would indicate any exposure . . . to chemical or biological agents."

But now comes the most sensational admission of all. Acting CIA Director George J. Tenet had denied any CIA knowledge of the infamous bunker at Kamisiyah. The following month, April 1997, his agency admitted to having known all about it since the mid-1980s, having been informed of its exact coordinates and contents by an Iranian air force commander.

The present excuse is that the agency "bungled" by not passing the information to the Pentagon. Perhaps the CIA should catch up with the technology of the information superhighway?

The Truth Was Known

Regardless of official denials and stonewalling, much of the truth has long been known. By October of 1991 UN inspectors had found rockets in a bunker at Kamisiyah that clearly contained Sarine and Cyclosarine nerve agents, and had been told by the Iraqis of the bombing by U.S. forces. The exact location was known, 110 miles north of Saudi Arabia and near Basra in the southern part of Iraq.

Sarine (a nerve gas used in the Tokyo subway attack) was developed in the 1930s by Germany, but believed to be used for the first time by Iraq in 1988 to suppress Kurdish rebels. Its effects differ according to whether the dose level is high or low. Exposure to this choline-sterase inhibitor causes severe central and peripheral nerve damage.

American marines using the Fox vehicle, the most sophisticated chemical detection equipment known, detected nerve and mustard gases along the Kuwait-Saudi border. Czech poison gas experts reported the presence of nerve gases, and dozens of alarms were sounded.

Navy construction engineers insisted they were victims of chemical fallout during Scud attacks at al-Jubay. Many reported a bitter almond taste afterwards. Enlisted personnel and high ranking officers told of their own experiences of seeing toxic clouds followed by sudden and instantaneous death of animals, camels, goats and flies.

Countless personal experiences were recounted in the press and on TV of being forced to take injections and pills, evidently to ward off effects of nerve gas. Even this author in the September, 1995 issue of *Against the Current* wrote under the subheading, "Did the U.S. Poison Its Own Personnel?" "The possibility of nerve gas is of importance because this is what the U.S. government is most vehemently denying." (ATC 58: 5)

All this evidence was called false or incorrect by all governmental agencies.

Fox Investigates Chicken Coop

The Pentagon continued the farce of self-investigation. Until January 1996 there were only twelve people in the Pentagon's investigation unit. Other investigating committees complained of not having been given the sources to reach any conclusion. In 1994 the National Institute of Health stated that it was hampered by lack of pertinent information, which was confined to secret files.

The Institute of Medicine (part of National Academy of Sciences) stated that the military failed to keep adequate medical records, and that this was an added reason for their failure to determine the causes of the large number of ailments.

It also recommended that any future military health research should be examined by outside scientific experts — as is the case in any research conducted in civilian scientific practice.

Memories of Vietnam

The sick vets were maligned, labeled malcontents, and even diagnosed as suffering alcohol deprivation! They faced long delays, bureaucratic mixups and rigid restrictions in qualifying for any disability.

They were told their symptoms were no different than the population at large, and that there were no increase in hospital admissions as a result of their complaints — but were not told that for admission into a hospital a doctor has to submit a valid diagnosis, and Gulf War Syndrome is not a recognized diagnosis.

Vets particularly resented being told their illnesses were psychosomatic. As to stress, they replied that the only stress they encountered was dealing with the Pentagon and the Veterans Administration.

They recalled the treatment accorded the Vietnam vets before them, exposed to Agent Orange — the defoliant spray used to destroy crops and ground cover, whose by-product Dioxin is one of the most deadly carcinogens — who had received similar degrading treatment and were often sent to psychiatric wards.

The Vietnam vets' quest for justice took twenty years. Moreover, some are suffering from late onset malignancies, such as non-Hodgkins Lymphoma, only recently discovered. It took a half-crazed and frustrated vet to crash through the reception room at the Sawtelle Veteran facility to call attention to their plight. He then committed suicide.

Immediately veterans pitched tents on the hospital grounds and began a hunger strike. But it still took years of litigation for their terrible illnesses to receive compensation. Recently statistics have come to light about the numbers of birth defects that have been discovered in dioxin-affected Vietnamese children.

When Gulf Vets began comparing stories, they also realized they had been unsuspecting guinea pigs. Until July 1995, ninety-five percent of their claims were denied.

Angry and frustrated with government bias, inaction and coverup, they began to organize. At least nineteen committees have now been formed (along with some under the auspices of Agent Orange victims), as well as some formed by distraught wives concerned with birth defects.

Treatment and Research Delayed

One obvious reason for the constant denial is that all governmental services involved would have an enormous amount to pay for illness found to be service-related, including free care at the Veteran Hospitals.

Until recently vets had to pay cash or carry private insurance. Later legislation allowed for their care if reported before 1993, and recently this dateline has been extended. (It must be noted, however, that many chronic illnesses, especially malignancies, may take up to twenty years or more to manifest themselves, as is the case with Agent Orange sufferers.)

Possibly the most tragic aspect of the many years of denial is that research was delayed, and — as with crime — the trail grows cold. Dr. Susan Mather of the Department of Veteran Affairs has said that if they had known earlier about the chemical exposures their research would have been directed differently.

There is no doubt that veterans would have been respectfully treated, and treatment properly initiated — as with fibromyalgia, for example, where delayed diagnosis makes treatment much less effective.

And even though this is a field being pursued by VA, there is confusion: Veterans have been given a Hot Line by Veterans Affairs Persian Gulf Information Center, but are told that no diagnostic tests exist for those exposed to chemical agents.

As public clamor increased, with the Pentagon's credibility vanishing and vets' organizations demanding to be heard, the President appointed a twelve-member panel. It produced a sparse 126-page report, but its conclusions were a disappointment, especially to the veteran groups — only a slap on the wrist to the Pentagon for not allowing finances for research into long-term effects on low level exposure to chemical agents.

The panel also denied any cover-up, but how they reached their conclusions were not publicly explained. Although many congresspeople and the veterans are asking for an outside probe, the President has denied this request and only extended the life of the panel.

Recent Research

The most compelling research has come more recently from sources outside the Pentagon. A study reported in Journal of the American Medical Association found that veterans from Iowa who served in the Gulf had a significantly higher prevalence of medical and psychological symptoms (including cognitive dysfunction, depression, and fibromyalgia) than Iowans in the military who were deployed elsewhere.

Studies also reported in J.A.M.A. linked participation in the war to many neurological symptoms, and that many cases suggest low-dose exposures to chemical warfare agents. At Duke University animal studies demonstrated nerve damage in animals who were exposed to a combination of anti-nerve gas pills and pesticides. Data collected by troops have shown those nearest the Kamisiyah bunker were more likely to develop pains in their muscle and joints than soldiers farther away.

Research by the non-profit Institute of Molecular Medicine in Irvine, California identified a genetically altered bacterium called mycoplasma in the blood of dozens of sick Gulf veterans. This suggests exposure to biological warfare, and may answer some of the disturbing issues concerning their offspring.

Financed by the billionaire Ross Perot, the University of Texas did research on navy construction battalions. It was determined that their complaints stem from physical damage inflicted by exposure to low-level doses of nerve gases (which differs from high-level doses), pesticides, and anti-nerve medicines resulting in brain and spinal cord damage.

Further, and significantly, this research found (as has been suggested earlier in this article) that there were at least three separate syndromes, and not one.

The Center for Disease Control, studying vets from Pennsylvania, also found a prevalence of chronic symptoms in Gulf War vets not found in those not deployed to the Gulf.

From Houston VA Medical Center, Dr. Claudia Miller believes that there is a similarity to some complaints that are related to a multi-chemical sensitivity, induced by toxins and result in chronic fatigue, which may be a new disease entity.

British and French Troops

Not at all surprising, British troops who had been administered the “Friendly Cocktail” of vaccines and anti-nerve tablets have similar complaints and are campaigning for recognition of their service-related ailments. The Labor Party (favored to win the coming election has promised to help since it has become a national issue. The British Defense Ministry has appointed a medical panel to study these claims.

French troops who weren’t given the same mixture have not suffered the same illnesses.

Depleted Uranium

Depleted uranium (derived from Uranium 235, which is extracted from uranium ore) had been developed by the United States during the Cold War for possible use against the then Soviet Union. The Gulf War was the first time it was used in warfare, and troops were never been told of its potentially deadly consequences.

Its use is for bullets and shells which very effectively tear through iron and lead. When it burns it causes a dust that can be ingested or inhaled, and becomes entrapped in the kidneys and lungs. The Government Accounting Office (GAO) admits that the subsequent malignancy may not manifest itself for 15 or 20 years.

Both Iraqi and Americans inhaled this poisonous gas when armored tanks were hit. Approximately 1400 Iraqi tanks were destroyed. The Americans, curious to see these Soviet-made tanks, scrambled onto them. Some kept fragments for souvenirs, and some returned home with scraps of metal in their bodies.

Iraqi children, considering the bits of metal toys, played with or kept them. Iraqi scientists are now claiming that there is a high incidence of leukemia and other malignancies among the children living in the vicinity of Basra. Also, there are many birth defects, as well as deformed fetuses. There are still about 300 tons of this material left behind in Kuwait and Iraq, leaving a virtual toxic dump.

Here at home citizen coalitions have formed by those affected in mining, manufacturing, and contact with uranium, and have joined the veterans committees demanding research. It has especially affected the Navajo miners and their families. Consideration and attention to what has happened to the Iraqis would aid in our own scientific analysis, instead of being ignored.

Pesticides and Deadly Combinations

To ward off bugs and parasites, the military used pesticides which are organo-phosphates and can have serious neurological side-effects. One of these, DEET, is such a repellent because it hides body odors.

Uniforms were routinely sprayed with pesticides and then distributed to the troops, as were flea collars. No studies have been done regarding HLA (human lymphocyte antigen), which concerns variations in immune responses that may in some individuals increase sensitivity to pesticides. This might explain the allergy pathologies that were reported.

Pyridostigmine Bromide, popularly known as PB, is a cholinesterase inhibitor which blocks the receptor site for nerve gas. The recognized medical use is for Myasthenia Gravis. But it may cause chronic diarrhea and severe nerve damage. Both complaints have been repeatedly mentioned.

Officers pressured the Food and Drug Administration for approval for experimental use of PB, but recipients were never advised that they were guinea pigs. (The post-World War II Nuremburg Code states that informed consent is required for human experimentation.) There is now much evidence that a combination of pesticides and anti-nerve gas prophylaxis may have been among the most harmful exposures.

This powerful chemical compound is highly toxic and has been found to be lethal to insects and rats (as shown in studies from Duke University as well as from University of Glasgow, as reported in British medical journals). Anthrax and botulism vaccines, in combination with pesticides, have been implicated.

Blowing desert sand may have been responsible for particles to be imbedded in the lungs as well as inhalation of parasites. Diesel fuel sprayed on sands, and used in kerosene lamps may be a contributory factor.

There are recent indications that doctors, nurses, laboratory personnel, and others who have been in contact with Gulf War veterans may be having the same type of symptoms! Some scientists are claiming this may be spreading. If so, this raises a most serious public health question of unimaginable proportions.

Conclusions

Lack of a credible diagnosis, leading to proper treatment and compensation remains a major stumbling block, as there was an unprecedented exposure to a variety of conditions. Further research — preferably independent of the Pentagon — urgently needs to be done to identify other sources of hazardous agents which lead to many, not one Gulf war syndrome.

Vets are justifiably critical and disappointed with the President's panel, which did nothing to advance their cause or to resolve the so-called mystery. Whatever the precise etiologies of their suffering, it is clear it is not due to malingering, nor simply due to stress.

Especially in view of the documented record of official stonewalling and coverup, these veterans' conditions definitely must be immediately regarded as service-related disabilities.

The veterans and their families, as well as the public, are entitled to full disclosure, through another independent scientific study — and a special prosecutor equipped with subpoena powers.

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P.S.

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