

RETURN OF THE DEMON

BY TOD ENSIGN

"The Last Superpower: Exorcising the demon of Vietnam in the burning oil fields of Kuwait."

—photo caption, TIME magazine, 'Gulf War Special' Feb. 1991

The Demon is back: Eleven years after the U.S. air war began over Kuwait and Iraq on January 17, 1991, tens of thousands of sick Persian Gulf War (aka "Operation Desert Storm") veterans await treatment and/or compensation for chronic health problems brought on by their military service.

Gulf vets and active duty GIs have sought government evaluation and treatment for a variety of symptoms they have exhibited since returning home from Gulf duty: neurological problems, chronic skin rashes, respiratory problems, chronic flu-like symptoms including severe body aches, immune system disorders, severe fatigue, joint pain, gynecological infections, bleeding gums and mouth lesions and unexplained rapid weight loss.

Medical evaluations by both Department of Veterans Affairs (DVA) and military medical personnel have typically resulted in the conclusion "undiagnosed illness." Government scientists can't decide whether the health problems suffered by Gulf War vets constitute a previously unidentified medical condition, or a combination of illnesses. More importantly for veterans, these scientists haven't been able to offer meaningful treatment protocols or credible explanations for what ails them.

What some have called the "Gulf War Syndrome" most likely was brought on by exposing Gulf service personnel to a synergistic mix of multiple toxins, including:

~Smoke and pollution from over 700 oilfield fires set by retreating Iraqis in Kuwait, which burned for as long as eight months after the United States launched its air war.

~Wholesale destruction of Iraqi weapons caches, many of which contained chemical nerve agents, by advancing U.S. forces. After years of denial, in 1997 the Pentagon and CIA admitted that based on computer models, at least 100,000 troops were exposed to some fallout from these detonations.

It was also revealed that a Lawrence Livermore lab study in 1990 had warned the Air Force — three months before the air war began — that bombing Iraqi chemical weapons production facilities would expose advancing U.S. troops to deadly nerve agents.

~Two nerve agent vaccines: anthrax (given to 150,000 GIs) and pentavalent botulinum-toxoid (given to about 8,000), neither of which have been approved by the Food & Drug Administration (FDA) for the use to which they were put in the Gulf.

~One medication, pyridostigmine bromide (PB), administered to approximately 300,000 troops to protect against the nerve-agent soman, had been designated by the FDA as an 'Investigational New Drug'. The Pentagon was able to beat back a court challenge to the FDA's "waiver" of normal rules to allow PB use in the Gulf War.

~Depleted Uranium weapons: radioactive fallout from the residue of DU shells fired by U.S. and British tanks and by the machine guns of the A-10 Warthog attack jets. These devastating rounds, which can penetrate any standard tank armor, were used for the first time in Gulf War combat. An estimated 3155 tons of DU projectiles were fired, creating DU residue which contaminated thousands of destroyed tanks and armored vehicles as well as the area around them.

~Organophosphate pesticides, which were widely used to control insects in military housing areas in Saudi Arabia and Kuwait. These can interfere with normal nerve/muscle functioning by affecting enzymes. Permethrin and DEET, pyrethroid pesticides, were also issued to many GIs; sometimes military uniforms were soaked with these repellents.

~Kerosene and leaded gasoline, which were used in space heaters and unventilated tents.

Following the Gulf War, some influential analysts have argued that American victory in the Persian Gulf was ensured by our clear advantage in sophisticated weapons and information technology. Some have predicted that "digitization of the battlefield means the end of Clausewitz," i.e., of classical military doctrine.

Former Army chief of staff Gen. Dennis Reamer even speculated that if the Vietnam-era Pentagon had possessed the information technology it has today, we might have "won" the Vietnam War. Whatever the truth of these hypotheses, there is no doubt that America's GIs were fighting on a very toxic battlefield in the Persian Gulf.

When the first sick veterans began to seek medical help just months after the war ended, the Bush administration responded cautiously. After all, President George Bush Sr. and Generals Norman Schwarzkopf and Colin Powell were still basking in the glow of their great victory, which had supposedly had laid the "Vietnam syndrome" demon permanently to rest.

Once Clinton/Gore took over the sympathetic rhetoric increased, but there was little change in the behavior of either the Veterans Administration or the Pentagon. Indeed, Clinton allowed the upper reaches of both agencies to be staffed with some of the worst pseudo-medical hacks Washington had seen in a long time.

After a year of highly publicized hearings, a panel of so-called experts (Presidential Advisory Committee on Gulf War Veterans' Illnesses) at the end of 1996 published a report which must have greatly pleased Bill Clinton. It allowed him to broadcast his concerns about the well-being of Gulf veterans while avoiding a showdown with the Pentagon and the CIA.

The report begins by acknowledging that "many of the health concerns of Gulf vets may never be resolved fully because of lack of data." It dryly ticks off some of the deficiencies: "missing medical (and vaccination) records, absence of baseline (pre-war) health information about GIs, inaccurate information on troop locations and incomplete data on health effects (that) should have been reasonably anticipated risks."

After admitting these deficiencies, the panel felt that it could credibly conclude that none of the principles risk factors (listed above) were "causally linked" to the health problems reported by Gulf veterans.

As a leading veterans' advocate, Paul Sullivan of the National Gulf War Resources Center Coalition, succinctly put it, "This report was dead on arrival."

Unfortunately for Gulf veterans, any assigning of blame would require the U.S. military to shoulder responsibility for its past negligence or incompetence — and possibly to abandon its use of certain weapons.



PHOTO BY TERRY CLARK (1991)

For example, many vets believe they were harmed by depleted uranium exposure. But from the command's point of view this devastating new weapon was a resounding success: DU shells knocked out every Iraqi tank or armored vehicle they struck, to say nothing of more than a few American ones that were mistakenly hit by "friendly fire." The generals clearly are unwilling to surrender such an advantage just because it pollutes the battlefield or causes collateral damage to GIs or to the civilian population.

Another example is the injury caused by exposing GIs to fallout from chemical nerve agents. The Pentagon for several years clung to the story that few if any GIs were hit by residue from such deadly weapons*. But when Sgt. Brian Martin presented a House investigative committee with a videotape he had made of the destruction of the huge Iraqi ammunition dump at Khamisiyah, the military (and CIA) were forced to change their tune.

"We placed explosives in and around 33 bunkers," Martin told the committee. "Witnessing these awesome explosions was a remarkable sight. Our excitement however quickly turned to fear when 'cook offs' or fallout from the explosions began showering down on us."

Martin also testified that since Khamisiyah he has suffered from "blood in my vomit and stools, excruciatingly painful headaches, blurred vision, memory loss, severe diarrhea and mood swings."

After a long struggle, Brian Martin was finally rated by the VA as 100% permanently disabled. He had enjoyed excellent health before deploying to the Gulf.

Even after the CIA/Pentagon admission that at least 100,000 U.S. troops were exposed to varying levels of chemical nerve agents, nearly all other information about chemical and biological weapons remains classified. Former CIA analyst Patrick Eddington, author of *Gassed in the Gulf: The Inside Story of the Pentagon/CIA Coverup of the Gulf War Syndrome* (Insignia Press, 1997), estimates that the two agencies are withholding more than a million documents with potential bearing on the health of Gulf War vets.

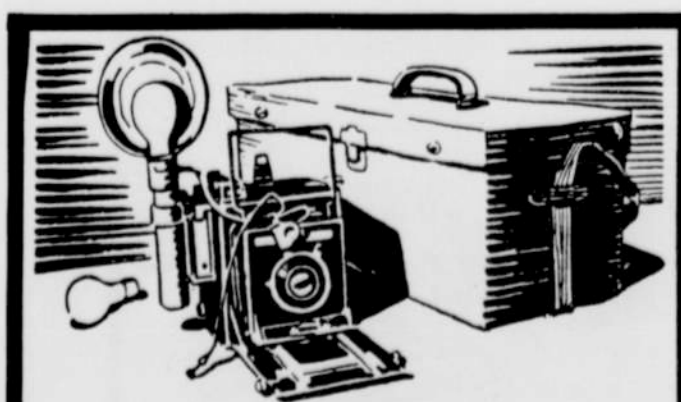
Even worse, Eddington argues in a special report for the National Gulf War Resource Center (*Uncounted Casualties*:

"The Pentagon has continually stonewalled claims of Agent Orange exposure during the Vietnam War by the same methods."



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America's Ailing Gulf War Veterans) that recent legislation has broadened the categories of intelligence records exempt from disclosure under the Freedom of Information Act (FOIA).

In a related development Dr. Khidir Hamza, formerly chief of nuclear weapons programs in Iraq, charges in his book *Saddam's Bombmaker* (with Jeff Stein, Scribner's, 2000) that Saddam Hussein ordered that thousands of chemical and biological weapons be buried along the likely U.S. invasion routes:

"Saddam's thinking was that the Allies, following U.S. tactical doctrine, would blow up the bunkers as they advanced, releasing plumes of invisible gas onto themselves. The pattern of contamination would be so disparate and the symptoms so amorphous the sources of illness couldn't be easily confirmed."

The Pentagon's institutional stake in continuing to down play health effects from such exposures is all too apparent. Obviously, however, if Hamza's account is accurate, those celebrated military commanders Norman Schwarzkopf and Colin Powell — now George W. Bush's Secretary of State — come off as bunglers, not to mention indictable perjurers for their sworn testimony that U.S. troops were never exposed to fallout from chemical nerve agents.

After the Presidential Advisory Committee report was issued, Clinton and the Pentagon decided to shift from denial to pretending to actively look for answers about Gulf War illness. A new agency was created, the Office of the Special Assistant for Gulf War Illness (OSAGWI — how they love acronyms!) headed by retired Admiral Dr. Bernard Rostker.

Since then, this agency has spent nearly \$250 million on "research" projects of dubious value. Instead of funding human health studies to compare the health of sick Gulf vets with similar people who did not serve in the Gulf, OSAGWI has financed mostly "literature reviews" which essentially survey the existing published scientific literature in a given area and attempt to summarize it.

Human health studies, especially those that involve medical monitoring, are of course very costly and time consuming. They carry the added risk that they might actually uncover significant health deficits in Gulf vets that might be difficult to explain away.

One literature review, on pyridostigmine bromide (PB) pills, which were given to protect GIs against soman, backfired on the military when its author, Dr. Beatrice A. Golomb of the National Defense Research Institute, concluded: "PB cannot be ruled out as a possible contributor to... unexplained illness in some PGW (Persian Gulf War) veterans. Second, uncertainties remain (about) the effectiveness of PB in protecting humans against nerve agents."

After a one-day news flurry, however, the report was shelved, soon (the Pentagon hoped) to be forgotten.

Clinton's decision to leave control of the Gulf War research in the Pentagon's hands directly contradicted a unanimous vote by the House Committee on Government Reform & Oversight in 1997, which stated that "Congress should create an agency independent from the Department of Defense (i.e. Pentagon) and Department of Veterans Affairs (to serve) as the lead federal agency responsible for all research into Gulf War veterans' illnesses and... all research funds."

In addition to mobilizing political pressure to fund independent research, Gulf War veteran advocates have also been lending support to other initiatives which could eventually bring some compensation to ailing veterans and their families, among them a class action suit against 70 multinational corporations that sold chemical weapon production equipment to Iraq is pending in Texas state court. Among the named defendants are huge American, German, Swedish and French corporations that built chemical and biological weapons facilities in Iraq, or sold the Iraqis chemical and biological products which allowed them to arm their weapons. The theory of liability is that these companies sold the Iraqis materials and did construction work they could have foreseen would result in their use of such weapons against U.S. service members.

Progressive veterans and their advocates must once again take the lead in challenging the corrupt cynicism of the irredeemable militarists who continue to control these agencies.

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