

Troops Being Set Up For Gulf War Syndrome II?

by Carl Osgood

The motto engraved in stone on the outside of the Veterans Affairs Department building reads, "To care for him who has borne the battle." It is inspired by President Abraham Lincoln, who set it as one of the responsibilities of a government towards those who have defended the nation in war. This might imply that the government might take every precaution available for its troops before sending them to war again. Indeed, that responsibility was codified in the Fiscal Year 1998 defense authorization bill. It requires the Department of Defense to collect baseline health data, including blood work, on soldiers, sailors, marines, and airmen, before they deploy in contingency or combat operations; then, should unusual illnesses emerge, appropriate treatment and compensation can be provided. That provision resulted directly from the 1991 Gulf War experience, when very large numbers of military personnel who had deployed for that war came down with unusual, unidentifiable illnesses.

After that experience and the 1998 law, one might think that the Defense Department would be taking great care to avoid the emergence of unexplained illnesses among the troops being deployed to the Persian Gulf now. But something less was indicated by a Feb. 14 letter that Secretary of Veterans Affairs Anthony Principi sent to Secretary Donald Rumsfeld, asking for full cooperation from the Defense Department in the gathering of predeployment health data. Principi's letter was released at a March 6 press conference, moderated by consumer advocate Ralph Nader, in which the Defense Department was charged with ignoring the 1998 law and setting up the circumstances for another Gulf War Syndrome. Nader asked, "To what degree are the troops in the field adequately trained and provided with effective equipment to defend against Iraqi chemical attacks?" He noted that because of a design flaw in the Bell UH-1 helicopter—acknowledged by both Bell and the Army—267 soldiers have been killed in accidents over a 22-year period. "It is important to make sure," he said, "that neither the Defense Department nor the White House can get away with bland assessments that everything is in a state of readiness."

Toll of Gulf War

Other speakers not only charged that the Defense Department is not implementing the 1998 law on collection of baseline health data, but is providing defective chemical warfare protection equipment. Steve Robinson, the executive director

of the National Gulf War Resource Center, and a veteran of the 1991 war, made available an investigative report by the Army Audit Agency, from 2001, that found that fully 90% of the Army's chemical detection monitors and 62% of its gas masks were either completely broken or less than fully operational. The report also found that the Army's processes for reporting and monitoring the readiness of nonmedical chemical and biological defensive equipment, didn't assure that soldiers be fully prepared to defend against "the identified level of threat." It is not known how much of that defective equipment is deployed to the Persian Gulf, today.

Robinson reported that of the 567,000 troops deployed for the 1991 war, fully 307,000 have sought treatment for various illnesses since. Of those, 207,000 have filed claims and 167,000 are receiving direct compensation for disabilities. Diagnosis and treatment of their illnesses, as they developed in the years after the war, was made that much more difficult because predeployment health data was not taken from them before they shipped out to the Persian Gulf. The lack of such health data also meant that the Pentagon, at first, refused to even recognize that the illnesses might be related to service in the war.

One indication the lessons of 1991 have been ignored, Robinson said, is that some "investigational" vaccines that were used on soldiers then, are still being used, despite a lack of knowledge as to their long-term effects. Soldiers deployed to Afghanistan in 2001 and 2002 did not receive predeployment screenings. "Soldiers are not pawns on a chessboard," Robinson said. The failure to implement the law, he said "will have real effects on real people."

Two speakers at the press conference, Representatives Jim McDermott (D-Wash.) and John Conyers (D-Mich.), took a direct stand against another Iraq war. McDermott pointed to his experience as a military psychiatrist during the Vietnam War, and the horrors of Agent Orange, the defoliant sprayed on the jungles of South Vietnam. Conyers promised to do everything he could to make sure the issue of the health protection of U.S. troops deployed in the current crisis was raised in Congress.

Retired Col. Carl Bernard, a veteran of World War II and Korea and a former professor of military science at the University of California, made the point that the issue on the battlefield is panic. He expressed concern that chemical defense has not been a priority; nuclear weapons are not a solution to the potential use of chemical weapons, he warned. The first soldiers caught by a chemical attack will likely panic and "their reaction is going to be contagious." Indeed, if the Iraqis use chemical weapons against a U.S. attack, it will likely be precisely for the purpose of inducing panic in the attacking forces, as they did during the 1980-88 Iran-Iraq war.

Despite rhetoric, the civilian leadership has not insured that all U.S. troops sent to the Persian Gulf are suitably protected against chemical or biological attack or environmental contaminants they may be exposed to.