

The Gulf War Syndrome Plot, Part 2: The US Government's Conspiracy of Silence and Obstruction Against Gulf War Veterans

By Gary Null

With only 148 Americans officially killed in action and only 467 wounded, the Gulf War seemed to be a shining victory for our military and its leaders. However, this victory has cast a long, lingering shadow. Today we know that nearly 200,000 of our Gulf service men and women are suffering from a debilitating and sometimes deadly syndrome. The suffering our military personnel have endured from Gulf War syndrome is outrageous in and of itself; however, the US government's decades-long denial that the illness even exists has compounded the problem tremendously.

Clearly there is a sadistic irony being played out. We asked brave Americans, whether in the reserve, National Guard, or enlisted troops, to serve in dangerous environments, including Afghanistan and Iraq. We exposed them to biological and chemical agents, experimental vaccines, and environmental toxins -- ranging from the byproducts of air pollutants released from burning oil wells to depleted uranium (DU). After they are brought home, not only do they not receive adequate medical treatment, but the government even denies the existence of their very serious health conditions. As a result, many veterans have filed bankruptcy. Their conditions are not covered under any veteran program. A 2015 US Department of Housing and Urban Development report estimates that nearly 48,000 veterans are currently homeless on any given night, which accounts for approximately 11% of the entire homeless American population.(1) Since it is difficult to determine the actual number of homeless veterans, this figure is likely conservative.

Due to the government's serious neglect, too many veterans are now destitute, homeless, and hungry, having spent tens of thousands of dollars and depleting their life savings in an unsuccessful attempt to relieve their ailments. As former Senators Don Riegle Jr. (D-MI) and Alfonse D'Amato (R-NY) so adeptly observed, "The veterans of the Gulf War have asked us for nothing more than the assistance they have earned. Our refusal to come to their immediate assistance can only lead others to question the integrity of the nation they serve." (2)

In a recent interview, James Binns, who served as the chairman of the Research Advisory Committee tasked with investigating multi-symptom illnesses in 2008 , expressed his misgivings about the conspicuous lack of attention given to the issue by those in our halls of power:

We did it to ourselves. Pesticides, PB, nerve gas released by destroying Iraqi facilities-- all are cases of friendly fire. That may explain why government and military leaders have been so reluctant to acknowledge what happened, just as they tried to cover up Agent Orange after Vietnam. Certainly, the government should have been facing the problem honestly and doing research from the start to identify diagnostic tests and treatments. (3)

Recently, Binns and his colleagues published a report in the journal Cortex showing compelling new research linking Gulf War syndrome with toxic wartime exposures. (4)

Denying Healthcare: A Culture of Corruption

In a 1994 interview I conducted with Paul Sullivan, one of the Gulf War vets profiled in

Part 1 of this article, Sullivan shared with me the roadblocks he encountered trying to receive medical attention for his illness:

When you finally get into the VA system, what happens is, they'll lose your records. I went to appointments, ended up waiting four, five additional hours for the doctor simply to find my medical records or the X-rays that they took two or three days earlier. When you do get an exam, the doctor will say, 'I've got five minutes. Tell me your problem.' Then they won't record your symptoms. You hear stories about doctors where their stethoscopes were not even in their ears. You hear stories about soldiers going in there like me, with rashes and respiratory problems and the doctors not even writing it down. Then, even though we're sick, they don't do any tests. Lung function tests, sinus X-rays, chest X-rays -- they weren't doing any of that. Then for the few tests they did run, such as blood tests, in my case, they knew I had an immune deficiency -- nobody ever looked at the results. ...

Unfortunately for many veterans who get out of the service and don't have any health insurance, the VA is our only option. And our only option has crashed and burned under the stress of so many hundreds of thousands of vets coming in and looking for help.(5)

Twenty-two years later, have things changed? Hardly. The appalling lack of quality and timely healthcare through the VA continues to be a major issue plagued by scandal and corruption.

In 2014, officials at the Phoenix Veterans Affairs Health System were exposed for concealing the fact that as many as 1,600 ailing vets endured months-long wait periods before being seen by doctors. It's estimated that at least 40 US veterans died while waiting for appointments. Many were placed on "secret wait lists" designed to hide the unacceptably long wait periods. (6) Recently retired Phoenix VA physician Dr. Sam Foote commented on the lists saying, "The scheme was deliberately put in place to avoid the VA's own internal rules." (7)

The issue of unreasonably long delays is not limited to the Phoenix VA system. In 2014, amidst growing pressure, Congress enacted the Veterans Choice Program, a \$10 billion program to provide vets with access to healthcare services if they have been waiting over 30 days to receive VA medical care, or if they live more than 40 miles away from a VA facility. While Veterans Choice seemed to be a welcome improvement to the previous system, new revelations indicate that this latest program is shamefully ineffective, leaving untold thousands of veterans with little to no access to healthcare for months and even years. Sources indicate that this recent federal program, which doles out payments to cover veterans' health costs at both VA and private facilities, has caused numerous problems, effectively preventing veterans' access to healthcare. (8)

Courageous whistleblowers are calling attention to the downsizing and elimination of important departments, such as neurosurgery and orthopedics, by VA hospital administrators. (9) These actions have forced veterans into the Choice program in order to cut hospital costs while also allowing the hospitals to reap additional federal funding.(10) The result has been fewer health service options for veterans contending with serious illnesses and conditions. Across the country, reports document the continuation of long delays and bureaucratic barriers to receive healthcare.

In a 2015 CNN interview, one insider stated that even at the Phoenix VA, former service people wait more than 6 months to see a doctor. (11) At the Phoenix VA alone, over 8,000 requests for medical care were found to have wait times of more than 90 days. The ongoing travesty is perpetuated by the VA's new and misleading system of measuring wait times, which, according to the insider, "enables an official line that's not consistent with reality," (12) VA Deputy Secretary Sloan Gibson admitted last year that on any given day across the country, there are 500,000 appointments with extended

wait times. (13)

Many employees appear hesitant to speak out against the VA's ineffective and corrupt policies from fear of repercussions. According to Carolyn Lerner of the US Office of Special Counsel, a body charged with investigating and prosecuting ethics violations and whistleblower retaliation, an incredible 40% of the cases reviewed concern the VA.(14) Dr. Katherine Mitchell, a VA physician and whistleblower who testified before Congress about the secret wait list scandal and culture of retaliation inside the VA, believes the number of whistleblowers coming forward would rise significantly if employees felt comfortable voicing their opposition. Dr. Mitchell stated,

I believe that percentage will go up significantly. The amount of retaliation that's going on in every facility throughout the nation for decades, if the employees are encouraged that they can come forward honestly, I believe that the VA will be 90 percent of their cases. (15)

New reports show that some VA officials responsible for these catastrophic failures have not only managed to avoid accountability, but are receiving bonuses. Last year the VA paid out \$143 million in taxpayer-funded bonuses to VA physicians and administrators. A number of these recipients were embroiled in controversies.(16) Dr. David Houlihan, former chief of staff at the VA Medical Center in Tomah, Wisconsin, who stands accused of prescribing excessive amounts of narcotics to ailing vets, was given a \$4,000 performance bonus in 2014.(17) Another VA chief of staff from St. Cloud Minnesota, Dr. Susan Markstrom, was awarded a \$3,900 bonus even though an internal investigation report from January 2014 pointed to her role in mismanaging hospital operations and enforcing a culture of intimidation at the facilities, which discouraged employees from speaking out against the hospital management. (18) Also among the recipients of the performance bonus was VA benefits office director Kimberly Graves, who came under fire in a September 2015 VA Inspector General report for allegedly abusing her authority to change job positions, and in the process, collected \$129,000 in compensation. (19)

Vaccines and Pyridostigmine Bromide : A Question of Ethics

In Part 1, we reviewed the science behind the dangerous vaccines given to military personnel during the Middle East campaigns. It is necessary to take a deeper look at the corrupt machinations of the military-industrial complex that allowed these harmful vaccines to be administered in the first place. These vaccines were experimental; therefore, many questions have arisen as to why our government dispensed them -- and why our military men and women had to suffer from them. What are the ethical ramifications of giving experimental drugs to soldiers in time of war? Dr. Arthur L. Caplan, director of the Center for Bioethics at the University of Pennsylvania, stated the following at the hearing titled "Is Military Research Hazardous to Veterans' Health?" led by the Senate's Committee on Veterans' Affairs. Caplan asserted:

Some would argue that the entire category of ethically suspect research makes no sense in the context of war. Hot or cold, when the threat to the nation's security is immediate, real, and serious, then the prevailing rules of human experimentation requiring the informed consent of subjects and prior review by research review committees must, of necessity, go out the window. The niceties of ethics regarding how to conduct human experimentation are for times of peace, not for the exigencies imposed by the threat or reality of war. But this argument is wrong.

The prevailing standards for human experimentation were set down during the Nuremberg trials at the end of the Second World War. In the aftermath of the trials, a code of research ethics was established and has now been incorporated into both professional ethics and law by many governments and political bodies since that war.

The Nuremberg Code makes no exception for research conducted in the context of war. The enormously important goal of protecting the nation's security is not held to be a value that is so overriding as to obliterate individual subjects' rights. The code states clearly and unambiguously that everyone involved in research is to be so informed and that they are to have the right to give or withhold their consent to that research.(20)

For our soldiers, however, none of those conditions were met. The Department of Defense (DOD) had the FDA grant waivers from informed-consent regulations for the use of pyridostigmine and botulinum-toxoid vaccine. Consequently, many Gulf veterans were not told what vaccine they were being given nor the adverse risks. The aforementioned government-appointed researchers, Dr. Diana Zuckerman and Dr. Patricia Olson reported that:

...many [veterans] report that they were told not to tell medical personnel that they had received a vaccination, even if the vaccination caused pain or swelling. No record of the vaccine was available in medical records. As a result, physicians who were concerned about any local or, systemic reactions often had no information about the possible causes of those symptoms. Veterans who claim they were harmed by the vaccines or pyridostigmine frequently have no proof that they were vaccinated or took the pills, or that they had an adverse reaction. (21)

One Gulf veteran who knows this situation firsthand is the Reverend Dr. Barry Walker, who served as a chaplain in Saudi Arabia, Iraq and Kuwait. In his testimony to a Senate committee hearing, he confirmed the veil of mystery that the DOD drew over the medication and vaccines to which they were subjected:

On January 16, 1991 I received the first of two shots of a vaccine, but we were not told exactly what it was. We were later told that the purpose of the vaccine was to protect us; rumor was that it was for protection against anthrax. Also in January, after the first Scud was launched, we were ordered to start taking some pills, although we were not told exactly what they were, either. All we were told was that the pills would protect us against chemical and biological weapons. We were told to take the pills and not given a choice, though some soldiers did not take them. I was expected to be an example to others, so I took them at first. I later learned that these pills were pyridostigmine.

To my knowledge, none of the 4,700 troops [in my ministry], except maybe the command headquarters, was given any real information about the risks of these drugs or vaccines. We were not shown anything in writing or told anything other than that these would protect us. My chemical officer was asked to find out more about the pills, and she shared some of that information with the group commander and a few staff officers. She said there were no problems with the pills.

The fact that we were given the vaccine or drugs was not recorded in our medical records, although I insisted that the vaccine be recorded in my personal record. Many soldiers did not carry a vaccine record, and most wouldn't have thought to ask that it be recorded. I don't recall any list being made of who was given the vaccine.(22)

Today, the controversy around vaccination of our service people has only increased. In November 2015, the United States Senate passed the 21st Century Veterans Benefits Delivery Act; if passed by the House, the legislation would require all members of our armed forces to submit to the recommended adult vaccine schedule, which amounts to about 90 injections. It is thought that those who refuse to follow the mandate will be at risk of losing their health coverage. (23) It seems that the US military hasn't done enough experimentation on our troops using unproven vaccines.

We now turn our attention to the use of pyridostigmine bromide, a medication that had

only been approved by the FDA to treat patients with the neurological disorder myasthenia gravis, which affects the biomolecular communication between nerves and muscles. The government wanted to use pyridostigmine to protect US troops against certain chemical weapons, but it had not been proved safe or effective for repeated use (and it was distributed repeatedly to the troops). Despite the DOD's claims for pyridostigmine's safety, the FDA could not establish the drug's safety and efficacy based upon the research the DOD provided. To the contrary, Zuckerman and Olson stated:

Pyridostigmine bromide is a chemical which is believed to enhance the effectiveness of established drugs for the treatment of nerve-agent poisoning. Pyridostigmine is also a nerve agent itself. ... In recent studies, animals given pyridostigmine followed by two antidotes (atropine and 2-PAM) were more likely to survive exposure to a nerve agent called soman. However, pyridostigmine pretreatment may make individuals more vulnerable to other nerve agents, such as sarin. The DOD scientists concluded that pyridostigmine should only be used when the chemical-warfare threat is soman. Iraq was believed to have both soman and sarin, and the only verified report of chemical weapons in the Gulf War concluded that sarin was present.(24)

They further asserted that the DOD's use of pyridostigmine was ineffective:

In addition, DOD documents indicate that the treatment regimen for U.S. troops during the Persian Gulf War may have included an inadequate dose of atropine. Therefore, even if Persian Gulf soldiers had been exposed to soman, it is questionable if the pyridostigmine pretreatment would have provided any protection, since the dose of atropine was apparently inadequate.

Due to the DOD's concerns about serious adverse reactions, all of the studies screened male subjects to determine whether they were hypersensitive to pyridostigmine before allowing them to participate in the experiment. In addition, individuals with multiple medical conditions, taking prescription medications, and persons who smoked were excluded from the studies. Participants were told not to drink any alcoholic beverages. Despite these precautions, serious adverse reactions were reported during several of the studies, including respiratory arrest, abnormal liver results, unusual electrocardiograms, gastrointestinal disturbances, memory loss, and anemia.

None of the Persian Gulf War troops were adequately warned about the risks associated with the drug, and few if any were given a choice of whether or not to take it.(25)

Nurse Carol Picou, who served in the Gulf, experienced this firsthand:

This has been used since 1955 on patients with Myasthenia Gravis. This drug has never been tested on healthy human beings. Yet I have a report where they show they did do testing on 10 soldiers -- men. Two couldn't even finish the program. Two got severely sick. Even when you give it to Myasthenia Gravis patients you monitor for levels of toxicity. You give it to them according to their height, weight, bone structures. Yet they gave us pyridostigmine -- everybody the same pack -- 30 mg pills. Take them three times a day. And when people had problems with them they didn't take us off. Right away, I looked it up. In 1955, if you have problems with this drug, they should take you off of it, and the antidote is atropine. Well, we received atropine during the war. We didn't know why we had to carry atropine and Valium. Well, it's because of the fact of the chemical warfare threat, and the fact that if something would happen to us from the pyridostigmine, that would be our antidote.(26)

Picou has experienced serious health problems, not the least of which is head-to-toe neurological damage, since her Gulf service.

Although there were sufficient concerns about pyridostigmine's adverse effects, Dr. James Fox, a scientist with the US Department of Agriculture, conducted pyridostigmine research on cockroaches and made some startling discoveries. His findings have significant implications for Gulf War veterans. Fox discovered that pyridostigmine, when used in combination with the common pesticide DEET, rendered a powerful pesticide punch: DEET became 10 times more toxic. DEET and many other pesticides were used extensively throughout the Gulf War. Consequently, veterans who took pyridostigmine pills became more vulnerable to the pesticides surrounding them, giving a very plausible explanation for the serious neurological symptoms experienced by so many Gulf War vets.(27)

The Depleted Uranium Deception

There have been several army reports on the dangers of depleted uranium, which have been released by the Depleted Uranium Citizens' Network. In November 1996, Sara Flounders, coordinator of the International Action Center, a network of organizations and activists initiated by former US Attorney General Ramsey Clark, pointed out that an Army Environmental Policy Institute report discusses the negative health and environmental consequences of DU use in the Army. According to the report, the financial implications of long-term disability payments and other health-care costs would be excessive if DU were indicted as a causative agent for Desert Storm illnesses. Flounders believes this may be why DU had not been discussed as a possible cause of Gulf War syndrome.(28)

Since the first Gulf War, DU has been used in the Balkans and Kosovo, and, more recently in the the United States' Middle East invasions. It has been suspected as the culprit in lung and kidney illnesses because it is soluble in water and can be ingested as a fine dust through inhalation. Soldiers in Kosovo have complained of an illness that causes extreme lethargy. Since federal officials have not recognized an official illness caused by DU exposure, the government concludes that DU radiation in the areas that were bombed does not exceed background radiation. Despite suspicions for a relationship between DU and debilitating disease, until 2001 no extensive health research had been completed to determine the long-term effects from repeated DU exposure.(29)

Dr. Doug Rokke, a retired major who served as the director of the US Army Depleted Uranium Project in the mid-90s, and a specialist in uranium clean-up efforts, has been an advisor for DU science and health to the Centers for Disease Control, US Institute of Medicine, Congress, and the DOD. Rokke has been at the forefront in efforts to alert health and military officials about DU's enormous health risks. After Operation Desert Storm, he was the officer in charge of cleaning up the mess and assessing environmental risks due to the invasion. During the course of his mission, Rokke said he received an order, the Los Alamos Memorandum, "which was a direct order to lie in all the reports about the health and environmental effects from uranium munitions in order to sustain their use and avoid all liability." Throughout his months in Saudi Arabia in cleanup efforts, Rokke and his team received "numerous orders to provide medical care and numerous orders to ignore them and numerous orders to lie, cheat, steal and do whatever you have to do."(30)

Rokke is now convinced that the DOD's own reports stating that almost 20% of active-duty personnel in the current military campaigns in Afghanistan and Iraq are non-deployable because of severe illness, are the direct result from prolonged exposure to the toxic swamp that has become the Middle East. He has also observed that with respect to the causes of death among OEF (Operation Enduring Freedom) and OIF (Operation Iraqi Freedom) personnel for medical reasons, there is a surprising proportionality with the medical causes of death among veterans from the first Gulf War.

What GIs from both campaigns share is their high exposure to chemical toxicity, multiple toxic vaccines, and in particular DU.(31)

Though the Gulf War concluded 25 years ago this month, the devastating toll it has taken on the lives and health of thousands of Americans is still felt today. The systemic deception, denial and corruption on the part of the US government has contributed immensely to the ongoing hardships faced by America's bravest. A critical reexamination of how we care for those serving in the armed forces is long overdue. It's time for us to demand an end to the unjust policies and politics that have kept our service men and women suffering and dying in silence and begin to institute comprehensive reform that places the health and wellbeing of our soldiers first.

Endnotes

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31. Ibid