APPENDIX OO

Special Investigation Unit's Report on the Allied Coalition Health Experiences

The Allied Coalition Health Experiences

Thirty-eight countries (in addition to the United States) participated in the Allied Coalition forces that took part in Operations Desert Storm and Shield. The Committee saught to learn about their experiances and their post-conflict health status because valuable clues might be found to help explain why U.S. troops have developed illnesses following the Gulf War. For example, if military personnel from certain countries were not affected, it may be worthwhile to learn how their exposures differed from those of U.S. troops.

Slightly more than 200,000 Allied Coalition forces participated in Deserts Storm and Shield [DOD Final Report to Congress, 1992, pg. 23]. It is beyond this Committee's perview to, at this point, make definitive statements about their exposures such as receipt of vaccines or use of PB. However, it appears that North Atlantic Treaty Organization (NATO) countries gave PB to their troops. Some of the 38 countries have conducted investigations to examine the health of their Gulf War veterans while others have not. In examining such data it should be kept in mind that some countries have national health care systems with access to health care by all citizens. Veterans in those countries may be less likely to participate in voluntary registry programs because they already have access to health care. In addition, countries also have important differences in military pension and disability systems, and most other countries do not have a separate veterans' health care system.

Canada

The Canadians deployed approximately 4,447 troops to the Persian Gulf area from August 1990, through July 1991. Troops were in a diverse number of locations, including Cyprus, Iraq, Kuwait, and Saudi Arabia. About ten percent of the Canadian troops were not active duty, but drawn from the country's reserve forces. Following the war, the Canadian Forces Support Unit, Health Care Centre, has coordinated the clinical response to Gulf War-related illnesses [personal communication, Dr. Ken Scott of Canada]. In January 1995, an informational letter was mailed to about 3,800 Gulf War veterans who were still on active duty and a similar letter was later mailed to individuals no longer in service. In February 1995, a Gulf War registration form was created, and a Gulf War clinic was established in April 1995 [personal communication, Dr. Ken Scott of Canada]. Initial health examinations are completed at a local base or city, with referral (either physician or patient) to the Gulf War clinic if medically necessary. One physician examines all patients at the Gulf War clinic without the use of a standardized protocol for the medical examination (in contrast to the standardized registry protocols developed by the U.S. DOD and VA). Through July 1997, ninety-two examinations had been conducted through the Gulf War Clinic. The most common symptoms were fatigue, memory problems, headaches, sleep disturbance, and joint pain. The most common diagnostic categories were psychological, dermatological, digestive, musculoskeletal, and nervous system [personal communication, Dr. Ken Scott of Canada].

Czechoslovakia

During the Gulf War, Czech troops mainly conducted CW agent detection and were

located, roughly, in Kuwait and Saudi Arabia. The Czechoslovak chemical battalion was made up of three chemical teams, a medical team, and supporting units. One hundred and sixty-nine Czech troops participated in the first phase of deployment, and 198 troops made up the unit during the second phase [OSAGWI document on U.S. government translation of a Czech report given to Dr. Bernard Rostker in September 1997]. The Czech medical community began to investigate health problems of their veterans in 1993, due to publicity surrounding U.S. veterans' Gulf War-related health problems. The Czechs to date have examined 134 (86%) of the 155 Gulf War veterans who reside in the Czech Republic. (They have not examined those veterans who reside in Slovakia, but who participated in the Gulf War as Czechoslovakian troops.) About 40% of those veterans are in good health; the most frequent complaints of veterans who were identified as ill were fatigue, headaches, and joint pain. The Czechs have not been able to find an objective explanation for illness of six (4.5%) veterans [SIU trip report on trip to Czech Republic in September 1997]. The Czechs do not attribute these six illnesses to exposure to CW agents, oil well fire smoke, or infectious diseases. The Czech veterans received a broad array of vaccinations, with no reported side effects, and did not take PB [SIU trip report on trip to Czech Republic in September 1997].

France

The French sent about 25,000 military personnel to the Gulf War, and all received pre-deployment medical examinations to confirm physical and psychological fitness for service. They were updated on vaccinations before and during deployment, receiving typhoid, influenza, meningitis, and plague vaccines. They did not receive anthrax or botulinum vaccines [SIU trip report from September 1997 trip with OSAGWI]. The French troops sustained 226 battlefield casualties (220 were medically evacuated and six were killed in action). Thirty-two military personnel were evacuated due to psychiatric illnesses. The French reported detection of a few cases of leishmaniasis and other problems related to duty in the desert [SIU trip report from September 1997 trip with OSAGWI]. Reportedly, all cases were treatable and there have been no troops with symptoms compatible with the undiagnosed illnesses of U.S. Gulf War veterans. The French also claim that none of their veterans have received pensions due to illnesses associated with the Gulf War [SIU trip report from September 1997 trip with OSAGWI].

The United Kingdom

The United Kingdom Ministry of Defence (MoD) deployed 53,460 military personnel to the Gulf War, with an estimated 1,092 reservists included in that figure [Briefing of OSAGWI by the Ministry of Defence, London, England, September, 1997]. Routine vaccinations were updated or administered to all troops and included tetanus, typhoid, poliomyelitis, yellow fever, and in some instances, hepatitis B. In addition to the vaccines administered to combat disease specific to the area, cholera vaccines were administered. Vaccines administered to provide protection against biological warfare included anthrax and plague, with pertussis vaccines administered as an adjuvant for the anthrax vaccine [Briefing of OSAGWI by the Ministry of Defence, London, England, September, 1997]. All anti-BW vaccines were to be made available on a voluntary basis with informed consent provided, although the MoD reports that this policy may have been breached in practice. Botulinum toxoid vaccines could not be acquired in time for

use in the Gulf. The U.K. troops also took PB as a pretreatment against CW [Briefing of OSAGWI by the Ministry of Defence, London, England, September, 1997; U.K. Ministry of Defence Gulf Veterans' Illnesses Unit website, February, 1998]. The other exposures that the U.K. troops experienced were similar to those experienced by U.S. troops [Briefing of OSAGWI by the Ministry of Defence, London, England, September, 1997].

The U.K. established the Gulf Veterans' Medical Assessment Programme (MAP) in July 1993 in response to veterans' concerns that their post-conflict health problems were related to their service in the Gulf. As of September 1997, 1730 veterans had been evaluated through the MAP. (For additional information about the medical and diagnostic testing included in the MAP protocol, please refer to the U.K. Ministry of Defence Gulf Veterans' Illness Unit website). Out of an initial series of 284 veterans who went through the MAP, 31 (10.9%) had an International Classification of Disease-9 (ICD-9) diagnosis of "signs, symptoms, and ill-defined conditions" (a diagnosis similar to the undiagnosed illness label that a similar percentage of U.S. veterans on registries received). In addition 155 or 54% of this sample received a diagnosis of minor physical illness, 26% received a diagnosis of psychiatric illness, 14% received a diagnosis of chronic fatigue syndrome, and 12% received a diagnosis of major physical illness. As with the U.S. registries, U.K. veterans in the MAP sample could receive more then one diagnosis [U.K. Ministry of Defence Gulf Veterans' Illnesses Unit website].

Arab Coalition

The Egyptians had about 35,000 troops participate in the Gulf War; the Saudi Arabians had about 45,000; the Syrians had about 20,000 troops; and, in a joint effort, about 17,000 participated from Kuwait, Bahrain, United Arab Emirate, Oman, and Qatar. Many other countries also had troops participate, including about 5,000 from Pakistan and 1,500 from Morocco, and troops from Hungary and Slovakia [Scales, 1993]. The Egyptians, Saudi Arabians, and Kuwatis report no illnesses similar to Gulf War-illnesses among their Gulf War veterans. However, it is unclear whether there have been any attempts within these governments to examine their veteran populations for increased rates of health problems related to their service in the Gulf War. Additionally, some of these countries have socialized medical care systems, and the provision of medical care to all citizens may influence reporting of illnesses [Briefing from Arab Coalition to OSAGWI, SIU trip report of OSAGWI trip to Mid East].

Israel

Israeli troops did not participate in the Gulf War. Following the Gulf War, Israeli physicians, researchers, and military personnel report that there has not been an increase in "undiagnosed illnesses" associated with military service [SIU trip report on OSAGWI trip to the Mid East] . However, there have been no research or epidemiological efforts to verify this belief. The Israeli experience is also unique because a large proportion of the population has emigrated to Israel during their adult lives. These persons have been exposed to new, indigenous entities, such as infectious agents, that could be associated with similar health complaints as those of U.S Gulf War veterans. There is no anecdotal evidence to support this claim among public health professionals (civilian and military) and physicians, including infectious disease specialists in country [personal communications, IDF, ICDC, National Coordinator of Infectious Diseases].

○