



# GulfNEWS

A bi-monthly newsletter serving the interests of Gulf War veterans

## OSAGWI gains coalition cooperation on Gulf War illnesses investigation

By Diana Berardocco  
OSAGWI Public Affairs

In September 1997, a team headed by Bernard Rostker, the special assistant for Gulf War illnesses, completed a fact-finding trip to Prague, Paris, and London. These visits confirmed U.S. findings related to country-specific Gulf War experiences and opened the dialogue for future cooperation.

"We don't have a direct link between what happened in the Gulf and the illnesses. That's why we are engaged in the medical research, a chemical program and the program to clearly understand what happened in the Gulf," said Rostker, during a BBC Radio interview.

In the Czech Republic, Rostker's team was briefed by Czech officials at the Chemical Mobilization Base and Training Center in Liberac on the organization of Czech chemical forces during the war and the capabilities of Czech chemical agent detection equipment. The Czech equipment is considered to be more sensitive and dependable than the U.S. equipment fielded during the war. Two chemical detections reported by Czech forces on January 19, 1991 and on January 24, 1991

were determined to be credible, but the source of the chemical agents remains unknown.

"As far as their detections were concerned, we, as others, reviewed all of their equipment. It is very sensitive..." Rostker said during a Department of Defense briefing on September 25, 1997. "There is a hypothesis out there that the battlefield was just flooded with chemicals, and if it was, then the Czech equipment should have found it."

Research by the Czech Military Medical Service found no similarity between symptoms reported by Czech veterans and those experienced by U.S. troops. The American team noted that Czech forces were

**"There has been a suggestion that one reason the French soldiers might not be sick is that they did not take pyridostigmine bromide. This is not the case."**

neither given inoculations for Anthrax and Botulinum Toxin, nor did they use pyridostigmine bromide (PB) as protection against biological warfare agent attack. The most recent Czech report, released in August, will be posted on DoD's Internet site, GulfLINK, once it is translated.



*Czech and American soldiers compare equipment in the desert.*

Rostker found the discussions with French officials to be open and productive.

"French medical personnel found no reporting of illnesses by their forces deployed in the Gulf," said Rostker. "They confirmed that there were no French veterans who were receiving compensation for health reasons."

In contrast to initial assumptions, the DoD team learned that some of the approximately 25,000 French soldiers deployed to the Gulf did use the pre-treatment drug, PB.

"There has been a suggestion that one reason the French soldiers might not be sick is that they did not take pyridostigmine bromide. This is not the case," Rostker explained, "There was no order to take pyridostigmine bromide, but when they went to collect it, a lot was missing.... In fact, in the operations briefing, a senior colonel in the Chemical Corps said, 'Pyridostigmine bromide? No problem. I took it every day for a month.'" *(continued on p.2)*

# Two new case narratives released

By Barbara Goodno  
OSAGWI Public Affairs

In two recently released narratives, the DoD concluded the presence of chemical weapons “unlikely.”

In the first narrative, a succession of seven chemical alerts in 20 hours at Al Jaber Air Base in southern Kuwait were examined. The U.S. 1<sup>st</sup> Marine Division reported these alerts during intense combat operations to retake the air base from the Iraqis. Attempts at confirmation did not confirm the presence of chemical weapons agents. Additionally, none of the units around Al Jaber found any evidence of chemical weapons use or storage, and the Marines reported no chemical warfare casualties.

In the other case narrative, investigators examined the possibility that chemical weapons were stored at an Iraqi ammunition supply point (ASP) in an orchard near the Kuwait International Airport.

A Fox chemical detection vehicle drove through the ASP on February 28, 1991, and reported three separate alarms over several minutes. The following day, an explosive ordnance (EOD) team checked the area using the M18A2 detector and M8/M9 chemical detection paper. Reviews of the EOD logs and interviews with the EOD team confirmed the ASP contained no chemicals.

Posted on GulfLINK, all narratives are issued as interim reports and will be revised as more information becomes available. Individuals who have further information regarding these events or any other incident in the Gulf War are encouraged to call the Incident Reporting Line at 1-800-472-6719.

## *(Coalition trip- from page 1)*

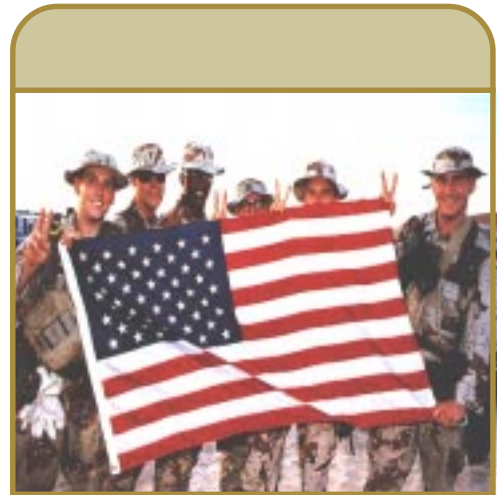
The French government has performed extensive research on the effects of the interaction of PB with other factors present in the Gulf, as well as the long term effects of sub-lethal doses of Soman (GD) on baboons. The team learned that the French did not use organophosphate or organochloride pesticides during the Gulf War but they did use carbamates and pyrethroids.

Rostker’s team briefed the French on the results of the plume analysis and DoD’s efforts to learn the extent to which U.S. troops may have been exposed to sarin from the demolitions at Khamisiyah, Iraq on March 10, 1991.

“It was a good, two-way exchange,” said Rostker.

In the U.K., where British Gulf War veterans are exhibiting some of the same symptoms experienced by U.S. veterans, Dr. Rostker had extensive discussions on public and parliamentary concerns, as well as programs and investigations initiated to address health concerns. Of the approximately 53,000 U.K. soldiers who served in the Gulf, about 2,000 veterans have reported illnesses. In response, the U.K. created the Medical Assessment Program (MAP) and the Gulf Veterans Illness Unit (GVIU) within the Ministry of Defense to ensure that veterans have prompt access to medical advice.

Prior to deploying, British troops were administered an array of vaccinations, as well as Nerve Agent Pre-Treatment Sets (NAPS) which consisted of pyridostigmine bromide. Veterans claim that this “cocktail” of immunizations and pesticides may be responsible for their health problems. The British government is investigating the vaccination program and is looking into possible interactions between vaccines and NAPS tablets. British officials look forward to continued coordination with the U.S.



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*A group of Marines in Saudi Arabia proudly pose with Old Glory.*

## Happy Veteran's Day

investigators and expected to release their findings in a report to the House of Lords in October 1997.

“Having national research that is reviewed and coordinated internationally is very helpful in trying to get to the bottom of this,” Rostker said.

The U.K. also agreed to work cooperatively with the U.S. investigation into, and the subsequent case narrative on, the detection of mustard blister agent in a tank outside of the Sabahiyah Girls’ School after the Gulf War. Samples removed from the tank by a British Explosive Ordnance Disposal unit were sent to Porter Down, England for analysis. The findings were generally consistent with the data being developed by the Office of the Special Assistant.

The next phase of the coalition fact-finding meetings are scheduled from October 19 to November 4, 1997. The team will travel to Kuwait, Saudi Arabia, Egypt and Israel.

As we approach the one year anniversary of the establishment of the Office of the Special Assistant for Gulf War Illnesses (OSAGWI), I would like to describe how our effort has expanded to meet the needs of our nation's Gulf War veterans. Hopefully, you will see our progress over the last year as a sincere desire to investigate, identify and resolve the causes of the illnesses inflicting many of our Gulf War veterans.

Over the past twelve months, the OSAGWI office has grown into a full service investigative and communications organization. Our incident reporting hot line not only records and tabulates incident reports, but allows us to follow up with each and every veteran contact. Our "contact managers" spend an average of 30 minutes on the phone with every veteran, discussing his or her experiences in the Gulf and current health status. Since opening the hot line, nearly 5,000 veterans have contacted our office. Feedback from the veterans has been overwhelmingly positive, as they are pleasantly surprised that someone from the DoD has taken an interest in them.

GulfLINK, our Internet home page, and our e-mail link allow us to post new information and communicate directly with veterans. Typically, we get 21,000 home page hits a week, a number that balloons to 70,000 at peak times, such as when we release a new case narrative or information paper. For those without Internet access, we publish this newsletter.

These additional actions complement our core objectives, which are identifying possible causes of Gulf War illnesses and passing the information on to you. To date, we have published

eight case narratives and two information papers.

Phone calls, home pages, newsletters, and direct correspondence are great communications tools, but nothing surpasses a face-to-face discussion. For that reason, I personally meet with veterans at town hall meetings held across the country. It helps put a human face on the seemingly cold and distant Washington bureaucracy, and keeps me focused on the real issue: our veterans' health and well-being. After all, that is your primary concern and our first priority.

I am a veteran, as are more than 80 percent of my staff. We believe in the commitment you have made, and recognize the nation's obligation to you. As you look back over the last year, I hope you will agree that we are addressing your concerns, and that we have had some modest success in providing you with an account of what happened in the Gulf seven years ago. While we have much more to do, I believe we are on the right path.

*From the desk of  
Bernard D. Rostker  
Special Assistant for  
Gulf War Illnesses*



## Veteran Spotlight

By Ellen DiPaolo  
OSAGWI Public Affairs

Anthony Cobb is a Gulf War veteran determined to provide information to veterans unaware of the medical care and benefits available to them through the Department of Veterans Affairs (VA). A Disabled American Veteran Association employee, Cobb goes above and beyond his job as a hospital service coordinator at the VA hospital in Louisville, Kentucky. Cobb works with Wanda Wilkerson, the hospital's Persian Gulf Coordinator, to hold Persian Gulf seminars in Kentucky and southern Indiana.

"The biggest problems our vets face are miscommunication and false information, delays in claim processing, and doctors' inability to diagnose the illnesses," Cobb said.

Cobb has first-hand knowledge of the VA system, as the second person in Louisville to enter the Persian Gulf Registry.

He attended the May 8, 1997 town hall meeting in Chicago given by Dr. Bernard Rostker, special assistant for Gulf War illnesses, to get ideas and materials for his seminars. As a result, Dr. Rostker's office began providing Cobb with packets of information to distribute at his Persian Gulf seminars, held in Louisville, Eddyville, Elizabethtown, and Owensboro. The next seminar will be held in Louisville in February 1998.

Community support has both surprised and pleased Cobb. Recently, the National Ford Motor Company donated 15 vans for the hospital's use. The transportation services are available to veterans in the 35-county area.



*Anthony Cobb hands the keys of a donated Ford van to volunteer drivers Brice and Marilyn Howard.*

"We provide transportation to anyone in Kentucky and southern Indiana to the VA hospital," said Cobb, "we don't want anyone to be denied treatment."

Since Cobb's efforts began, the number of people who have completed their VA Persian Gulf Registry examination has increased sharply. 177 people have completed examinations so far this year, for a total of 659 examinations completed since the program began in February 1993.

For information on the Cobb's Persian Gulf seminars, or the VA Persian Gulf Registry, call Anthony Cobb at 502-895-3401, ext. 5351. The nationwide number for the VA Persian Gulf Registry is 1-800-749-8387.



Your Ticket to the Information Highway — Visit our GulfLINK web site at: <http://www.gulflink.osd.mil>

Gulf War Veterans seeking information on VA benefits of all types should call the Gulf War Information Hotline at: 1-800-749-8387

Anyone with information on Gulf War incidents should call the DoD Incident Reporting Line at: 1-800-472-6719

Are you a Gulf War Veteran (or know one) with health problems? Call the DoD Gulf War Veterans Hotline at: 1-800-796-9699



## Were you exposed to nerve agents?

On July 24, 1997, letters were mailed to units identified as being near Khamisiyah, Iraq in early March 1991. The letters informed soldiers whether their unit was, or was not, in an area where they may have been exposed to a very low level of nerve agents. To see a list of those units potentially exposed, visit our listing on the world wide web: [http://www.gulflink.osd.mil/dugway/unit\\_list.html](http://www.gulflink.osd.mil/dugway/unit_list.html), or write:

OSAGWI  
5113 Leesburg Pike, Suite 901  
Falls Church, VA 22041

If you did not receive a letter indicating possible nerve agent exposure and feel you should have, please send your name, social security number and unit identification code to the above address for verification.



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Send your comments and suggestions on this newsletter to Ellen DiPaolo at the above address, or to [edipaolo@gwillness.osd.mil](mailto:edipaolo@gwillness.osd.mil)



## On the road again...

Dr. Rostker will speak to veterans at two town hall meetings in November. He will be in Detroit on Nov. 19, at VFW Post 5572, 16736 Ecorse Rd., Allen Park, MI 48101. For more information, call (517) 485-4596. A second meeting will be held in San Francisco on Nov. 20. Please call OSAGWI Public Affairs at (703) 578-8500 for details. We hope to see you there!

