

Anecdotal Evidence of Battlefield Exposures: A Call for a Permanent International Chemical, Biological, Radiological and Nuclear (CBRN) Investigation Team

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Letter to the Editor

The purpose of this letter is to show, by example, why a permanent international team of CBRN investigators is necessary.

I served twelve years on the veteran affairs (VA)-research advisory committee (RAC) on Gulf War Illness (2002-2014). At the beginning, we discussed Gulf War Syndrome: a collage of symptoms Desert Storm soldiers suffered with from hives and irritable bowel syndrome to amyotrophic lateral sclerosis (ALS-Lou Gehrig's disease) and even death. We learned that the battlefield toxic environment facilitated a synergistic effect between the many exposures to harm veterans (see attached spreadsheet for details). Dr. Robert Haley-University of Texas, Southwestern, served on the committee and proved that even low-level exposures to toxins and chemicals have long-term debilitating neurological effects: something the VA vehemently denies.

After twenty years, a host of illnesses still afflict Desert Storm veterans, and we learned that when the brain receives an insult from something like toxic chemical warfare agents, the symptoms can affect each person differently (See Dr. Haley's study of Paraoxonases 1 (PONS 1) and PONS 2: UT Southwestern). For example, when my unit was exposed to nerve agent (possibly a VX-mustard combination), many of us felt nauseated and dizzy, while a few people wondered what was going on, and others were bedridden several days.

At first, some of the scientists the RAC interviewed insisted the problem was merely post-traumatic stress disorder (PTSD), and said, "it was a common result of all wars." But the institute of medicine (IOM) committee chaired by Dr. Stephen Hauser, former president of the American Neurological Association, reviewed the scientific literature and concluded that the chronic multi-symptom illness suffered by an estimated 250,000 Gulf War veterans (over one-third of the 697,000 who deployed during Desert Storm) was a physical illness, a "diagnostic entity [that] cannot be reliably ascribed to any known psychiatric disorder. It is likely that Gulf War illness results from an interplay of genetic and environmental factors" (Hauser, et al. Gulf War and Health; Volume 8: Update of Health Effects of Serving in the Gulf War, Institute of Medicine, the National Academies Press: Washington DC, http://books.nap.edu/openbook.php?record_id=12835, pages 262, 204, 109, 261).

Our committee set the PTSD idea aside, suspecting something else at work because of the many personal testimonies and Representative Shays' hearings on Khamisiyah.

The Honorable Christopher Shays-US congress, republican, Connecticut-held a hearing 19 September 1996 on the exposure of troops to chemical and biological agents (primarily sarin and

cyclosarin). After repeated denials, the department of defense (DoD) finally admitted that 5,000 troops may have been exposed by the demolition of the Iraqi ammunition depot at Khamisiyah, Iraq on 4 and 10 March 1991. Following atmospheric downwind studies, on 24 July 1997, DoD increased the possible troop exposure numbers to 98,900. This is the only chemical exposure incident DoD has admitted to, although the US army civil engineers demolished many other ammunition bunkers all over Kuwait.

"Archived meteorological data, including visible and infrared satellite imagery, illustrates irrefutably and conclusively that the toxic debris from the bombed facilities [Khamisiyah] traveled directly towards U.S. military personnel." (H. Lindsey Arison III, The Cover Up of Gulf War Syndrome: A Question of National Integrity, 28 Aug 1997 Edition, published at GulfWarVets.com).

"14,000 chemical agent alarms deployed with US forces in the Gulf sounded three times each per day, on average, during the air and ground wars, according to sworn DoD testimony before the US Senate." (ibid, 1 US Senate, Hearing Before the Committee on Banking, Housing, and Urban Affairs, United States Dual-Use Exports to Iraq and Their Impact on the Health of the Persian Gulf War Veterans, S. Hrg. 103-900, 25 May 1994, and Tuite, James J. III, Report of the Fallout from the Destruction of Iraqi Chemical Warfare Agent Research, Production, and Storage Facilities into Areas Occupied by U.S. Military Personnel during the 1991 Persian Gulf War, 19 September 1996, 23).

Like all desert storm veterans, I am happy that DoD admitted to the Khamisiyah incident. However, many Iraqi munitions bunkers were bombed from the air, and many others were destroyed by the Engineers after the war. From mid-February through the end of March 1991, I witnessed four bunkers destroyed by the Engineers in my own area-western Kuwait City, which sent great black plumes of smoke and ash down on the troops, making the air smell odd.

The DoD and government accounting office (GAO) briefed our committee about wind data studies to determine what troop units might have been exposed to Khamisiyah alone. They estimated that tens of thousands of troops were potentially affected. Given that data, eight years after the war, the VA notified soldiers of a potential nerve agent exposure.

July 24, 1997 Dear Gulf War Veteran: I am sending this letter because we have determined that your unit was near Khamisiyah, Iraq in early March 1991. My purpose is to update you on our investigation of the US demolitions of Iraqi weapons at Khamisiyah and what this may mean for you.

During desert storm, fellow committee member-Anthony Hardy-entered an enemy bunker and smelled geraniums: an indicator of Lewisite (an organoarsenic blister agent). He became deathly ill and has suffered since.

Despite countless testimonies of exposure incidents all across the battlefield area of operations, like this one by Anthony, the DoD has only recognized the Khamisiyah incident. Therefore, the VA can deny claims related to exposures during Desert Storm. This is especially true since they do not believe that battlefield or nerve agent exposures cause long-term health effects, although our committee found otherwise. Here follows the second and third paragraphs of their letter to troops possibly exposed.

When rockets were destroyed in the pit area at Khamisiyah on March 10, 1991, the nerve agent's sarin and cyclosarin may have been released into the air. If you were with your unit at this time, you may have been in an area where exposure to a very low level of nerve agents was possible. However, our analysis shows that the exposure levels would have been too low to activate chemical alarms or to cause any symptoms at the time.

Although little is known about the long-term effects from a brief, low level exposure to nerve agents, the current medical evidence indicates that long-term health problems are unlikely. Because the scientific evidence is limited, the Department of Defense and the Department of Veterans Affairs are committed to gaining a better understanding of the potential health effects of brief, low level nerve agent exposures, and they have funded several projects to learn more about them.

Before the VA sent this letter, our committee published research results showing how low-level exposures had long-term effects on the brain. They knew about our findings.

Why has the DoD and the VA sought to minimize exposures? Why has the DoD denied the existence of well-documented exposures? I believe it all boils down to money.

In April 2014, *Military Times* reported that VA Undersecretary for Benefits, Allison Hickey, was concerned that even using the term Gulf War illness "might imply a causal link between service in the Gulf [Desert Storm] and poor health which could necessitate legislation for disability compensation for veterans who served in the Gulf." <http://archive.militarytimes.com/article/20140422/BENEFITS04/304220036/Top-VA-official-questions-use-term-Gulf-War-illness>.

She also testified before Congress that the VA would meet its 2015 claims processing target of 125 days, unless she had to add a quarter million new claims to her inventory overnight, as happened in 2010, with the expansion of Agent Orange coverage: "That will kill us," she said.

While the VA says that it provides care and benefits to veterans suffering from Gulf War illness under the category of "undiagnosed

illnesses," the reality is otherwise. A VA report to Congress in 2013 revealed that the VA approved only 11,216 Desert Storm Gulf War-related claims, while denying 80 percent. <http://www.publichealth.va.gov/exposures/gulfwar/medically-unexplained-illness.asp>.

During one committee meeting, I publically criticized the VA's effort to describe all combat actions from 1990 to 2014 as "Gulf War." I realized that this particular wording would affect research, because Desert Storm illness results would be washed out when grouped with study results from the ongoing Iraq and Afghanistan wars. And I was right. The VA's September 2014 press release said that "nearly 800,000 Gulf War era Veterans are receiving compensation benefits for service-connected issues" was blatantly misleading, because the VA was counting every veteran from 1990 through 2014 as "Gulf War era". <http://www.91outcomes.com/2014/09/va-press-release-va-secretary-mcdonald.html>.

Problem

The DoD denies exposures incidents, therefore the VA denies claims for treatment.

Solution

Create an authoritative, international, independent and permanent agency to investigate troop and civilian exposures to chemical, biological, radiological, and nuclear agents.

Unlike temporary united nations (UN) investigation teams, which do outstanding work, I am calling for an international permanent independent agency-CBRN Task Force-made up of scientific experts in the chemical industry and chemical warfare from various nations, who will investigate possible exposures worldwide. Their goal will be to determine the validity, scope, and character of the exposures. Their findings would fuel possible prosecution and troop claims for compensation, in whatever nation they reside.

The United Nations or The Hague International Criminal Court should sponsor the CBRN Task Force. Their findings, through investigation of battlefield sites and troop interviews, will shed light on what happened, where, and to whom. This authoritative agency would issue binding results.

CONCLUSION

Since World War I, chemicals have been used on the battlefield and soldiers have suffered terribly. We should do everything in our power to ensure our veterans receive the treatment necessary for healing, compensation, or palliative care. Hopefully, an international organization will help bring awareness and pressure on legislatures in all countries to support their veterans.