20000321 134

May 1998 Volume 2 Issue 3

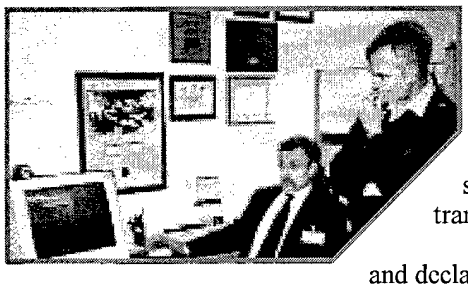
GulfNEWS

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

Declassified document review aids Gulf War investigators

By Ellen DiPaolo
Public Affairs

A three-year effort to collect and review more than 6.6 million pages of Gulf War-related operational documents is ready to move in a new direction. The Defense Department's operational records declassification program, with the Army serving as DoD Executive Agent, has been processing documents since March 1995 to help investigators piece together the possible causes of Gulf War illnesses. Now, Defense Department officials say the program will concentrate on filtering the data collected so the investigators can search the document database with more speed and accuracy.



Declassification analyst Brian Kew briefs a former Gulf War operations officer on the declassification process.

Project director Army Col. Steven A. Raho III says his team is now at a transition point in the effort.

"We feel we have located and declassified the bulk of the records. However, we are still prepared to process the few records that are trickling in," he said.

The declassification process involves digitizing and reviewing each document and searching for documents with health-related key words. Once reviewed, all health-related documents, nearly 1.2 million pages to date, are turned over to the Office of the Special Assistant for Gulf War Illnesses for use by investigators and for posting on their web site, GulfLINK (*http:/www.gulflink.osd.mil*). To date, approximately 55,000 pages have been declassified and posted to GulfLINK.

By all accounts, the team has been very successful in processing the documents and Raho says they're going to make the investigators' jobs even easier in 1998.

(continued on page 4)

U.S/U.K officials confer on Gulf War issues

By Diana Berardocco
Public Affairs

"It is important to speak with our veterans. It gives us a sense of reality," said Bernard Rostker, special assistant for Gulf War illnesses as he welcomed members of the United Kingdom's House of Commons Select Defense Committee on February 24, 1998.

The delegation members visited the United States on a four-day fact-finding mission related to national defense and Gulf War illnesses issues. They met with U.S. intergovernmental representatives, including Rostker, to gather information on how the U.S. is caring for its Gulf War veterans and to learn from the U.S. investigative experience. In addition to Rostker, representatives from the National Security Council, Joint Chiefs of Staff, Office of the Secretary of Defense, Office of the Army Surgeon General and Department of Veterans Affairs briefed the delegation.

Building on past collaborative efforts, the U.S./U.K discussions ranged from an overview of the organization and function of the Office of the Special Assistant to current DoD initiatives to protect service members from medical hazards associated with military service to research results on Gulf War veterans' health.

Rostker differentiated between DoD's initial response to possible Gulf War exposures and his organization's current focus – veteran's outreach, investigation and analysis and force protection issues.

"Today, we are asking veterans about their experiences in the Gulf, trying to learn from them what went on. Our emphasis is on [investigating] incidents in the Gulf, the exposure that may have occurred from those incidents, and the implications of such incidents," Rostker said.

Patrick Williams, lead analyst for the depleted uranium investigation, briefed the audience on Gulf War use and potential hazards of depleted uranium. He emphasized that depleted uranium munitions and armor allowed U.S. tankers to engage Iraqis with unprecedented range during the war, giving U.S. forces a tremendous operational advantage that contributed to U.S. victory.

(continued on page 2)

Anne Davis, director, investigation and analysis for OSAGWI, leads a discussion during the U.K. Committee visit.

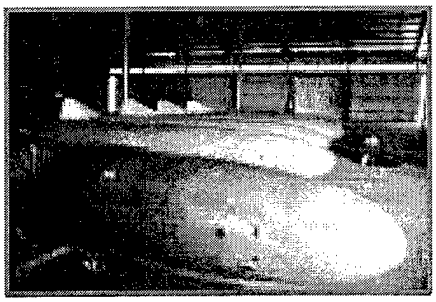
DISTRIBUTION STATEMENT A
Approved for Public Release
Distribution Unlimited

Fuel additive, not chemical agent filled tank near Kuwaiti school

By Douglas J. Gillert
American Forces Press Service

WASHINGTON (AFIS) — Inhibited red fuming nitric acid, a highly corrosive fuel component used with Iraqi missiles, filled a liquid storage tank found by British ordnance specialists after the Gulf War, DoD reports in its recently released case narrative.

According to the report, Iraq used the Kuwaiti Girls' School as an anti-ship missile test and maintenance facility during the war. After the fighting stopped, coalition forces removed missiles and equipment left behind by the Iraqis. Several months later, a British explosive ordnance disposal team discovered the storage tank. Initial tests indicated the presence of a chemical warfare agent, but further analysis concluded the tank contained nitric acid.



Silkworm missiles found at the Kuwaiti Girls School.

In 1997, DoD's special assistant for Gulf War illnesses and the British Ministry of Defense's Gulf War Veterans' Unit began jointly reassessing available information. They conducted more than two dozen interviews with people directly involved in the events, and obtained documentation and expert analysis from at least 13 British and 15 U.S. government agencies, the United Nations, Kuwait and three non-governmental organizations.

"For the first time, many of the disparate elements of the case were brought together," said Bernard Rostker, DoD special assistant for Gulf War illnesses. "Many people were associated with post-war operations at the girls' school, but no one seemed to be aware of all the elements."

Rostker termed the case a milestone in the ongoing investigation, because "it involved cooperation between our two countries. In the past year, the Ministry of Defense and DoD have developed an outstanding collaborative relationship, which can only help the Gulf War veterans of both countries," he said.

(U.S./U.K. - from page 1)

"Veterans are concerned that battlefield depleted uranium contamination may be linked to Gulf War illnesses due to chemical and radiological toxicity. Our investigation is aimed at establishing what depleted uranium exposure scenarios and incidents occurred, and then assessing their potential medical significance," Williams explained. DoD will publish findings in an interim case narrative expected in late spring.

Frances Murphy, MD, MPH, director of Gulf War health programs for the VA, reported on preliminary examination results of 33 veterans most severely effected by depleted uranium.

"At the time, it appears that only those veterans who have retained DU fragments have increased levels of uranium above the occupational exposure levels. They are not showing evidence of kidney toxicity at this point," said Murphy about the results completed at the Baltimore VA Medical Center.

She also spoke of the more than 120 collaborative VA/DoD/HHS research studies underway and the anticipated results of VA's postal questionnaire survey of Gulf War veterans.

"The findings will be important because no previous studies have determined if Gulf War veterans, or their families, suffer from higher rates of illnesses when compared to those who were not deployed, or the general population," said Murphy.

The topic turned to Gulf War lessons learned when Rear Adm. Michael L. Cowan, deputy director for medical readiness, Joint Chief of Staff J-4 described DoD's proactive force medical protection measures.

"As a result of the Gulf War, many veterans lost faith in our medical system. We have completely reconfigured how we respond. We are being proactive in identifying, avoiding and managing risks. When we put forces in the battlefield, we should not subject them to risks we can do something about," said Cowan.

The DoD is developing doctrine and policy and changing the infrastructure for record keeping, medical and environmental surveillance and pre-deployment and post-deployment blood and serum sample collection.

"We learned a number of lessons from the Gulf War. We've made changes. We need to measure risks, do the right thing and stay focused on putting a healthy soldier in the battlefield," he said in summary.

Brig. Gen. John Parker, assistant surgeon general for force protection, amplified this view as he presented DoD's plans to systematically vaccinate U.S. military personnel against the biological warfare agent anthrax.

Questions from the British delegation flowed freely throughout the briefing. One member asked if it were far from the mark to label the health symptoms of Gulf War veterans a syndrome.

"The list of symptoms don't seem to cluster around a single organ system or single characteristic set of signs and symptoms," Murphy explained. "They span a whole range of diagnosable medical conditions. While it is clear that Gulf War veterans are suffering from real illnesses, there doesn't appear to be a solitary, unique syndrome."

Rostker added that the investigation thus far has found no causal relationship from incidents or exposures. As he closed the proceedings, he restated DoD's mission.

"First, we are building trust and confidence in DoD. We have made a concerted effort in our investigation to better account for what happened on the battlefield. Second, we have to better protect our people on the battlefield and we are working on doctrine and equipment to get that right. Third, we need to establish and sustain viable risk communications. The standard we work under today is full disclosure. Proactive outreach provides people with answers they need," said Rostker.

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

Last month, I had the pleasure of holding, for the first time, a town hall meeting at a military installation. Our visit to Fort Sill, near Lawton, Okla., was the first of three scheduled visits to military installations this spring during which we hope to provide the latest information on our efforts and receive feedback directly from current and former military members and their families. Our team is next slated to visit Fort Riley, near Junction City, Kan., May 12-13; and Fort Campbell, near Clarksville, Tenn., June 17-18.

These are the first Gulf War illnesses town hall meetings we've held on military installations. Last year, the American Legion and Veterans of Foreign Wars hosted us at meetings in 13 major metropolitan areas across the country. More town hall meetings will be scheduled for later this year.

We concentrated on large cities last year to try to reach the most veterans possible. This year we're focusing specifically on large military installations to reach Gulf War veterans still on active duty. We also plan to address force protection measures taken since the Gulf War, so service members who aren't Gulf War veterans will also be interested in attending.

In addition to town hall meetings, my Gulf War illnesses team will spend one to two days at each facility to brief smaller groups separately. Convention-style displays will be placed at high traffic areas on the installation during each visit. We may not reach everyone, but we'll be readily accessible to almost everyone because we're leaving the town hall meetings open to the public and tentatively set meeting times for 7 p.m. As we get closer to the meeting dates, public affairs offices at each installation will release more information locally.

Veteran Spotlight

By Ellen DiPaolo
Public Affairs

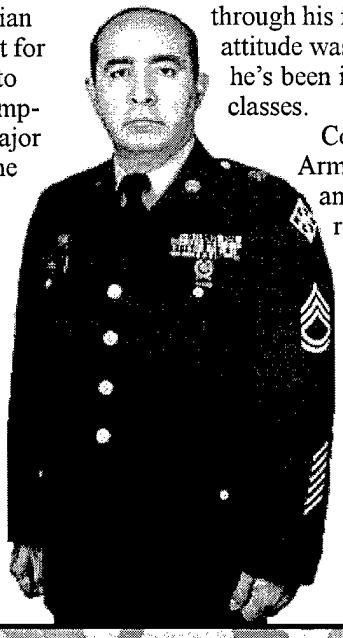
Master Sgt. Pedro Coll thought the headaches, dizziness and fatigue he had been experiencing since his service in the Gulf War were going to be a permanent part of his life. Still a member of the Army Reserve, Coll heard about the Comprehensive Clinical Evaluation Program from his sergeant major in 1995 and although skeptical, he registered. Today, he's controlling his symptoms with the knowledge he gained from the program and spreading the word about the program to other veterans.

Coll's life took a turn in 1990 when he was deployed to the Gulf just as he was moving his family from New York to Florida after 15 years with the New York City Housing Authority. His wife, Delfina, and three daughters, now adults, went on to Florida and awaited his return from the Gulf, nine months later. When Coll was unable to find a job in Florida at his previous salary, he returned to his former civilian position as a computer programmer in New York, feeling it was in his family's best interest.

"The stress of being away from my family probably made my symptoms even worse," Coll said. The debilitating headaches that plagued him two to three days at a time, along with fatigue and dizziness, were so bad that they were affecting his performance on the job. Coll was distracted and exhausted, and his boss was starting to notice.

Coll went to several civilian physicians and a neurologist for help, but they were unable to pinpoint the cause of his symptoms. When his sergeant major in the Reserve suggested the CCEP, Coll hesitated, fearing it would affect his 22-year Army career. He ultimately decided to put his health first, and started Phase I of CCEP at Fort Monmouth, N.J.

Coll completed Phases I and II of the program, then went to Walter Reed Army Medical Center in Washington, D.C. for Phase III — the Specialized Care Program.



"I had no confidence at that time that Phase III would help me at all," Coll admitted. He was surprised when the staff gave him their undivided attention, listened to his problems, and told him they were going to do everything in their power to find the source of his symptoms.

"The Specialized Care Program taught me ways to control my symptoms. Their suggestions were excellent," said Coll. Suspecting a sleeping disorder was a cause of his headaches, they tested his sleep patterns extensively. The program doctors suggested he get at least seven hours of sleep a night, and give up smoking and alcohol, which he did. Coll also practices a daily relaxation technique he learned at the SCP. His headaches and fatigue have drastically decreased. And he was promoted to Master Sgt. in April 1997.

The staff at the Specialized Care Program asked Coll to speak to their March 1998 class about his experiences, and how he learned to help himself through his illnesses. His positive attitude was an inspiration, and he's been invited to speak to future classes.

Coll plans to retire from the Army Reserve in two years, and move to Florida to reunite with his family.

"I am so grateful for my improved health. I hope other vets still in the service who hesitate to come forward with their illnesses will follow my example and register with CCEP. Those who don't choose to do it are missing out on a great service," Coll said.

Resources for veterans

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 Helpline 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**

(Declassification- from page 1)

"We are going through a major re-indexing effort this year. We are going back and looking at the 2.3 million pages in the Army collection and re-indexing them to facilitate database searches," he explained.

The re-indexing process will make database searches much more efficient. Each document reviewed will be sorted by unit, unit identification code, document date and document type. In the past, the documents were broken down to corps, division and separate brigade level. When the re-indexing is complete, researchers will be able to retrieve documents unique to 4,000 individual units and sub-units, totaling more than 1,500 unit identification codes. Raho says the process is painstaking, but his team has an edge.

"Every member of our re-indexing team has prior military experience, which is extremely helpful in understanding terminology and messages within the documents so they can process them more quickly," added Raho.

With a re-indexing goal of 17,000-18,000 pages per day, Raho's team plans to finish the project by October 1998 and all documents will be retired to the Washington National Records Center at Suitland, Md., or the National Archives at College Park, Md. At that time, all but a few members of Raho's team will move on to assist with another declassification effort, already underway, run by The Adjutant General of the Army, Brig. Gen. Earl M. Simms. Simms' special project stems from President Clinton's executive order to review 270 million Army documents for declassification by April 2000.

Raho says most of the services have completed their search for records and documents. However, he says the Air Force is still processing new material at Maxwell Air Force Base, Ala. They are working closely with the Army to complete the U.S. Armed Services Center for Research of Unit Records Gulf War Personnel Registry database of all Air Force members who were deployed to the Kuwaiti Theater of Operations. This database is used to identify service members who were in theater during the war and were possibly exposed to low-level chemical agents or Kuwaiti oil well fire fumes.

Air Force members who were deployed to the Kuwaiti theater of operations, including air crew members who flew within, into, or conducted missions over the area of responsibility from August 1990 to December 1991, are urged to contact Capt. Bryn Russell, Staff Sgt. Jack Rainge, or Mr. Jim Milster at (334) 953-6751 ext. 6378, or DSN: (334) 493-6751 ext. 6378.

OSAGWI veterans contact manager Michael Hunt answers questions at the outreach effort at Fort Sill, Okla., on April 23.

Mail

GulfNEWS is an authorized publication for past and present members of the Department of Defense. Contents of GulfNEWS are not necessarily the official views of, or endorsed by, the U.S. Government, the Department of Defense, or the Special Assistant for Gulf War Illnesses.

GulfNEWS is produced by: The Office of the Special Assistant for Gulf War Illnesses (OSAGWI), 5113 Leesburg Pike, Suite 901, Falls Church, VA 22041.

Send your comments and suggestions on this newsletter to Ellen DiPaolo at the above address, or to *edipaolo@gwillness.osd.mil*