



GulfNEWS

A bimonthly newsletter serving the interests of Gulf War veterans

New Special Assistant appointed by Department of Defense

Rostker vows to continue to care for Gulf War vets

By Lt. Col. S. Dian Lawhon
Public Affairs

A significant lesson learned from the Gulf War is that the Department of Defense is not well structured to deal with the non-traditional issues that arise after every deployment.

As a result of these lessons learned, the Department of Defense has established a new position to advise the Secretary of Defense on the force health aspects of deployments. Bernard Rostker, formerly the special assistant for Gulf War illnesses, has been appointed Special Assistant to the Secretary of Defense for Gulf War Illnesses, Medical Readiness and Military Deployments. Rostker will address health-related matters for the Gulf War, ongoing and future deployments. He will build on and expand the work originally started by

the Office of the Special Assistant for Gulf War Illnesses and continue to work with veterans and military service organizations and individual veterans.

“We need to remain vigilant, to make sure the mistakes DoD made in the Gulf War aren’t repeated,” said Rostker. “For the past four years, OSAGWI has been committed to doing everything possible to understand what happened during the Gulf War and to respond to the questions and concerns of veterans. As we move forward, I believe it is imperative we remain as committed as ever to helping veterans of the Gulf War and addressing the many health issues that remain,” he said.

“In the last few months, I’ve shared my view with many that there is a need to continue the outreach and deployment health related functions that OSAGWI currently performs. I have talked with leaders of major veterans and mili-

tary service organizations and asked for their thoughts as I considered future needs. I also spoke with the Presidential Special Oversight Board and leadership within the Joint Chiefs of Staff and the Office of the Assistant Secretary of Defense for Health Affairs,” added Rostker. “They all supported the establishment of a new organization to focus on what happens before and during deployments as they pertain to the health of our troops.”

As the new special assistant, Rostker will be accountable to the Secretary of Defense, Congress, the Executive branch, veterans and the American public on these issues.

The DoD learned a great deal from the Gulf War that is applicable to future troop movements. Among those lessons was the importance of maintaining current medical records on all servicemembers, properly training troops
(See ROSKTER, page 3)

A Desert Exercise



U.S. Navy photo by Corporal Patrick Bloodgood

A Light Armored Vehicle and crew from Battalion Landing Team 1/1, 11th Marine Expeditionary Unit (Special Operations Capable) rolls across the desert after a successful attack during a training exercise. The 11th Marine Expeditionary Unit (Special Operations Capable) was deployed October 1999 in the Persian Gulf with the USS Peleliu (LHA 5) Amphibious Ready Group.

Investigators examine possible chemical agent release

By John Slepetz
Public Affairs

The latest case narrative, “Possible Mustard Release at Ukhaydir Ammunition Storage Depot” was released on July 27. The report examines the possibility that two Coalition air strikes during the 1991 Gulf War air campaign caused a limited release of mustard chemical warfare agent. Coalition planes may have destroyed or damaged some 200 of the more than 6,000 chemical artillery rounds stored at Iraq’s Ukhaydir ammunition depot. The investigation was prompted by information collected for an earlier information paper.

Investigators were unable to determine if mustard chemical warfare agent was released as a result of airstrikes because the available evidence is inconclusive. Post-war, United Nations inspectors discovered more than 200 empty chemical artillery shells, some with burn damage, at the Fallujah Proving Ground ammunition storage site. The investigators determined these shells were part of 6,394 stored at Ukhaydir, 100 kilometers southwest of Baghdad, during the war and may have been damaged during Coalition airstrikes at Ukhaydir on January 20, 1991, and around midnight on February 13, 1991.

(See UKHAYDIR, page 4)

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



The Defense Department announced on August 8 the establishment of a new position to advise the Secretary of Defense on the force health aspects of deployments. I have been appointed as the Special Assistant to the Secretary of Defense for Gulf War Illnesses, Medical Readiness and Military Deployments.

The office will build on the work initiated almost four years ago by the Office of the Special Assistant for Gulf War Illnesses. Former Deputy Secretary of Defense Dr. John White, established the Office for Gulf War Illnesses on Nov. 12, 1996. Since that time, the office has published 18 case narratives, eight information papers, four environmental exposure reports and four close-out reports.

DoD learned a great deal from the Gulf War that is applicable to future troop movements. Among those lessons was the importance of maintaining current medical records, proper training in handling depleted uranium and keeping troops informed about the vaccines they are administered. We owe it to Gulf War veterans and those who follow in their footsteps to ensure the mistakes DoD made in the Gulf War aren't repeated.

As we transition from OSAGWI to the new office, we will continue to finalize and complete our current investigations. Personal answers and assistance for Gulf War veterans will continue via the interactive email and toll-free phone number at (800) 497-6261. Veterans deploying after the Gulf War will also be able to call for information or to discuss their deployment concerns.

We remain as committed as ever to helping veterans of the Gulf War. Unfortunately, a decade after the start of the Gulf War, many health issues remain unresolved. This work will continue. I made a commitment to you nearly four years ago and remain steadfast. We need to stay the course and continue that legacy of dedication to all who serve – past, present and future.

Feds team with ALS Association to launch new study

By Joan Kennedy
Public Affairs

Further research into whether service in the Gulf War caused some veterans to contract a rare fatal neurodegenerative disease was launched by the federal government in March. The research was prompted by the belief of some veterans that their diagnosis of amyotrophic lateral sclerosis, or ALS, was related to their service during the war with Iraq.

In this new one-year study, researchers from the departments of Defense, Veterans Affairs and Health and Human Services hope to determine if there is a higher number of ALS cases among military veterans who are Gulf War veterans.

"Unfortunately, we wouldn't have known if veterans got ALS after they left the service," said Michael E. Kilpatrick, M.D., deputy director of medical outreach and issues in the special assistant's office for Gulf War illnesses. The office has been monitoring the incidence of ALS for several years.

"If ALS is determined to be more prevalent among Gulf War veterans than among the population at large or than among veterans who did not deploy, it could lead to the disease being considered service-connected, even in veterans who come down with it years after leaving the service," continued Kilpatrick. "Currently, the symptoms for ALS must be documented during active duty or within one year of leaving service for the disease to be considered service-connected."

Often referred to as Lou Gehrig's disease, ALS destroys the brain and spinal cord nerve cells controlling muscle movement. As the brain and spinal cord motor nerve cells die, muscles weaken and shrink, and rapid, severe paralysis occurs. The cause is unknown, and there is no known cure.

"We need to identify as completely as possible the number of cases of ALS among Gulf War veterans in order to determine if there is any relationship between ALS and service in the war," said John R. Feussner, M.D., the VA's chief research and development officer.

"We really do not know what we will find with this research effort," Feussner continued. "If we do find an elevated risk for development of ALS, the finding will have broad implications for veterans, VA and the DoD alike. This major national study among a relatively young group of veterans could also provide new knowledge about the epidemiology of this rare disease and shed light on possible causes of ALS."

In an earlier study, DoD and VA researchers identified 28 people with possible ALS among the 697,000 service members who de-

ployed to the Gulf. A preliminary study of those cases and a review of a national mortality study did not show a substantial increase in the rate of ALS among Gulf War veterans and nor deaths from ALS. Researchers did, however, find that the typical onset of ALS symptoms in Gulf War veterans happened earlier than at the average age of 55 seen in the general population. The military population is clearly younger than the general population, though. Kilpatrick said that in the general population the youngest person ever known to contract ALS was 19, and the oldest was in the 90s.

Additionally, after reviewing the records from the Defense Department's physical evaluation board, researchers determined that from January 1990 through 1998, 66 service-members were identified with ALS out of the total active-duty force. Of those 66, 16 had served in the Gulf War and 50 had not. During the Gulf War, approximately one third of the force deployed.

The VA also conducted a six-month study and found 28 cases of ALS in Gulf War veterans.

The VA, together with the ALS Association of America, decided to conduct the current study. The study, which will be directed by the Epidemiological Research and Information Center at the Durham VA Medical Center in North Carolina, is a collaboration involving VA, DoD and HHS. The ALS Association of America will advise the study leaders.

Veterans who have been diagnosed with ALS and who were on active duty between Aug. 2, 1990 and July 31, 1991, regardless of whether they actually served in the Gulf War, are encouraged to participate in the study. The survey group includes active-duty military personnel and National Guard or Reserve personnel. Veterans or family and friends of veterans who are deceased or otherwise unable to contact VA may call toll-free (877) 342-5257 to participate.

Eligible veterans will be asked to take part in an in-home interview, during which a research nurse will ask questions about experiences on active duty to identify possible factors in the development of their illness. Genetic factors also will be examined. Although the study will not test new treatments, participants will receive a medical examination by a doctor with expertise in diagnosing and treating ALS and other motor neuron disorders.

Additional information is available from ALS Association's information web site at <http://www.alsa.org>. Veterans with questions about general VA services for Gulf War veterans may contact the VA's Gulf War Helpline at (800) 749-8387.

New organization to use lessons learned from Gulf War

(ROSTKER, from page 1)

in safety precautions when using depleted uranium and keeping servicemembers informed about the vaccines they are administered. Rostker will work within the department to ensure these lessons are incorporated into force health programs.

Part of the office's success was based on its ability to communicate with servicemembers, veterans and the general public by providing a forum for Gulf veterans and listening to them. Rostker says he will continue the OSAGWI tradition of listening to servicemembers and veterans and discussing their deployment concerns through the interactive web site (<http://www.gulflink.osd.mil>) and the toll-free telephone number, (800) 497-6261.

"We must continue to work to preserve the trust of servicemembers, veterans and the public, especially concerning future military deployments," Rostker says. "We want to always be ready to respond to individuals who have concerns about potential force health related issues."

Rostker has also made it clear that the change in OSAGWI does not mean the end of DoD's concern for the veterans of the Gulf War, some of whom still suffer undiagnosed illnesses.

"It is important for our Gulf War veterans to know that we will continue to work for them," Rostker says. "One of the most important things we've learned is that we must remain committed to those who serve their country.

Since November 1996, I have focused on meeting that commitment for Gulf War veterans. As we transition to a new organization we will complete current investigations."

Personal answers and assistance for Gulf War veterans will continue via the interactive email and toll-free phone number. Veterans deploying after the Gulf War will also be able to call for information or to discuss their deployment concerns.

The office was established November 12, 1996, by Dr. John White, the Deputy Secretary of Defense and given broad authority to coordinate all aspects of DoD's Gulf War investigations. White tasked the new special assistant to focus on the war's operational aspects and future force protection issues. He emphasized the need for a communications program that would reach out to the veterans and learn from them what went on during the Gulf War.

Team members have talked to thousands of veterans and reviewed tens of thousands of documents trying to understand and explain Gulf War illnesses. The office published 18 case narratives-four as final reports, nine information papers, and three environmental exposure reports-one of which has also been published as a final report. OSAGWI also commissioned the RAND Corporation, a federally funded research and development center, to review medical and scientific literature and explore the probability of specific exposures causing subsequent symptoms. RAND has

published reviews on oil well fires, depleted uranium, pyridostigmine bromide, stress, and military use of investigational drugs during the war. This past year, the special assistant's office produced three closeout reports in which available evidence indicates that continued investigation is not likely to improve understanding of any unexplained illnesses.

During the outreach to servicemembers, veterans and their families, the team visited 20 military installations and conducted a total of 30 town hall meetings throughout the country. The office answered approximately 15,000 Hotline calls, fielded 8,000 emails, and sent notification letters to 162,500 Gulf War veterans. The staff located nearly 27,000 in-patient hospital records and continues to work with Gulf War veterans to help them obtain copies of their hospitalization records from the National Personnel Records Center in St. Louis, Mo.

"We remain as committed as ever to helping veterans of the Gulf War and to addressing the many health issues that, unfortunately, remain," said Rostker. "Additionally, we have a responsibility and obligation to protect the health and welfare of the men and women we continue to put in harm's way since the Gulf War.

"We are reminded daily of the challenges faced by our armed forces deployed around the globe protecting our national interests. It is a commitment we must not take lightly, and it is not one we can pass on to another agency," said Rostker. "I made a commitment nearly four years ago to our Gulf War veterans and believe we must continue that legacy of dedication to all veterans — past, present, and future."

Veteran Spotlight: Office helps vet verify unit location during Gulf War

By Joan Kennedy
Public Affairs

In late 1997, Jay Garcia was getting the paperwork together to apply for an upgrade of his VA disability rating. A Gulf War veteran and trained medic whose health had been worsening since his return from the Gulf, he had been diagnosed that year with unexplained chronic illnesses. Garcia called a number he had just gotten from an article in the Army Times, which connected him to a contact manager at the hotline of the Office of the Special Assistant for Gulf War Illnesses. And that 1997 telephone call began a dialogue with contact manager Mike Hunt, which has continued well into 2000.

When a veteran, family member or other interested person calls the hotline, contact managers make sure that person gets a call back. They question the callers to obtain details on incidents or to clarify and understand callers' reports of events, unit locations, operational procedures, doctrine, and other as-

pects of their experiences during the Gulf War. They enter this information into a database, for analysis by investigative teams for possible correlation with reports of veterans who are ill. Discovering patterns and relationships among reported incidents and reports by veterans who are ill may help identify the causes of Gulf War illnesses. And contact managers work with individual veterans to help locate service records, health records, or whatever missing piece must be found to fill in the blanks and complete that veteran's history.

In Garcia's case, the missing piece was a letter stating that he had been under the Khamisiyah plume, an area that could have been exposed to low levels of chemical nerve agent in March 1991 when Iraqi weapons were destroyed. A dermatologist treating him for seven different rashes advised him that his rashes could have been caused by toxic exposures. And Garcia had recently seen on the Internet a map showing that his old unit had been in the area of potential hazard. Garcia says he realizes that any connection between

those low-level possible exposures and actual health effects may take several years to find, if there is in fact any connection to be found.

"But I was there, and my unit was there, and I wanted that documented in writing for everyone I worked with who could have been affected," he says.

Before his deployment to Saudi Arabia in 1991, Garcia recalls, he would bench-press 450 pounds three times a week, and run two miles a day. Years of weight training had given him a 53-inch chest and the classic V-shape sought by bodybuilders. These days, Garcia says, any attempt to exercise just wears him out. At 48, he says he believes that within 10 years he may be confined to a wheelchair.

During the Gulf War, Garcia served as a Staff Sergeant in the 369th and 660th Transportation Companies, both as a transportation specialist and a medical technician. Immediately after the ground war ended, he says, he was privileged to witness a long line of Kuwaiti refugees returning home from Saudi Arabia.

(See VET, page 4)

Your ticket to the information highway — visit our GulfLINK web site at:
<http://www.gulfink.osd.mil>

Are you a Gulf War veteran (or know of one) with health concerns? Call the CCEP at:
1-800-796-9699

Anyone with information on Gulf War incidents should call the Direct Hotline at:
1-800-497-6261

Gulf War veterans seeking information on VA benefits of all types should call the Persian Gulf Helpline at:
1-800-749-8387

OSAGWI provides documents showing where vet served in Gulf War

(VET, from page 3)

“To see them looking so happy, and waving American flags, I felt like I had really done something in my life,” he says.

In the course of his Gulf deployment, during weeks of searing heat, prepackaged food and limited drinking water, Garcia’s blood sugar rose to a dangerous level. This level had been high for a time in the mid 1980s, he says, but responded to dietary management, and had been normal during the four years before he went to the Gulf. But while there he suffered the extreme thirst, fatigue and other symptoms that would soon be diagnosed as insulin-dependent diabetes, and he had to be medically evacuated. Tests revealed an extremely high blood-sugar level. In 1992 he was medically discharged, and he has depended on insulin

injections ever since.

“I’d be coming up on 30 years of service if I could have stayed in,” he says. “I always wanted to be able to do something great for my country, but it looks like it won’t be in this lifetime.”

In Garcia’s current effort — still pending — to have his disability rating increased, he says he thinks letters from his doctors and his congresswoman have helped build his case. And he credits Mike Hunt for providing documentation of his unit’s location and possible chemical exposure. Hunt’s support and compassion demonstrate, Garcia says, that “there are still a lot of people out there who care and want the best for our veterans.”

Despite his discharge, he says he has no regrets about having chosen a military career.

Thanks to his experience in the Gulf region, he says, he feels a deep connection with all veterans who fought in America’s service.

“If they asked me to go fight again I’d put my clothes on and go fight,” he says, adding, “I got to see freedom in action. Other people can say we were there for the oil, but I got to see the faces of the Kuwaiti people — they knew we were there for them.”

These days Garcia retains some of that sense of connection by serving with the military reserve section of the Ohio Militia, where he is a Lieutenant Colonel. “Once the Army is in your blood,” he says, “you really can’t leave it behind.”

Possible mustard release posed no threat

(UKHAYDIR, from page 1)

“It is unlikely that any U.S. service members could have been exposed to any possible release of chemical warfare agent,” said Margaret Graf, one of the investigators who worked on the report. “Computer simulations show that the potential hazard area from such an event would not have extend beyond 125 kilometers from Ukhaydir. American forces were several hundred kilometers away.”

The CIA and the Office of the Special Assistant for Gulf War Illnesses independently conducted computer modeling and

simulation studies to determine the extent of any possible exposure threat. The modeling results confirmed that if chemical agent releases occurred, the hazard area did not extend beyond 125 kilometers. U.S. forces were located several hundred kilometers away and were in no danger of exposure. In 1999, the CIA revisited the evidence and modified their assessments based on more recent United Nations Special Committee inspections. The CIA no longer considers the January 20, 1991, air strike and bunker fire a case for mustard release.



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Agencies assisting Gulf War veterans:

<http://www.afa.org/>
Air Force Association
1501 Lee Highway
Arlington, VA 22209-1198

<http://www.legion.org/building.htm>
American Legion
1608 K St., NW
Washington, DC 20006

<http://www.amvets.org/>
AMVETS
4647 Forbes Blvd.
Lanham, MD 20706

<http://www.ausa.org/>
Association of the U.S. Army
2425 Wilson Blvd.
Arlington, VA 22201

<http://www.dav.org/index.html>
Disabled American Veterans
807 Maine St., SW
Washington, DC

<http://www.eangus.org/>
Enlisted Association of the National Guard
1219 Prince St.
Alexandria, VA 22314

<http://www.fra.org/>
Fleet Reserve Association
125 N. West St.
Alexandria, VA 22314-2754

<http://www.mcleague.org/>
Marine Corps League
8626 Lee Highway, #201
Merrifield, VA 22031

<http://www.ngaus.org/>
National Guard Assn of the US
1 Massachusetts Ave., NW
Washington, DC 20001

<http://www.navy-reserve.org/index.html>
Naval Reserve Association
1619 King St.
Alexandria, VA 22314-2793

<http://www.navyleague.org/>
Navy League
2300 Wilson Blvd.
Arlington, VA 22201

<http://www.ncoausa.org/>
Non Commissioned Officers Association
225 N. Washington St.
Alexandria, VA 22314

<http://www.roa.org/>
Reserve Officers Association
1 Constitution Ave., NE
Washington, DC 20002

<http://www.troa.org/>
Retired Officers Association
201 N. Washington St.
Alexandria, VA 22314

<http://www.vfw.org/>
Veterans of Foreign Wars
200 Maryland Ave., NE
Washington, DC 20002

<http://www.vva.org/>
Vietnam Veterans of America
1224 M St., NW
Washington, DC 20005