



GulfNEWS

A bimonthly newsletter serving the interests of Gulf War veterans

Presence of chemical weapons at Tallil Air Base determined 'unlikely'

By John Slepetz
Public Affairs

The Department of Defense released its final report, *Tallil Air Base, Iraq*, on May 25 closing its investigation into Iraq's possible storage of chemical warfare agents or chemical weapons at Tallil airfield during Operation Desert Storm. Investigators from the Office of the Special Assistant for Gulf War Illnesses determined that it is unlikely chemical warfare agents or weapons were stored at the air base.

The case narrative was originally published as an interim report in December 1997. Since that time, the special assistant's office has

found no new information or additional leads that contradict the assessment of the interim report. The report also found that the presence of chemical warfare agents or weapons at Tallil during the Gulf War was unlikely. Case narratives are part of DoD's efforts to inform the public about its investigations into the nature and possible causes for the illnesses experienced by some Gulf War veterans.

During the war, Tallil was targeted in Coalition air attacks as a likely storage site for chemical warfare agents and munitions. Intelligence analysts knew the base had been used as a launching site for chemical attacks against Iran during the 1980-1988 Iran-Iraq War. Additionally, the base had a special S-shaped

bunker that analysts assessed as specially constructed for storing chemical warfare agents and munitions. In February 1991, Coalition aircraft struck Tallil's S-shaped bunker with a 2,000-pound bomb. The bomb caused serious damage, partially collapsing the roof of the bunker.

After the Desert Storm cease-fire, elements of the 82nd Airborne Division occupied Tallil. Before their withdrawal from Iraq, U.S. forces destroyed the facilities, equipment and munitions at the air base. During the occupation, chemical warfare specialists searched Tallil using specialized chemical detection equipment including XM93 Fox nuclear, biological
(See *TALLIL*, page 3)

Report probes cause of Marine's injury

By Lisa Gates
Public Affairs

The case narrative about the possible exposure of a U.S. Marine to a chemical warfare agent during the Gulf War was released in March. The report focuses on a Marine Corps corporal who developed blisters on his right arm after handling captured enemy equipment. Investigators have determined, based on numerous interviews with the Marine and medical experts, that it is unlikely that a chemical warfare agent caused the Marine's blisters.

"Whenever a service member is injured, we have a duty to see that they receive needed medical care," said Bernard Rostker, special assistant for Gulf War illnesses. "In this case, we were not only concerned about the treatment to the injury, but what might have caused it and how to prevent something like this from happening in the future."

The incident occurred at the Kibrit Compound in Saudi Arabia on March 13, 1991, where the Marine examined and tested hundreds of pieces of Iraqi equipment to determine if they were contaminated with chemical warfare agent. According to the Marine, his Fox XM93 Reconnaissance Vehicle alarmed for the chemical warfare agent lewisite on several of

the pieces. However, neither the Marine or others in the area showed any immediate signs of exposure to a chemical warfare agent. The Fox spectrum analysis tapes could not be located.

The Marine sought medical treatment at Kibrit and later at Al Jubayl, Saudi Arabia, and was initially treated for contact dermatitis – an inflammation of the skin. After returning from the Persian Gulf, the Marine underwent subsequent medical evaluations and continued treatment for dermatitis. He reported that the blisters healed in approximately six months. Since then, the Marine has reported no further problems, beyond scarring on the right arm.

Considering the lack of immediate chemical agent exposure effects experienced while testing the equipment; blisters on only one arm; the absence of

medical reports of other casualties; the absence of lewisite in Iraq's inventory; and the judgments from medical experts, it is unlikely that
(See *MARINE*, page 4)



DoD file photo

Members of the 72nd Engineering Company, 24th Infantry Division, test a mine-clearing rake attached to an M-728 combat engineer vehicle during Operation Desert Storm.

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



Today's armed forces face a full spectrum of 21st century global obligations. Non-traditional conflicts, frequent deployments, rapid advances in technology, shifting demographics – these are all factors imposing significant strain on our servicemembers. The warfighter faces many hardships and dangers in combat as well as a wide range of stressors accompanying deployments. It's in this era of increased mission requirements and diminished manpower that our servicemembers must deal with stresses created by high optempo, back-to-back deployments, as well as the real possibility of facing combat each time they deploy.

At the June conference "Leaders and Operational Stress," we brought together leaders from all five services and started a dialogue on the changing nature of combat and combat stress and the role leaders take to reduce stress.

We are aware that operational stress is real, and its impact on mission effectiveness is unmistakable. We know for example, that for certain individuals, stress has a direct relationship with physical illnesses and disease. There is also evidence that, left unchecked, stress plays a major role in changes in behavior such as increased substance abuse, mainly alcoholism.

Clearly, stress-related issues are readiness and force health protection issues that require training and education directed at conserving the strength of our deployed troops. Force readiness relies on military leaders taking active steps to reduce the influence of stress on the overall health and fitness of the force before it becomes a medical issue. We must help our men and women cope better with deployment uncertainties, to better maintain their health and the health of their families during stress-laden operations.

DoD, VA work together to offer better services

Disability claims process streamlined

By Diana Beradocco
Public Affairs

A jointly-sponsored Department of Defense and Department of Veterans Affairs initiative is helping service members file for and receive VA service-connected disability compensation benefits more quickly than in the past. The VA's Pre-Discharge Project, which began with a pilot test in 1995, was established to provide transition assistance and continuity of care to service members who are retiring or being medically separated from the military. Military personnel can now complete claims development and physical examinations prior to discharge and reduce the average number of days necessary to process a claim.

"We wanted to assist these members by getting them examined prior to discharge and also have those examinations conducted under the VA disability examination protocols," said Bill Lanson, pre-discharge program project manager at the Veterans Benefits Administration in Washington, D.C. "In this way, the servicemember isn't lost between the two systems."

Prior to 1995, all military personnel had to deal with the system's inefficiencies as they transitioned from the military to civilian life. The VA accepted an individual's claim after they left the service. It often took months to secure records from the National Personnel Records Center in St. Louis, Mo., and then additional months to rate their claim.

"Many times treatment was interrupted because records were lost transitioning from one organization to another," said Michael Kilpatrick, M.D., deputy director of medical outreach and issues in the Defense Department's special assistant's office for Gulf War illnesses.

"The new program is really a major step forward in the Department of Defense and Department of Veterans Affairs relationship. They are now focusing on the individual with the single purpose of making it easy to receive the proper attention, counseling and advice at a very stressful time in a servicemember's life," said Kilpatrick.

Although the Navy and the Marine Corps mandated a separation exam prior to the new initiative, there were problems with matching VA requirements for disability evaluations. Lanson said he conducted a study in 1994 of the Navy and Marine Corps' separation exams and found that while they met the services' needs for a separation physical, 75 percent of the exams' findings

were insufficient for the purpose of disability ratings. Often the diagnosis or findings were not in line with the requirements of the VA rating schedule, he said. Lanson explained that the VA needed an exam that followed the findings of the rating schedule so that the veterans didn't need to be called back after discharge.

The examinations are conducted either by VA medical centers, DoD examiners, or VA contract medical examiners.

"The goal of the new pre-discharge program is to adjudicate claims within 30 days of the date of discharge. If we find that someone is disabled, the proposed rating can be provided to the Vocational Rehabilitation and Employment staff, which can initiate the appropriate services in a timely manner," said Lanson.

Efforts to simplify the system began in 1994 when the Veterans Benefits Administration, the Veterans Health Administration and the U.S. Army jointly initiated separation examination pilot tests at Fort Lewis, Wash.; Fort Hood, Texas, and Fort Knox, Ky. Results indicated that the VA and the Army could successfully perform a combined physical examination that would be useful to both the VA and the Department of Defense purposes. The VA and the DoD finalized a memorandum of understanding in May 1998 for the completion of a single separation physical examination that would improve program efficiencies and service.

Today there are 31 VA regional offices in 28 states and 70 military installations actively participating in the pre-discharge program, including 17 Army, 24 Navy, 22 Air Force, three Marine and four Coast Guard sites.

In fiscal year 1999, approximately 10,000 pre-discharge claims were finalized. This is out of the annual average number of original claims of 120,000 and the 80,000 claims normally received during the first year after separation from active duty. During the three-month period between January and March 2000, nearly 4,000 pre-discharge claims were finalized. Of that number, there were only 13 known appeals, or "notices of disagreement," filed. The regional offices involved in the program report that veterans have been very satisfied with the improved service and note the low appeal rate.

The VA has plans for future expansion. Since the program's initiation, facilities from all service branches have worked with VA regional offices to develop additional pre-discharge cooperation. These proposals are now under consideration.

Investigation closed into Iraq's post-war chemical use against civilians

By John Slepetz
Public Affairs

An environmental exposure close-out report investigation possible post-war use of chemical warfare agents by Iraq against civilians found no substantiated evidence to support these claims. The Presidential Special Oversight Board reviewed the preliminary findings and concluded additional investigation would provide no further insight into this matter.

Released May 25, the purpose of the investigation was to determine if Iraq used chemical warfare agents to suppress the Shiia rebellion in southern Iraq after the Gulf War, and if U.S. military personnel may have been exposed to these agents as the result of any such use. The investigation resulted from the reports of Gulf War veterans who believed they saw Iraqi forces use chemical warfare agents against Iraqi civilians involved in uprisings after the Gulf War cease fire. Although it can't be ruled out with absolute certainty, investigators found no evidence to confirm the use of chemical

warfare agents.

Witnesses remembered seeing an Iraqi helicopter dropping large canisters that released a yellow substance over the rebel-held city of An Nasiriyah. They recalled that later they saw civilians with blisters, some being treated by U.S. military medical personnel.

Staff from the special assistant's office interviewed more than 100 doctors, physicians assistants and nurses who were most likely to treat front-line soldiers and refugees. None recalled seeing or treating any patients they believed had been exposed to chemical warfare agents. They did emphasize the difficulty in assessing such injuries based upon observation alone.

In addition to the medical specialists, investigators interviewed hundreds of nuclear, biological, chemical warfare specialists. Those interviewed included senior NBC officers of U.S. Army divisions deployed along the military demarcation line. None of these servicemembers were aware of any possible use of chemical warfare agents in their areas of operations. The 82nd Airborne Division NBC

officer responsible for the area where witnesses reported the An Nasiriyah spraying, and believed the Iraqis had been dispensing white phosphorous and tear gas. These substances can cause injuries similar to chemical warfare agents, a factor that adds to the difficulty of identifying the cause of the injuries without specialized tests. Investigators were also told that NBC detection systems were not employed in the nearby areas under Iraqi attack because U.S. forces were unable to enter these areas to employ those systems.

The Central Intelligence Agency and the Defense Intelligence Agency independently concluded that Iraq's post-war use of chemical warfare agents against civilians was unlikely.

The lack of conclusive evidence, eyewitness accounts of reported attacks, possible victims or their medical records, prevents a definite finding. Investigators concluded that continued efforts would not yield additional insights. The Presidential Special Oversight Board agreed and recommended discontinuation of the investigation.

Chemical weapons at Tallil Air Base unlikely

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and chemical reconnaissance vehicles, chemical agent monitors and M256 chemical agent detection kits. They found no chemical weapons or chemical warfare agents. Explosive ordnance disposal teams also conducted searches, which included the S-shaped bunker.

Some munitions bearing markings consistent with pre-war intelligence report descriptions of Iraq's chemical munitions were discovered at Tallil. However, explosive ordnance disposal experts had determined by this time that the intelligence reports were unreliable. Iraq apparently employed no standardized marking system. The experts relied upon their knowledge of weapons design to determine the nature of the munitions they discovered. Their assessment was that no chemical munitions were found.

Nearly 18 months after the withdrawal of U.S. forces, United Nations inspectors revisited Tallil Air Base. Chemical and biological weapons inspections teams re-investigated the S-shaped bunker but discovered no evidence of chemical warfare agents or munitions. Like the Army and Air Force experts that preceded them, the U.N. inspectors were unable to gain entry into the section of the bunker that had col-

lapsed in the bombing. However, they noted that after the war, the Iraqis had cleared the undamaged area of the bunker and were using it for conventional munitions storage. If the Iraqis had stored chemical weapons or agents in the bunker at the time of the air strike, the resulting contamination would have required that they completely remove all debris, decontaminate the area and then rebuild before they

could re-use the bunker. This was not done.

Based upon the assessments of military explosive ordnance disposal and chemical warfare specialists, the findings of the U.N. inspection teams, and the absence of any medical evidence for the presence of chemical warfare agents, it is unlikely Tallil Air Base was used as a storage site for chemical munitions or agents.

Outreach teams travel to Virginia



In April, outreach teams met with veterans, active-duty, National Guard and Reserve personnel, their families, and interested community members at Naval Station Norfolk, Naval Amphibious Base Little Creek, Naval Air Station Oceana, Fort Eustis, Fort Monroe and Langley Air Force Base.

Jeff Prather, of the environmental exposures team, answers questions from an active duty servicemember at the Main Exchange at Langley Air Force Base.

— Photo by Dave Evans

Resources for Veterans

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

Report probes cause of blisters on Marine's arm

(MARINE, from page 1)
a chemical warfare agent caused the Marine's blisters.

"We've had very little to go on in this case, and have had to rely heavily on testimony from the corporal, his crew chief, the medical treatment facility personnel and others to help build the case," said Kelly Niernberger, the lead investigator on the report. "During any investigation, you try to get two sources to confirm an incident. Although a lot of records were kept, many were destroyed once the archival history was written. Evidence that could have been most helpful, such as operational reports, admin reports and logs, wasn't available."

What hampered the investigation most, according to Niernberger, was the fact that none of the Fox spectrum analysis tapes — which could provide more information about the alarms and the readings from the Fox tapes at the time of the testing of the Iraqi equipment — could be located. Investigators were told that the tapes were given to the I Marine Expeditionary Force nuclear, biological chemical officer, but he says he does not remember receiving any Fox tapes from the crew. Also lacking were operational records or logs, and no one from Kibrit or from the Marine's chain of command submitted a chemical warfare agent incident report.

"I hope that when people read this case narrative, that someone will come forward and say, 'I was there and saw what happened or I knew that staff sergeant.' This could give us more

information about the incident," said Niernberger. "The medical record keeping in this case was good. It gave a paper trail back to the injury. One missing piece was the [lack of] documentation of the initial treatment at the Kibrit aid station."

Investigators also consulted medical experts to better understand the probable cause of the blistering on the corporal's arm. One medical specialist noted that because the corporal did not experience the usual symptoms associated with exposure to lewisite — such as pain or irritation to the nose and eyes within seconds — strong evidence exists that the cause was not lewisite. Yet, even the medical personnel could not determine what caused the blisters on the corporal's forearm. They did agree that there were many possible reasons for the blisters.

From this incident, investigators have drawn several lessons learned that can be applied in future contingencies. They advised that even suspected exposure to possible chemical warfare agent should be handled aggressively, documented and investigated.

Now, with regards to Fox tapes, specific procedures for the maintenance and keeping of the Fox spectrum analysis tapes have become institutionalized in the training process.

The report also emphasized the crucial part corpsmen, nurses and doctors play in the medical treatment and record keeping

process. To corroborate events, all treatment must be made part of the patient records. The Defense Department is looking at technology to help resolve some of these issues.

Lastly, the investigators said that training in the use of decontamination procedures should emphasize the potential hazards of using field expedients such as bleach in combination with personal decontamination equipment. The M258 Decontamination Kit used during the Gulf War has since been replaced with a less caustic one, the M291 Decontamination Kit.



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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