

Glowing in the Gulf

Drugged Soldiers and Radiation

Mitchel Cohen

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For years, the U.S. government has denied that the Gulf War Syndrome exists, refusing to admit the severity of illnesses suffered by tens of thousands of veterans of that conflict. Recent studies, however, show that the soldiers' illnesses are indeed real, and troops deployed to the Gulf were more than three times as likely as U.S. soldiers elsewhere to suffer chronic diarrhea, joint pain, skin rashes, fatigue, depression, and memory loss.

Many veterans also suffer shooting pains during sexual intercourse, severe nausea, chest pains, general weakness, wasting disease, burning semen (reported by both male veterans and their sexual partners), blistering, swelling, chronic fatigue, and serious birth defects and illnesses, (leukemia, cancers) in their children. Unfortunately, many vets are buying the U.S. government's new line: that these illnesses—Gulf War Syndrome—were caused by exposure to Iraqi nerve gas in early 1991.

As it turned out, however, Iraq never used nerve gas during the war. So, it's time for the U.S. government's fallback position: Perhaps the U.S. military accidentally blew up Iraqi nerve gas canisters when it bombed various sites.

By accident? With our fabled "smart bombs," originally reported to hit 93 percent of their targets with pinpoint accuracy?

Those dastardly Iraqis, placing deadly nerve gas canisters beneath "our" missiles! As poet Diane di Prima once remarked, "Get your cut throat off my knife!" It was not until late 1996 that the Pentagon acknowledged "that more than 20,000 American troops may have been exposed to low doses of the nerve gas sarin after the demolition of an Iraqi ammunition depot in March 1991," after the official end of the war.

At the same time, a special White House panel condemned the Pentagon for its shoddy investigation into the more than fifteen incidents in which nerve gas and other chemical agents were detected by American troops, and, according to a *New York Times* report, for "conduct[ing] a superficial investigation ... of American soldiers' [claims] that they were exposed to clouds of Iraqi chemical or biological weapons in the war."

Earlier this year, a group of scientists at the University of Texas reported that "exposure to combinations of chemicals, including pesticides and low levels of nerve gas, were probably responsible for the health problems of gulf war veterans" (*NY Times*, 5/14/97), an assertion immediately questioned by the Pentagon.

The British Government, on the other hand, has now clearly stated that "OPs"—derived from a class of compounds known as organophosphates, which are also the chief ingredients in many pesticides and herbicides—were the cause of Gulf War Syndrome among its soldiers.

Numbers don't add up

Still, the numbers don't add up; "only" 20,000 troops, hardly enough to account for the huge numbers of complaints from Gulf veterans—no U.S. or U.N. officials or media even bother to assess the effects on Iraq's

population—were exposed to the sole acknowledged U.S. destruction of an Iraqi weapons storage facility, the one at Kamisiyah, on March 4 and 10, 1991.

Not only are there “several mysterious gaps” in the military’s “Otherwise meticulous combat logs” for the dates on which the Army’s 37th Engineer Battalion blew up the depot, but the U.S. military command, including Generals Colin Powell and Norman Schwarzkopf, refused to order the use of protective gear for soldiers in the area, claiming such an order would spread panic through the ranks. Schwarzkopf, commander of U.S. Gulf War forces, denies U.S. troops were exposed to biological or chemical weapons.

With the White House panel dismissing claims of the 24th Naval Mobile Construction Battalion and other units concerning their positive readings for mustard gas, stating that “the evidence does not show that chemicals wafted over most of the soldiers who are now reporting ailments” and that, “Theater-wide contamination is highly unlikely,” this fallback position is also beginning to unravel.

Um, It Was The U.S.

How did Iraq get its hands on nerve gas and other biological and chemical agents? Iraq’s President, Saddam Hussein, bought the nerve gas on the world market. What spawn of Satan would manufacture such despicable biological and chemical weapons, let alone sell them to Saddam? Um, it was the U.S. government.

When U.S. President George Bush condemned the threatened use of chemical and biological weapons by Saddam, he knew exactly what Iraq’s arsenal consisted of since in his former capacity as head of the CIA (and later as Vice President), Bush himself had approved regular U.S. shipments of material needed to make biological and chemical weapons to Iraq.

These toxins included E.coli, salmonella, and bacteria causing anthrax, gas gangrene and brucellosis. (1) Bush also knew the U.S. had long been experimenting with drugs, as yet untested in the field, to counter them.

Knowledge of Iraq’s biological and chemical weapons capability served Bush well. They functioned as a propaganda basis for vilifying Iraq to such a degree that the U.S., along with Britain, France and Germany, was able to get away with atrocity after atrocity in a war more properly called the “Gulf Massacre” without concerning itself with civilian casualties and “collateral damage.” In the course of restructuring the production and control of world oil, the U.S. military was able to test new weapons, protective devices and anti-biological warfare medications in the field on its own soldiers.

Most people assumed that if any nerve gas had been used it would have to be Saddam’s doing. No corporate paper or TV newscast has dared suggest it was the U.S. that used dangerous biological and chemical warfare agents in the Gulf.

That thought remains beyond the pale even today, despite the long history of U.S. biological and chemical warfare and experimentation. (2) Saddam, after all, was portrayed as the war criminal, “worse than Hitler,” not George Bush. The U.S. President, upholding democracy and peace, ordered use of thousands of tons of napalm, air-fuel explosives, and uranium-encased shells, raining holy terror upon Iraq in 1991. Two hundred fifty thousand people (mostly civilians) were killed outright by the U.S. bombardment and another 750,000 have died as a result of the U.N. international embargo spearheaded by the U.S.

Thinking The Unthinkable

In 1969 President Nixon issued an Executive Order banning biological weapons, saying: “Biological weapons have massive, unpredictable, and potentially uncontrollable consequences. They may produce global epidemics and impair the health of future generations.”

Despite the ban, in January 1977 UPI reported a soldier had been “accidentally exposed to the hallucinogenic agent BZ” at the Dugway Proving Grounds, and hospitalized with hallucinations and rapid heartbeat. He had been exposed while opening cluster bombs containing the BZ. The press concerned itself only with the danger of the gas leaking out.

Who authorized the production of cluster bombs containing hallucinogenic agents, against the provisions of the Geneva Convention, to which the United States is a signatory? That such weapons still are being manufactured and sold despite presidential edicts and international treaties is lost in the midst of the war's mindless boosterism.

In 1981, I interviewed soldiers in the U.S. Army Reserve who told of being "volunteered" for special duty. "Dozens of soldiers from my Long Island unit," one soldier told me, "Were exposed to various hallucinogens in a gas form. We tried on and tested different types of gas masks. Lots of people got sick." This soldier, a right-winger with whom I've managed to keep in touch over the years, went on to serve in the Gulf. He now suffers from Gulf War syndrome himself, and is a leading critic of U.S. government duplicity on this matter.

Those interviews took place sixteen years ago. Have things improved? According to one news report, in November 1991 a "tiny amount" of deadly VX nerve agent leaked from a storage tank at an army ammunition plant outside of Indianapolis, Indiana. One-fiftieth of a standard drop of the agent—approximately the volume of the tip of a sharpened pencil—leaked from a faulty valve. A single drop could kill a person in three to ten minutes. The question lingers: why are such neurotoxins continuing to be manufactured? And why were they sold to Iraq?

To understand Gulf War Syndrome and to make sense of the missing military logs, the lies within lies, we have to stop falling for the government's stories and begin to think the unthinkable: that U.S. soldiers during the Gulf War, as they have been throughout history, were involuntary victims of a massive government bio-chemical warfare experiment, even as they, in turn, were carrying out U.S. policy and slaughtering hundreds of thousands of Iraqis.

Weapons Specialist Patricia Axelrod, who served in the Gulf, testified, "The U.S. had a perfect proving ground, a perfect enemy and a perfect living laboratory for testing new vaccines that we need for our own biological weapons industry. It's part of the Department of Defense's scheme to relinquish responsibility." (3) Indeed, more than a hundred thousand Gulf War veterans have reported horrible symptoms stemming from their stint in the Gulf.

Thus far officials have ignored the probability that the illnesses were caused by forced inoculations with experimental and genetically-engineered drugs interacting with radiation emitted from "depleted" uranium-coated artillery shells and tank armor—itsself a serious violation of the Geneva Conventions.

The government refuses to test Gulf veterans for radiation exposure, claiming that "without forethought and data, the financial implications of long-term disability payments and health-care costs would be excessive." Exposure to radiation via depleted uranium armaments is a key element of Gulf War Syndrome; I'll return to it in the last section of this article.

The Food and Drug Administration had given the Pentagon permission to administer experimental drugs to U.S. troops in Saudi Arabia without first obtaining their consent. "This is the first time since World War II that any government in the world has said that it would give experimental drugs to competent adults without consent," said George Annas, director of the Health, Law and Ethics program at the Boston University Schools of Law and Public Health. (4)

One of the drugs administered was atropine sulfate. The soldiers were told it would prevent them from being affected by Iraq's nerve gas. This is not true. Nor were they told that exposure to it could lead to serious illness, or that use of atropine in a hot environment significantly increases a person's risk of heat stroke. One wonders what impact it had on people wearing chemical suits in the desert, and what the long-term side-effects will be.

Against Their Will

Other drugs were administered to the soldiers without their consent. A number of soldiers report being held down while being injected against their will. The government has thus far refused to release all the details, claiming that wartime stress, and, as a fallback position, inadvertent exposure to chemical weapons, not inoculations or radiation, was the major factor in most of the ailments. But Dr. Katherine Murray Leisure, an infectious disease specialist at the Veterans Affairs Medical Center in Lebanon, Pennsylvania, counters that position.

"There was an outpouring in late 1991 and 1992 of Gulf war veterans with the exact same constellation of complaints—intestinal, bone and joint, skin lesions—without having spoken to each other," she said. Dr. Leisure

said it was clear that battlefield stress had little to do with the vets' ailments. "Stress," she said, "is an easy diagnosis that puts the onus on the patient." (*NY Times* 11/26/1996)

The soldiers themselves have been able to fill in some of the gaps. They speak of being forced to take "alternative malaria pills," and an anti-nerve gas medication called pyridostigmine bromide, sometimes against their will and almost always without their consent.

In a pathbreaking story in *The Nation*, investigative journalist Laura Flanders reported that "according to Dr. Barry Wilson, a pharmaceutical scientist at Battelle Pacific Northwest Laboratories in Washington, pyridostigmine initially stimulates muscular strength and activity but eventually decreases nerve action, possibly resulting in paralysis. Side effects are known to include watering of the eyes, diarrhea and the urge to urinate, as well as allergic reactions from skin rashes to loss of hair and muscle control." The Department of Defense decided to use this drug "even though research with mice indicated that the drug does not protect but rather works with the nerve agent Sarin to cause greater damage."

"Under FDA regulations, pyridostigmine must be administered with careful monitoring, but the agency gave the Pentagon a waiver to use the drug randomly in the Gulf." As a result, the 697,000 U.S. troops who served in the Gulf from August 1990 to March 1991 were ordered not to give blood when they returned to the U.S. For more than a year blood banks refused to accept blood from Gulf war veterans, despite severe blood shortages. (5)

Add Radioactivity and Stir

Now, put all of the above into a radioactive environment, and stir. The U.S. seemingly escaped the Gulf war with few direct casualties. "Only" 376 U.S. troops were killed in the Gulf, almost all of them by other U.S. soldiers—so-called "friendly fire." While 3,700 Iraqi tanks were obliterated, only 14 U.S. M1A1 Abrams tanks were destroyed—again by "friendly fire" from other M1A1s.

All of the U.S. and Iraqi tanks destroyed in the conflict were hit by a new kind of ammunition used for the first time in any war: shells encased in "depleted uranium" (DU), which combust on impact, spraying large areas with radioactive clouds of deadly uranium dioxide. This makes the Gulf War something new: the world's first "low intensity" nuclear war. (6)

For the first time since Hiroshima and Nagasaki, radioactive weapons were used against people. The United States shot more than a million shells encased in depleted uranium throughout Iraq and Kuwait. Deployed as tank armor, and as armor-penetrating ammunition by M1A1 Abrams tanks and A-10 attack planes, DU, which is 16 times denser than lead, proved so effective that not a single U.S. tank was destroyed by Iraqi fire. In addition, "artillery pieces, armored personnel carriers and other equipment destroyed by DU rounds number in the thousands. By the war's end, roughly 300 tons of uranium from spent rounds lay scattered in various sizes and states of decay across the battlefields of Iraq and Kuwait."

Depleted uranium is a highly toxic and radioactive by-product of the uranium enrichment process used for nuclear reactors and in the manufacture of nuclear weapons. The Pentagon says DU is relatively harmless, emitting "only" 60 percent of the radiation of non-depleted uranium. But tests done by Dr. Ernest Sternglass, Jay Gould and Benjamin Goldman have shown that even low-level radiation emitted during the normal functioning of nuclear power plants creates havoc with people's immune systems as well as the surrounding environment. (7)

Similar To Radiation Sickness

According to independent scientists, "a DU antitank round outside its metal casing can emit as much radiation in one hour as fifty chest X-rays." A tank driver receives a radiation dose of 0.13 mrem/hr to his or her head from overhead DU armor, which may seem like a very low dose. However, after 32 continuous days, or 64 12-hour days, "the amount of radiation a tank driver receives to his head will exceed the Nuclear Regulatory Commission's annual standard for public whole-body exposure to man-made sources of radiation. Unfortunately, U.S. tank crews were not monitored for radiation exposure" during the Gulf war.

When properly encased, the Pentagon says DU gives off very little radiation. But DU becomes much more radioactive when it burns. When fired, it combusts on impact. As much as 70 percent of the material is released as a radioactive and highly toxic dust that can be inhaled or ingested and then trapped in the lungs or kidneys. One researcher found that a single molecular particle of depleted uranium will subject an individual to radiation at a level 800 times what is permitted by federal regulations for external exposure.

As DU artillery shells heat up, the uranium becomes aerosolized, releasing high amounts of radioactivity—not the low amounts the military claims for “normal” depleted uranium—in clouds of deadly uranium dioxide. Leaving more than 600,000 pounds of depleted uranium scattered throughout the region, by war’s end the U.S. turned the Gulf area into a deadly radioactive grid, affecting not only U.S. soldiers but hundreds of thousands, perhaps millions of people who live in the Gulf. Is it any wonder that many symptoms of Gulf War Syndrome are so similar to radiation sickness?

Radioactivity inflicts severe damage on the total environment while weakening immune systems, destroying kidneys, lungs, bones and liver, and rendering the human body susceptible to all sorts of diseases a healthy individual is able to ward off. A secret report by the British government estimated that the use of depleted uranium weapons in the Gulf could alone account for 500,000 deaths in the region. The report was based on estimates that 25 tons of depleted uranium munitions had been used; in actuality, the Department of Defense now estimates that the U.S. fired more than 12 times that amount.

The U.S. used its own soldiers as guinea pigs, permanently destroyed the ecology of the region and left an ongoing legacy of childhood leukemia, birth defects and poisoned water for civilians living there. And the U.S.—as it did in unnecessarily dropping atomic bombs on Hiroshima and Nagasaki—made such horror the norm for future conflicts.

The U.S. Department of Defense has more than 1.1 billion pounds of nuclear waste in storage from fifty years of nuclear weapons production and nuclear power plants. The government, hemmed in by public opposition, health and environmental concerns, is always trying to find new “acceptable” ways to dispose of it. It has apparently found one. Billions of dollars allotted to the Environmental Restoration branch of the Department of Energy for cleaning up nuclear waste sites is now being used to ship nuclear waste free of charge to munitions manufacturers all over the world to be “recycled” into weapons.

Many countries have already begun manufacturing DU weapons. It would not be surprising to learn of mega-profits and an enormous cover-up of the development of uranium weaponry. Where is it being produced? What companies stand to profit from it?

Tod Ensign exposed the role of giant pharmaceutical companies such as “Hoffman-LaRoche and other manufacturers of the vaccines given GIs [who] work[ed], behind the scenes to contain the government investigation of Gulf veterans’ health problems.” It is likely that depleted uranium weapons and genetically engineered inoculations combined to cause what we now call Gulf War Syndrome. The horrors the U.S. military inflicted on the people of Iraq are returning as avenging specters. The human cost to the U.S. of its venture in the Gulf increases daily, as new U.S. casualties are discovered—cancers, birth defects, tumors, broken lives.

Mitchel Cohen is author of *Gulf War Syndrome: The U.S. Government’s Secret Experimentation with Biological and Chemical Warfare*, available from him at 2652 Cropsey Ave., #7H, Brooklyn NY 11214. A longer, more completely footnoted version of this essay is available from Mitchel.

Endnotes

1. Ad Hoc Committee on EMR Weapons, PO Box 4541, Ithaca NY 14852.
2. See my essay, “The Government’s Secret War: A History of Experimentation with Biological & Chemical Warfare,” available from the author.
3. Patricia Axelrod, a weapons specialist with a ten-year history of writing and research, in a study funded by the MacArthur Foundation. Laura Flanders, “Biological Experimentation in the Gulf War,” reprinted by the Red Balloon Collective from *The Nation*.

4. *Storm Warning*, (Vietnam Veterans Against the War/Anti- imperialist), 1991. While making a valid point, Anas unfortunately fails to mention the many instances of government experimentation on unsuspecting people—the smallpox-ridden blankets given to American Indians; the Tuskegee syphilis experiments on southern Black male prisoners; sensory deprivation units for political prisoners at Florence, Colorado, Marion, Illinois and Lexington, Kentucky; the testing of Hepatitis vaccines on American Indians; the Edmonston-Zagreb, or E-Z measles vaccine, tested in Senegal, Guinea-Bissau, Haiti, Guinea, and more than a dozen other Third World countries as well as West and East Los Angeles and Inglewood; the testing of birth control pills on Puerto Rican and Haitian women by the G.D. Searle pharmaceutical company in 1956; and the forcible injections of Haitian women imprisoned by the U.S. at its naval base at Guantanamo Bay with Depo Provera, an experimental drug with dangerous side effects.

5. Laura Flanders, *ibid.* See also Todd Ensign, “Guinea Pigs & Disposable GIs,” *Covert Action*, Winter 1992–1993.

6. Dan Fahey, “Collateral Damage: How U.S. Troops Were Exposed To Depleted Uranium During the Persian Gulf War, in *Metal of Dishonor: Depleted Uranium: How the Pentagon Radiates Soldiers and Civilians with DU Weapons*, International Action Center, 1997. Fahey is a director of the National Depleted Uranium Citizens’ Network of the Military Toxics Project (MTP), PO Box 845, Sabattus, ME 04280; (207) 375 8482.

7. Jay M. Gould and Benjamin A. Goldman, *Deadly Deceit: Low Level Radiation, High Level Cover-Up*, Four Walls Eight Windows Press, 1990; Dr. Ernest J. Sternglass, *Nuclear Radiation & The Destruction of the Immune System*, Red Balloon Collective, 1993; and, Sternglass, *Low Level Radiation: The story of one scientist’s attempt to call public attention to radiation damage to infants and the unborn*, Ballantine Books, 1972.

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