

New Gulf War Syndrome Hitting Troops in Iraq

by Carl Osgood

The U.S. Army's acknowledgment, at the end of July, that an unexplained pneumonia-like illness has broken out among U.S. troops deployed in and around Iraq has led to renewed concerns that the Department of Defense did not take the measures, required by law, to protect the health of the soldiers. Prior to the March 20 start of the invasion of Iraq, numerous anti-war and veterans groups charged that the DOD was ignoring the law, passed as part of the 1998 defense authorization act, which required it to collect baseline health data, including blood samples, from every individual slated to participate in overseas contingency operations. In a March 6 press conference, Steve Robinson, the executive director of the National Gulf War Resource Center, reported that soldiers deploying to Afghanistan in 2001 and 2002 were not screened prior to their deployments.

In a March 25 hearing of the House National Security, Emerging Threats and International Relations Subcommittee, subcommittee chairman Chris Shays (R-Conn.) demanded to know why the Pentagon Department was not conducting actual physical exams of every military member being deployed. He noted that the law requires that the Department establish a system to assess the medical condition of troops deployed in overseas contingency operations, and that that system "shall" include pre-deployment and post-deployment medical examinations, to include a mental health assessment, and drawing blood samples, "to accurately record the medical condition of members before their deployment and any changes in their medical condition during the course of their deployment." Assistant Secretary of Defense for Health Affairs Dr. William Winkenwerder said, "We believe we are following the law," and he argued that the best way to conduct such assessments was in the form of questionnaires. He continued, "I think, from my experience as a physician, that history-taking is really the most useful information to get a picture of the health status of an individual, not so much a hands-on physical examination."

Shays was not satisfied, telling Winkenwerder, "From my standpoint, you're not meeting the letter of the law clearly, and I don't think you're meeting the spirit of the law." He demanded to know where it says in the law that "this examination should be a self-assessment." Winkenwerder back-pedaled a bit, explaining that in addition to the self-assessment, "there is a review by a medical provider with questioning by the medical provider that gets at the history of the individual,

the medical history of that individual." After Shays reminded Winkenwerder of the 12-year battle over the Gulf War syndrome, Winkenwerder tried to make a distinction between a "physical examination" and a "medical examination."

A little over a month later, on April 29, the Defense Department announced an enhanced post-deployment health-assessment process, to include "a more comprehensive examination that will better assist medical personnel in evaluating the health of returning service members." It amounts to a revised questionnaire, to be followed by the taking of a blood sample within 30 days of the individual's return from the theater of operations. In response to an inquiry from *EIR*, Deputy Assistant Secretary of Defense for Force Health Protection and Readiness Ellen P. Embrey replied, on Aug. 26, that "DOD has recognized that the exposures and experiences service members have during deployments often contribute to the health concerns they subsequently experience."

Lack of Information on Casualties

The news media made much of the fact, on Aug. 27, that total U.S. casualties since May 1, the day President Bush declared major combat operations in Iraq over, have now exceeded the casualties covering the six-week period between March 20 and April 30. According to the official figures provided by U.S. Central Command, 112 U.S. military personnel were killed in action, and 550 wounded before May 1, and 62 killed and 528 wounded in action between May 1 and Aug. 26. In addition, 78 have died of non-hostile causes and 162 wounded. Information on the non-hostile casualties, however, is often very hard to come by, including for the families of the dead and wounded. A U.S. Central Command spokesman told *EIR* that Centcom does not investigate non-combat-related deaths.

The result is a growing list of unexplained deaths of U.S. soldiers in Iraq. One is the case of Spec. Joshua Neusche (see accompanying interview), a reservist serving in Iraq, who died on July 12. According to the *Lake Sun Leader* of Camdenon, Missouri, initial reports indicated that Neusche died of complications of pneumonia. However, when the family flew to Germany to see their dying son, they saw, according to the father's account, 30 to 40 other soldiers at the hospital with the same symptoms. "It never sounded like pneumonia," said the father. The Neusches and the family of another soldier who died have written to Secretary of Defense Donald Rumsfeld asking that he involve the Centers for Disease Control and Prevention in the Army's epidemiological investigation, but, as of this writing, Rumsfeld has not replied. The lack of information in the Neusche case is typical of the Defense Department's reporting of non-combat-related casualties in Iraq. Given that the war in Iraq has been provably based on lies—lies about the threat Iraq supposedly represented to the United States and the rest of the world—it is not surprising that suspicions are arising that Rumsfeld and the chickenhawk gang in the Pentagon are being less than truthful about the casualties the U.S. military is suffering in Iraq.