

Gulf war syndrome



The Gulf War Syndrome was identified after the Gulf War in 1991. Thousands of troops from the US, British, and Canadian developed symptoms after the war. This Syndrome has been researched since the end of the Gulf War and still not all the answers have been found. Not only have thousands of troops suffered from this syndrome, but also their families have developed some symptoms related to this syndrome.

It is important to inform our nation of this new disease because there is still no cure, and GWS can be our next conflict relating to AIDS and Cancer. This research is dedicated to people who are uneducated about Gulf War Syndrome. After reading many articles about Gulf War Syndrome there is still no definite definition. Many scientists have different definitions of the syndrome.

For example, Gunjan Sinha states that scientist Garth Nicolson, chairman of tumor biology at the University of Texas M. D. Anderson Cancer Center in Houston, defines the syndrome as *Mycoplasma fermentans*. Sinha also stated that *Mycoplasma fermentans* was “ the most poorly studied bug on the list (Sinha 70).

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Nicolson has found that the *M. fermentans* is nested inside the cells of almost half of all cases. Sinha defines *Mycoplasmas* as “ the smallest self-replicating life form that latch onto white bloodcells, which are part of the body’s disease defenses, with a hooklike tip; then they transmit chemical signal that force blood cells to behave abnormally (Sinha 70).” *Mycoplasmas* can be difficult to detect, for they burrow deep inside cells. If there was a

definition for Gulf War syndrome it would be a disease found after the Gulf War which is related to Mycoplasma fermentans. The only possible definition for the moment can only be defined by its symptoms (Sinha 70-71).

To identify symptoms which may define the syndrome, Robert W. Haley, M. D., from The University of Texas Southwestern Medical Center at Dallas, and colleagues have conducted a series of investigations that broke the Gulf War Syndrome into three different types.

To support their investigation, twenty five percent of 249 veterans who served in the Desert Conflict reported clusters of symptoms that were broken down by a mathematical computer technique. According to the JAMA the three identified syndromes are: Syndrome-1 or " Impaired Cognition" Syndrome - characterized by distractibility, difficulty remembering, depression, insomnia, fatigue, slurring of speech, confused thought process, and migraine - like headaches (" Gulf War Illnesses Broken Down Into Three Primary Syndromes" 2).

Syndrome-2 or " Confusion-ataxia" Syndrome - characterized by problems with thinking and reasoning processes such as reading, writing, and spelling: getting confused; getting disoriented when trying to locate a car in a parking lot; having problems with balance; having a physician's diagnosis of post-traumatic stress disorder, depression, or liver disease; and sexual impotence (" Gulf War Illnesses Broken Down Into Three Primary Syndromes" 2).

Syndrome-3 or " Artho-myo-neuropathy" Syndrome - characterized by generalized joint and muscle pains, increased difficulty lifting heavy objects, fatigue, and tingling or numbness of the hands, arms, feet, and legs (" Gulf

War Illnesses Broken Down Into Three Primary Syndromes” 1-2). The Gulf War Syndrome has over 20 symptoms that have been reported by the veterans of the Gulf War.

According to Stephen Straus in the journal *The Lancet*, over 50, 000 troops returned as changed men. Reports showed of vascular instability, hyperventilation, bacilliuria, and other physiological and laboratory anomalies in the Gulf War veterans.

When the problem began to exist, the US alone funded \$ 115, 000, 000 for targeted research on the unknown syndrome. Four thousand gulf war veterans and men who also served in Bosnia were mailed questionnaires about deployment, exposures, symptoms, and illnesses. The main finding was that the Gulf War veterans were more likely to have the symptoms of chronic fatigue, irritability, headache, and other symptoms (Straus 162). The Gulf War posed a high risk of a long illness, but did not lead to higher rates of divorce or unemployment (Straus 163). A report by Unwin and colleagues showed that the increased risk of chronic illnesses after the War was extended to all branches of the military and to both active duty and even retired men. According to a factor analysis by Fukuda and colleagues, the symptoms discovered in physical examinations and laboratory investigations revealed that there was no unique disease.

“ Perhaps it was the very lack of mutilation and death in that war that permitted the true physical and emotional costs of battle to be revealed” (Straus 163). In relation to Straus, Frances Murphy, in the journal *British Medical Journal*, cites percentages of men who developed certain symptoms

as well as many facts that researchers have discovered about the Gulf War Syndrome. According to Straus, the most commonly reported symptoms are fatigue, headaches, joint pains, rashes, shortness of breath, sleep disturbances, difficulty concentrating, and forgetfulness. Murphy stated that troops were exposed to a wide variety of hazards, such as oil well fires, petroleum products and fumes, pesticides and other physical and psychological hazards. Could this have developed the Gulf War Syndrome (Murphy 1 of 1)? In addition to the symptoms, a medical assessment program was conducted among 1000 British Gulf War Veterans.

“ The participants reported multiple common medical symptoms, including affective problems (50%), fatigue (42%), joint and muscle aches (40%), cognitive problems (26%), headaches (26%), respiratory complaints (24%), gastrointestinal problems (22%), sleep disturbances (21%), and skin problems (19%)” (Murphy 1 of 1). Like Straus, Murphy also stated that Gulf War veterans were more likely to report an entire array of symptoms than troops whom served in Bosnia or not been deployed. The only difference is that Straus reported on American troops while Murphy reported British troops. From this one would believe that only Gulf War Veterans get the disease, but according to Fukuda et al, the non-deployed veterans also met the illness criteria (Murphy 1-2). An article by Jim Coy simply states the facts, symptoms, and possible causes of Gulf War Syndrome or the Persian Gulf War Illness.

Coy also explains how the DOD is involved in the research.

The symptoms that he stated are the same symptoms quoted in the other two articles except skin problems, hair loss, memory loss, upper or lower respiratory symptoms, sleep disturbances and abnormal weight loss and menstrual disorders. The Department of Defense and the Department of Veterans responded slowly and were even unresponsive to the veterans who were affected (Coy 50). The cause of the Gulf War Illness is also undefined. The possibilities of causes that Coy states are biological warfare agents, chemical warfare agents, depleted uranium, indigenous infectious diseases, and pesticides, smoke from oil well fires, stress, and vaccines.

“ Most of these causes are being actively investigated in more than 121 research projects” (Coy 51). The most accepted possibility for Gulf War Syndrome is related to a combination of multiple factors (Coy 51). In “ Gulf War Syndrome Cover-UP,” Charles Overbeck states the facts and opinions that relate to the cover up of the Gulf War Syndrome.

Charles Overbeck lists examples of the government’s cover up and also includes people who are trying to uncover the secret by simply applying facts and theories about the Gulf War Syndrome’s cause. He also states the mistakes the Department of Defense made and the warnings they refused during the War, which may have prevented the Gulf War Syndrome.

Overbeck stated that during the Gulf War, Americans were astonished by the military’s superiority that was used in the Gulf War by the United States.

Even though the United States military had a winning casualty ratio of a thousand to one, Charles Overbeck stated that in the aftermath thousands of surviving veterans have died or are dying from illnesses related to Gulf War

Syndrome (Overbeck 1). According to Charles Overbeck the exact causes of Mycoplasma Incognita (Gulf War Syndrome) has also not been found, and military and government denials about GWS are halting the research. Two cellular biologists, Drs. Garth and Nancy Nicolson, who used to work at the MD Anderson Cancer Center, have uncovered their research about GWS in a loud manner. They became involved with the problem when their daughter served in the 101st Airborne.

Both biologists stated that Mycoplasma Incognita is a germ warfare agent, and that whoever created it inserted 40% of the HIV envelope gene into the Mycoplasma. They also found that the illness picks people with weak immune symptoms. Overbeck also stated that the military was forced to take injections of experimental drugs, which were supposed to protect them from chemical warfare. The sad thing is that these troops were never told about the side effects, and as a matter of fact, the Food and Drug Administration adopted the Interim Rule, which permits military to use experimental drugs on troops without their consent. According to Overbeck, the rule is still in effect (Overbeck 1-2).

According to Peter Kawaja, of the International Gulf War Illness Coalition, the MD Anderson Cancer Center gave an order to destroy blood samples taken from veterans of the Gulf War veterans just after the Nicholsons were fired. According to Kawaja, the testing was only done in the Anderson Center and the lack of money and the overwhelming pressure from the government deminished the effort of more research.

Overbeck states that the government finally released documents stating that the Gulf War Veterans were exposed to chemical and biological agents during the Gulf War, which were claims that the government has denied since day one. He also stated that activists say the U. S. companies sold chemical and biological agents to Iraq.

As far as the warnings, James Tuite said that Czech chemical units alerted the United States military about some nerve agents and mustard gas, but the troops were still told to ignore the warning and all the other warnings from the alarms activated by chemical weapons (Overbeck 1-2). One of the possible chemical explosions was a nerve agent called soman. According to the article " OP NERVE AGENTS: A BIOGRAPHY," soman is the most difficult to reverse and treat among the nerve agents known to be commonly deployed. The article also stated that the field injector used by the USA (PAM-Cl, atropine), which is a nerve agent protector, is severely limited when it comes to soman. The article also stated that a similar nerve agent, GF, could have posed similar problems.

GF was found in Iraqi chemical stockpiles, and has been reported during Saddam Hussein's war against Iran and the Kurds.

What is scary is that not much is known about its side effects, and this lack of knowledge may present a threat in future conflicts with Iraq. " It is obvious to say that the military might have not been prepared for chemical exposure" (" OP Nerve Agents : A Biography" 44). To furthermore support these causes, Kurt Kleiner finds that the syndrome might have been caused by a combined effect of pills that was suppose to protect our troops from

nerve gas and an insect repellent. To back up his finding he also stated that two separate studies were conducted on chickens and rats, and the results were that the chemicals caused nerve damage.

The article also defined the three pills that the troops might have taken: Pyridostigmine bromide-a drug that protects against the effects of nerve gas. DEET-an insect spray applied to the skin.

Permethrin-an insecticide applied to clothes and blankets. According to a study by Duke University researchers, the combination of Pyridostigmine bromide and DEET made chicken's walking difficult and sometimes caused paralysis. And the Department of Defense indicated that in rats the same combination proved to be more toxic than any one used separately. Does the same effect happen with humans? Could this be the cause to Gulf War Syndrome for the reason that the chickens and rats proved to have related symptoms of our troops suffering from this syndrome (Kleiner 5)? Although eye-opening information has been stated in the last two paragraphs, David Brown's article contradicts them.

In his article he begins stating that a blue-ribbon panel appointed by the National Academy of Sciences' Institute of Medicine said that there was no evidence that chemical or biological weapons were used in the Persian Gulf War in 1991. Brown stated that the group of physicians, epidemiologists and environmental health specialists, said it " could find absolutely no reliable intelligence, and no medical or biological justification" (Brown a6) for any of the claims that poison gas had been used against coalition forces during the Gulf War.

The group also contradicted the theory on two other possible causes of illness: vaccines and the antidote pyridostigmine. “ We have no evidence that vaccines in general cause the nonspecific complaints associated with service during Operation Desert Storm,” the group wrote. Brown also said that the group doubted pyridostigmine was causing chronic illness (Brown a6-a8).

In the article “ What’s really causing Gulf War illness?,” Gunjan Sinha explains Garth Nicolson’s work with mycoplasmas, which in his opinion might be the cause of Gulf War Syndrome. Gunjan also tells how Nicolson has successfully found the possible cure of the syndrome with an antibiotic called doxycycline. Sinha gives good examples of works and opinions of other scientists who either support Nicolson or either criticizes his data. “ What’s really causing Gulf War illness?” is intended to educate people of a possible cure and cause for Gulf War Illness, better known as GWI. Sinha’s work clearly states that a cure for Gulf War Syndrome is coming soon and is a good source of information (Sinha 70-75).

During the first three paragraphs, Sinha begins with a short story about Sharon Nicolson’s involvement in Operation Desert Storm.

Sharon Nicolson began to get some symptoms of Gulf War Syndrome after the war ended. These symptoms included sweating in sleep, achy joints, and disturbed vision. Sinha then relates Garth Nicolson’s involvement with his stepdaughter’s (Sharon Nicolson) symptoms. Sinha depicts Garth Nicolson’s finding of the drug doxycycline, which is an antibiotic that may be the cure for Gulf War Syndrome because after a year of Sharon taking the drug, she

recovered. From this a reader may be thrilled with hope and may provide vital information for someone who has Gulf War Syndrome (Sinha 70).

As the story goes on Sharon's division and even their family members had received the same symptoms. Patients then took the antibiotic doxycycline from Nicolson, which most recovered and even tested negative. Even though Nicolson accomplished this astonishing feat, still scientific peers criticized his data. Among those peers, Sinha introduces Joel Baseman, Shyh-Ching Lo, and other scientists.

The criticisms lasted for two years, and then Rep. Norm Dicks organized a meeting.

After the meeting, Lo, Baseman and the other scientists agreed to learn Nicolson's technique. If Garth Nicolson's theory becomes a reality it would be a major breakthrough that could help millions of people suffering from Gulf War Syndrome (Sinha 71-72). Sinha's narration is interesting and educational. He uses a good introduction with the short story about Sharon Nicolson.

The article is not like the others, which only have facts and history. This article gives hope to people who may have Gulf War Syndrome or another related diseases. The author not only talks about the scientists, but also points out definitions, opinions, flaws with government research (rare) about GWI, and describes his examples in great detail. An example of how Sinha makes his article educational is when he defines mycoplasmas as the smallest self-replicating life form. He then goes on to inform his readers of similar illnesses such as Chronic Fatigue Syndrome, Fibromyalgia Syndrome, <https://assignbuster.com/gulf-war-syndrome/>

rheumatoid arthritis, and others. One of the Government flaws he reported was that the “ DOD denied veterans’ family members have contracted GWI; even though a 1994 U.

S. Senate Committee Survey on 1, 200 Veterans found 77 percent of spouses and 65 percent of their children born after the war experience symptoms of GWI (Sinha 75).”

Sinha’s article can bring hope to many for the reason that he points out that Nicolson’s theory is being put on trial. The trial began this spring with patient recruitment between 500 to 1000 veterans within a six-month period.

Sinha says the results will be available a minimum of one year afterward (Sinha 74-75). Reported by The Lancet, “ UK military veterans of the Gulf War have higher frequencies of self-reported impaired physical functioning, psychological morbidity, and poor perception of general health than UK servicemen who were not deployed to the Gulf War (Blatchley 179).” Other related victims of Gulf War Syndrome are found by a group-reviewed data from a comprehensive examination of 21, 579 Persian Gulf veterans who had complained of health problems. According to Bruce Bower of Science News, 17 percent of 21, 579 exhibited one or more symptoms that can be related to Gulf War Syndrome, which include evidence of infection. Bower also stated that another twenty five percent displayed signs of Gulf War Syndrome and also of a separate health problem (Bower 357).

Bower also stated that the 2, 306 veterans who had the most pronounced symptoms of Gulf War syndrome received further exams by internists, psychiatrists, and infections disease specialist.

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“ The physicians who did the evaluations assigned just 18 percent of all diagnosed symptoms to the syndrome in these follow-up exams, compared with 30 percent in the initial assessments of all veterans with any signs of Gulf War syndrome (Bower 358).” After reading other articles, victims of the Gulf War syndrome were mainly people who had gone to the Gulf War in 1991. Other related victims were spouses, children, and contacts of the veterans. This may lead Carol Vinzant to state; “ Gulf War syndrome now appears to be contagious, according to a recent survey and accounts of its victims (Vinzant 1).” In relation to the past two paragraphs, Vinzant, from Reuters, has different sources of victims.

He stated that a survey of 1, 200 veterans conducted by Sen. Donald Riegle for a Senate committee has so far found that the disease has spread from veterans to 78 percent of their wives. He also stated that 25 percent of offspring born before the war and 65 percent born since have also received symptoms related to the syndrome. “ Is it transmissible? Let’s see, everyone I know is sick and they’re making everyone they know sick. It’s not rocket science. We’re just grunts,” said Troy Albuck, an Illinois veteran whose family is now ill, depicted Vinzant (Vinzant 1).

As far as the costs for this syndrome, Coy states that the Department of Defense, Department of Veterans Affairs and the Department of Health and Human Services, stated that they have increased their understanding of the health status of gulf war veterans.

The commitment in this area reached \$115 million in 1998, in support of 121 research projects, according to Coy. Coy also found that in 1997 a Research

Working Group noted in its annual report that more than half of the 121 projects involved scientists outside the government. Of the 121 projects, Coy noted that 39 of them have been completed and 78 of them are ongoing and four have been awarded funds that are pending start-up (Coy 50-51). The search for the cure for this syndrome has been endless since 1991.

According to Nolan Walters, a New Orleans doctor might have the cure. Walter's article states that back in 1995 Congress refused to give the doctor \$3.4 million to test his method. The result is a two-year standoff.

Dr. Edward S. Hyman, the New Orleans doctor that Walters states to have the cure for the syndrome, has been denied by the Pentagon six times. Walters also says that Hyman said his treatment, "is based on attacking normally undetected bacterial infections with massive doses of antibiotics and vitamins (Walters 2).

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Walters states that Hyman analyzes the urine of patients for traces of bacteria that he says are missed by other laboratories. Walters also says that Hyman has treated 10 American Veterans, five veterans' wives and one British veteran of the Gulf War. Hyman said that five of the American veterans relapsed, but that three were treated again and recovered. "Meanwhile, the Pentagon continues to come up empty in its own efforts to track down Desert Storm Syndrome, even after an attempt that Joseph estimated has cost in the range of \$100 million for treatment and research (Walters 3)." The Gulf War Syndrome has clearly revealed its symptoms but still has not given us an exact cause or cure.

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If the cause or cure can not be found then it is obvious to say that prevention from this syndrome can also be undefined. What will our future troops be told if we have another conflict in the Gulf? Will they be told some more lies and be manipulated by the military? Will they be told that chemical warfare will not be used? Who knows and if someone knows will they try to cover it up? These people in the Pentagon do not care who dies with this disease, but it could backfire on them if they don't pay attention. This Gulf War Syndrome might be the next major conflict for the next millennium, and could even catch up to cancer and aids if it is contagious. Is there something that God is trying to tell us? If he is trying to tell us something, then he is doing it in a confusing way.

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