



# GulfNEWS

*Selected articles from GulfNEWS throughout the years*

## Gulf War declassification project nears completion

**A**pril 17, 1998 — A three-year effort to collect and review more than 6.6 million pages of operational documents related to the Gulf War is ready to move in a new direction. The Defense Department's operational records declassification program, with the Army serving as DoD Executive Agent, has been processing documents since March 1995 to help investigators piece together the possible causes of Gulf War illnesses. Now, Defense Department officials say the program will concentrate on filtering the data collected so the investigators can search the document database with more speed and accuracy.

Project director Army Col. Steven A. Raho III says his team is now at a transition point

in the effort.

"We feel we have located the bulk of the records and put them through the declassification process. However, we are still prepared to process the few records that are trickling in," he said.

The declassification process involves digitizing and reviewing each document, and searching for documents containing health-related key words. Once reviewed, all health-related documents, nearly 1.2 million pages to date, are turned over to the Office of the Special Assistant for Gulf War Illnesses for use by investigators and eventual posting on its web site, GulfLINK. To date, approximately 55,000 pages have been declassified and posted to GulfLINK.

By all accounts, the team has been very successful in processing the documents and Raho says they're going to make the investigators' jobs even easier in 1998.

"We are going through a major re-indexing effort this year. We are going back and looking at the 2.3 million pages in the Army collection and re-indexing them to facilitate database searches," he said.

The re-indexing process will make database searches much more efficient. Each document reviewed will be sorted by unit, unit identification code, document date and document type. In the past, the documents were broken down to corps, division and separate brigade level. When the re-indexing

*(See PROJECT, page 3)*

## U.S. team explores Gulf War study

**J**anuary 29, 1999 — A U.S. inter-agency team is working with Saudi Arabian National Guard personnel to conduct a study of health outcomes among Saudi Arabian National Guard and their family members to better understand possible health consequences of the Gulf War.

Navy Capt. Michael Kilpatrick, M.D., director of medical outreach and issues with the Office of the Special Assistant for Gulf War Illnesses, traveled with a team of U.S. epidemiologist researchers to Riyadh, Saudi Arabia in August 1998 and met Fahad Abdul Jabbar, M.D., the chief executive officer, health affairs, Saudi Arabian National Guard.

"The purpose of the trip was to discuss the feasibility of using the Saudi National Guard health database to examine whether changes had occurred in the health status of the Guard or their families since the Gulf War," said Kilpatrick.

Researchers from the Uniformed Services University for Health Sciences, the Centers for Disease Control and Prevention and the Naval Health Research Center are involved in the collaborative effort initiated by the office of the special assistant.

The invitation to return to Saudi Arabia was extended to Bernard Rostker, special assistant for Gulf War illnesses, and his team when they met with Saudi Arabian National Guard officials during a Gulf War coalition

fact-finding trip in November 1997. At that time, Saudi Arabian officials indicated they had not observed any change in the medical condition of their Gulf War veterans.

"We wanted to compare the hospitalization rate for members of the Saudi National Guard who were on duty during the Gulf War," said Kilpatrick, "and then take a look at trends for them before the Gulf War and after. If data is available, we'll look at family members also. We want to see if there were any changes in disease processes or frequency of diseases that require hospitalization."

In order to proceed with this analysis, the team was given access to the computerized medical hospitalization database located in the King Fahd Hospital in Riyadh, Saudi Arabia, he said. The database chronicles every admission to the hospital since 1983, with hospital admis-

*(See TEAM, page 2)*

## Keeping A Close Watch



DoD file photo

*An U.S. Air Force member stands guard duty during Desert Storm in Saudi Arabia.*

*From the desk of  
Lt. Gen. (Ret) Dale A. Vesser  
Acting, Special Assistant*



**F**or the past four years, our office has written on a variety of issues of concern to Gulf War veterans to provide insight and helpful information. This included articles on depleted uranium, treatment trials, updates on new equipment as well as many other topics. We also reported on the release of case narratives, information papers and environmental exposure reports which also are of interest to Gulf War veterans, active duty servicemembers and their families and the public.

For this special edition of *GulfNEWS*, we have selected some of the articles that we believe tell the story of our investigations and the work by staff members of the Office for the Special Assistant for Gulf War Illnesses. Many of these articles have been edited to fit the space, but the longer versions of the articles can be read on our web site, *GulfLINK*.

I hope that you enjoy reading these articles and reflecting on our accomplishments. We are interested in hearing what you have to say. You can write to me via e-mail at *special-assistant@gwillness.osd.mil*.

## Preparing for the Gulf War



DoD file photos

*Base personnel stand by as a 58th Tactical Fighter Squadron F-15D Eagle aircraft prepares to deploy to Saudi Arabia during Operation Desert Shield.*



*Top:  
A Saudi Arabian soldier armed with a German 5.56mm Heckler and Koch HK 33B rifle takes part in a live-fire exercise during Operation Desert Shield.*



*Left:  
Ground crew members perform a preflight check on an F-15E Eagle aircraft of the 4th Tactical Fighter Wing prior to its deployment to Saudi Arabia in support of Operation Desert Shield. The aircraft is equipped with AIM-9 Sidewinder missiles.*

## U.S. team explores Gulf War study in Saudi Arabia

*(TEAM, from page 1)*

sion codes indicating the patient's diagnoses and medical procedures done during the admission.

Rostker's team will compare the records of approximately 50,000 Saudi National Guard Gulf War veterans located in three areas during the conflict. Records of personnel who were either engaged in battle with Iraq in northern Saudi Arabia; stationed at Al Jubayl, an industrial city south of the Saudi Arabian-Kuwaiti border; or located at Riyadh, where a Scud missile attack occurred, will be included in the study.

Researchers intend to compare these three geographically distinct groups to determine if there are any differences, such as the frequency of hospital admissions. They will

have access to the age, gender and other population demographics of the individuals who were admitted to the hospital, but the study will not involve contacting any individual patients. Kilpatrick says that, if the data is available, the team will also look at changes in family members' rates of admission or health trends as well.

It is hoped that the benefits of this cooperative effort accrue to both Saudi Arabia and the United States.

"Hopefully our efforts will let us know if the people who lived there [in Saudi Arabia] before, during, and after the Gulf War have had any change that is discernable in their health status," said Kilpatrick.

The U.S./Saudi Arabian medical partner-

ship could assist Saudi medical personnel in analyzing the medical specialties needed to care for future Saudi patients.

King Fahd hospital has no research programs involving this hospitalization database; it simply archives the information. The U.S. team expects to demonstrate to hospital personnel how to extract and apply information that may be used for future medical planning requirements.

When the scientific protocol is approved by each participating institution in early 1999, the team will return to King Fahd hospital to extract data and begin the analysis. Kilpatrick projects that the completed study — co-published with the Saudi Arabian National Guard — will be available late in 1999.

## GAO report cites DoD's efforts to address Gulf War illnesses issues

**M**arch 26, 1999 — The Defense Department “has made progress in carrying out its mandate to comprehensively address Gulf War illnesses-related issues,” according to a General Accounting Office report released February 1999. The report credits the department’s efforts to respond to complaints and inquiries from veterans while pointing out that the DoD’s evaluation of cases could be improved.

For the past 18 months, the GAO has reviewed DoD’s Office of the Special Assistant for Gulf War Illnesses’ procedures to determine whether it has diligently addressed issues related to Gulf War illnesses. The GAO’s specific objectives were to describe DoD’s progress in establishing an organization to address Gulf War illnesses issues and to evaluate the thoroughness of OSAGWI’s investigations and reporting of incidents of potential chemical or biological

warfare agent exposures during the Gulf War.

“The GAO investigators painstakingly reviewed our methodology, investigative procedures and techniques,” said Bernard Rostker, the special assistant for Gulf War illnesses. “We are pleased that they found them appropriate; that they found no appreciable errors in four of the six cases investigated and agreed with our assessments in five of the six narratives reviewed outright.”

In the sixth case, the GAO asked DoD’s investigators to reconsider the conclusion in light of new information. They said that an “indeterminate” assessment might be more appropriate. Rostker said incorporating new information and revising reports is at the heart of his office’s process.

The GAO also suggested improved internal review procedures and the Defense Department concurred. “We agree to revise our reports to include new or unreported data. The findings will be reassessed based upon

any new evidence,” Rostker said. “This is consistent with our philosophy of publishing interim, not final reports.”

Rostker said the GAO’s efforts will have a long-term, positive effect on DoD’s investigation of the illnesses of Gulf War veterans. “Throughout the GAO’s investigation,” he said, “the staff provided periodic briefings, often offering pragmatic, candid suggestions. Through this communication process, we were able to make improvements and policy changes. Consequently, we have already begun to address most of the recommendations made in the report. This has been a very worthwhile effort.”

The GAO is a non-partisan organization that conducts research and investigation for Congress. This report was requested by Rep. Lane Evans of Illinois, ranking Democrat on the House Veterans Affairs Committee.

## Gulf War declassification project nears completion

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is complete, researchers will be able to retrieve documents unique to 4,000 individual units and sub-units, totaling more than 1,500 unit identification codes. Raho says the process is painstaking but his team has an edge.

“Every member of our re-indexing team has prior military experience, which is extremely helpful in understanding terminology and messages within the documents so they can process them more quickly,” added Raho.

With a re-indexing goal of 17,000 to 18,000 pages per day, Raho’s team plans to finish the project by October 1998, and all documents will be retired to the Washington National Records Center at Suitland, Md., or the National Archives at College Park, Md.

Raho says most of the services have completed their search for records and documents. However, he says, the Air Force is still processing new material at Maxwell Air Force Base, Ala. Along with reviewing all operational Gulf War records for possible declassification and release, the Air Force is reviewing and cataloguing 1,300 video tapes (both Air Force and non-Air Force), and is working closely with the Army to complete the U.S. Armed Services Center for Research of Unit Records Gulf War Personnel Registry database of all Air Force members who were deployed to the Kuwaiti Theatre of Operations. This database is used to identify servicemembers who were in theater during the war and were possibly exposed to low-level chemical agents or Kuwaiti oil well fire fumes.

### In the desert



Soldiers of the 82nd Airborne Division stand atop an M-998 high-mobility multi-purpose wheeled vehicle as they watch a CH-47 Chinook helicopter prepare to touch down during Operation Desert Shield.



— DoD file photos

A soldier carries his gear after arriving in Saudi Arabia during Operation Desert Shield.

## Rostker Advises Vets: Don't Tough It Out

**N**ovember 17, 1998 — Listening to and learning from Gulf War veterans is one of Bernard Rostker's primary missions as the special assistant for Gulf War illnesses. His nationwide visits to major military installations this year brought a greater awareness of veterans' health and well-being concerns. During meetings conducted at Fort Sill, Okla.; Fort Riley, Kan.; Fort Campbell, Ky.; Camp Pendleton, Calif., and Camp Lejeune, N.C., Rostker heard active duty veterans frequently asking the same question.

"If I sign up for the department's medical evaluation program to find out why I don't feel well, will I be discharged from the military because I'm sick?"

Approximately one-third of the 697,000 service members who served in the Gulf War remain on active duty. For years now, some veterans have complained that their ailments have been met with disregard by the military establishment, or worse, with accusations of malingering. Rostker and his team of medical advisors have been communicating the message, facility by facility, that the military believes there are Gulf War veterans who are ill and encourages them to seek medical evaluation with the Department of Defense's Comprehensive Clinical Evaluation Program.

"We want everyone who thinks he's sick to come forward and get help — not to tough it out," said Rostker during a town hall meeting at Fort Campbell, Ky. "It's difficult to be hurting and not get treated."

In the mind of the active duty veteran, Rostker's entreaty may pose a perceived risk. If getting medical help potentially threatens career or retirement benefits, a servicemember may choose to suppress illness.

"It's human nature to deny you're sick," said Army Col. Frank O'Donnell, M.D., deputy director, medical and health benefits collaboration, at the Fort Campbell meeting. "We're concerned that a lot of this is going on."

Rostker's medical team has encountered other concerns. Some service members worry that commanders will view their complaints as whining that will lead to a poor evaluation.

"That's an attitude we are trying to change by talking with operational people," said Navy Capt. Michael Kilpatrick, M.D., Rostker's director of medical and health benefits collaboration.

"We recognize that symptoms are not psychosomatic. We're asking senior leaders to deal with Gulf War veterans in a

more upbeat manner, to understand their anxiety and to encourage troops to get medical help for ailments."

He pointed out that about 80 percent of the Gulf War veterans who have been examined and are sick have medically recognized diseases that can be treated.

Veterans' fears may be misplaced. Officials at the Physical Disability Agency indicate that CCEP exams have not resulted in an increased level of medical board actions. Of 70,000 medical boards processed since 1991, 1,700 — less than 2.5 percent — were generated directly from CCEP exams. This would not substantiate soldier fear of medical boarding for Gulf War-related conditions. Moreover, participation in the CCEP is not recorded in any personnel data that would be known to those making decisions affecting the veterans' careers.

The Department of Defense established the Comprehensive Clinical Evaluation Program in June 1994 in response to the medical concerns of individuals who served in the Gulf War. Participants enroll in the CCEP either by calling the toll-free number (1-800-796-9699), which provides information and referrals to individuals requesting medical evaluations, or by contacting their local military medical treatment facility.

Eligible beneficiaries include Gulf War veterans who are currently in one of the active or Reserve components, or are retired.

The two-phase program begins with a comprehensive medical examination comparable in scope and thoroughness to an in-patient hospital admissions evaluation. Standard laboratory tests including a complete blood count and urinalysis are conducted along with other tests as clinically indicated. Individuals who require additional evaluation after completing the appropriate Phase I evaluation may be referred to one of 14 Regional Medical Centers for Phase II evaluations. These evaluations consist of symptom-specific examinations, additional laboratory tests, and specialty consultations according to the prescribed protocol.

Phase III, for participants suffering from chronic, debilitating symptoms, was initiated by the Defense Department in 1995. The program is modeled after internationally recognized centers for management of chronic illness. The key objectives of the program are to provide improvement opportunities in work

(See **TOUGH**, page 5)

## DoD database helps locate Gulf War hospital records

**A**ugust 4, 1998 — The Office of the Special Assistant for Gulf War Illnesses announced August 4, 1998, that it is offering assistance to those Gulf War veterans who have had difficulty in obtaining copies of their inpatient hospital records from the Gulf War. Collaborating with the Department of Veterans Affairs, the National Personnel Record Center and the Department of the Army, the office is creating a consolidated database to retrieve hospital records for all patients treated in Army, Navy and Air Force Gulf War hospitals. Veterans who are interested in securing information from these records are encouraged to contact the office to request a data search.

"Our goal is to inventory any known surviving hospital record from the Gulf War and create a database with names of all U.S. military and coalition forces and civilians," said Bernard Rostker, the special assistant for Gulf War illnesses.

In the military, the disposition and storage of records is governed by each service, DoD regulations and statute. Medical records fall into two categories: individual health records and inpatient hospital treatment records.

Individual health records include clinic visits, diagnostic tests, immunizations, dental care, and, in some cases, discharge summaries of inpatient care. These records represent a history of a servicemember's medical care and accompany them throughout their military career. Upon a member's separation or retirement, the individual health record is retired to the Department of Veterans Affairs Record Management Center in St. Louis, Mo., Rostker said.

Inpatient hospital treatment records are created each time a service member is admitted to a military medical treatment facility for care. These records document all treatment and procedures performed while the member is hospitalized. If the patient is evacuated to another facility, a copy of the treatment record accompanies the patient and the original record is retained with the hospital's files. Defense Department guidelines call for hospital in-patient treatment records to be retired within a span of four to 10 years, depending upon the facility's record disposition policy, to the National Personnel Records Center where they are archived under the name of the hospital transferring the records.

War often skews even the best policy, explained Rostker. In a fast-paced, chaotic battle environment a servicemember's

(See **DATABASE**, page 6)

# Radiation physics expert speaks out on depleted uranium

**J**anuary 3, 2000 — In the past year, many newspapers, magazines and Internet sites have featured information about the possible health effects of depleted uranium exposure. A recent CBS show “60 Minutes” covered this issue. Much of this information is conflicting, and reports seem to disagree on many important points. In an effort to clarify the facts, the office of the special assistant for Gulf War illnesses needed an independent scientist who was both highly qualified and able to explain scientific principles in layman’s terms.

Naomi H. Harley is an authority on radiation physics. She earned her Ph.D. in radiological physics at New York University where she is currently a research professor at the University’s School of Medicine, Department of Environmental Medicine. She has authored or co-authored more than 100 peer-reviewed journal articles on radiation exposure, measurement, and the risks of internal and external radiation exposure, with emphasis on natural background radiation.

Harley says people who talk about the dangers of depleted uranium often don’t realize how little its use affects the environment.

“Well, to begin with, most people don’t realize that they live with an enormous amount of uranium already,” Harley says. “All soil contains uranium. In normal

soil, it’s not unusual to find a ton of natural uranium per square kilometer.” She agrees that in a battle zone much of the depleted uranium ammunition, which strikes hard targets such as tanks, will be dispersed in fine aerosol particles and settle over the ground.

Harley thinks part of the cause of the confusion is that some people talk about the exposure to DU as if people in the area are starting with a zero dose, which simply isn’t so. She offers a useful comparison.

“If you’re in a concentration of uranium in the air from an exploded weapon, the actual dose you’ll receive from breathing this is on the order of one percent of what you receive every year from natural radiation.”

Some people are skeptical about the degree of confidence scientists can have in their understanding of depleted uranium’s effects because little research has been done on it. Harley says scientists can be so sure because there’s been a great deal of research on natural uranium.

“Depleted uranium is mostly the isotope called uranium 238,” Harley says. “This is the same substance that’s in natural uranium. Natural uranium has three isotopes in different ratios. Uranium 238 is by far the majority. Then you have a little uranium 235 and a little uranium 234. These are the fissionable isotopes, and U235 is what you use to make fuel for nuclear reactors and weapons. They take out this very small mass and you’re left with U238, which is

(See **HARLEY**, page 8)



DoD file photo  
An ammunition specialist examines a 105mm armor-piercing, discarding sabot round, to be used in an M-1 Abrams main battle tank, during Operation Desert Shield.

## Top DoD officials urge veterans to seek medical care

*(Tough, from page 4)*

performance and other activities of daily living, to promote overall well-being and to actively involve each participant in creating an individualized care plan. The Specialized Care Center is located at Walter Reed Army Medical Center in Washington, D.C.

Rostker has used every resource at his disposal to publicize the program. However, he estimates from his conversations with veterans that perhaps as many as one in three active duty veterans suffering symptoms possibly related to their Gulf War service is not seeking medical evaluation — either due to fear of loss of career advancement or mistrust of the medical system. Rostker presented his concerns to the Joint Chiefs of Staff and the Assistant Secretary of Defense for Health Affairs during a July 8, 1998, meeting.

“Commanders at all levels should be aware of this potential issue since seeking treatment can have a positive effect on soldiers’ health, unit readiness and chain of command credibility,” he emphasized. “My impression is that the vast majority maintain positive attitudes and are striving to do their best to perform their duties.”

Rostker’s observations energized the Joint Chiefs of Staff. Gen. Dennis J. Reimer, U.S. Army chief of staff, directed that his commanders emphasize to troops the availability of quality medical care. He also requested that the Army surgeon general direct his medical commanders at all levels to stress the need to support soldiers who needed medical care.

Based on this directive, Lt. Gen. Ronald R. Blanck, the Army surgeon general, asked regional medical commanders to redouble their efforts to ensure that soldiers “on your installations have access to the CCEP evaluation process and that they are encouraged to use it if they feel they have an Operation Desert Storm problem.”

Kilpatrick noted that reluctance to obtain medical evaluation when ill is not unique to those who served in the Gulf War. Many active duty fear that if access to medical treatment is used too often, the service member will be separated.

“We have to get active duty people to believe that medical is on their side,” said Kilpatrick. “The last priority of medical is to separate. That only happens when they are not fit for duty.”

Rostker and his team continue to deliver the message that the Department cares that veterans of the Gulf conflict receive the medical care they need.

“When the medical profession loses the confidence of the patient, you can do nothing more to help cure that patient. We need to win that battle,” said Kilpatrick during an address to the Air Force Association Symposium at Fort Sam Houston, San Antonio, Texas.

In an effort to help alleviate the perception of mistrust many Gulf War veterans have toward the medical system, Army medical commanders and senior leadership have been asked to use their local public affairs officers to publicize the inherent value of timely and accurate evaluations.

Rostker is listening to what the veterans are saying, communicating their concerns and when, possible, acting as an agent for change in the military culture. He urges active duty veterans of the Gulf War who think they are sick to register for the Comprehensive Clinical Evaluation Program through their local hospital or call the toll-free DoD Gulf War veterans hotline at (800) 796-9699.

## Lessons learned prompt better medical recordkeeping

**A**ugust 13, 1999 — The Office of the Special Assistant for Gulf War Illnesses released findings today on military medical recordkeeping before, during and after the Gulf War. The analysis of medical recordkeeping practices was prompted by comments and concerns voiced by veterans groups over the handling of medical records.

With the release of this latest information paper on medical recordkeeping, analysts anticipate that veterans will have a better

understanding of how recordkeeping problems may have occurred during the Gulf War. The paper also addresses post-Gulf War recordkeeping policies and practices, as well as future initiatives for improved medical records management, especially during deployments.

"The Gulf War taught us it's not enough to simply care for casualties," said Bernard Rostker, the Defense Department's special assistant for Gulf War illnesses. "We should more fully document health care, including

hazardous exposures, to better address post-deployment health concerns among servicemembers and veterans."

Medical recordkeeping policies prior to the Gulf War generally focused on peacetime health services and did not appear to fully address the special requirements of maintaining a health record during deployments. The rapid deployment of a large and diverse military force (including the active duty and Reserve components) further contributed to medical recordkeeping problems during the Gulf War.

Since the Gulf War, medical recordkeeping has emphasized the documentation of deployment health-related activities and the development of automated information systems. Increasingly, the health of servicemembers is being addressed as an important element of military doctrine, plans, and directives.

In the years following the Gulf War, access to medical records has improved through closer cooperation between the departments of Defense and Veterans Affairs, and the National Archives and Records Administration. Last year, as part of an initiative to identify and facilitate veterans' access to Gulf War inpatient health records, staff from the special assistant's office located more than 25,000 inpatient records of servicemembers deployed to the Gulf.

The team identified the inpatient records located at the National Personnel Records Center in St. Louis, Mo., the permanent storage site for all records of hospitalizations in military medical facilities. This information was entered into a database and has assisted veterans searching for inpatient medical records. Veterans looking for inpatient medical records are encouraged to call the office at (800) 497-6261 for a database search and assistance in obtaining copies of their records.

For the future, DoD is looking at technology for meeting many of its medical recordkeeping challenges. The computerized patient record and the personal information carrier - a dog-tag-sized device that holds a computer chip containing medical data - are two major cornerstones for the future. Currently, to meet the challenge of the medical record keeping for total force anthrax immunization, the Services implemented automated immunizations tracking systems to record and track the anthrax immunization status of all servicemembers. The Defense Department conducts routine audits of the immunization tracking systems, the DoD Central Database, and servicemembers medical records to ensure that anthrax immunization data is appropriately documented.

### Database helps locate vets' records

(DATABASE, from page 5)

individual health record may be maintained by his unit and never reach the hospital administering care or the individual may receive treatment in a number of facilities. The in-theater hospitals did not have transcriptionists, so discharge summaries were not done in most cases. Also, the in-theater hospital generally did not have copy machines, so when a patient was transferred to a hospital, the original record was sent with the patient.

After the war, veterans seeking their medical records had to know the name of the facility that treated them during the war in order to obtain the record from the hospital or the National Personnel Records Center.

The need for a database grew out of the concerns veterans expressed to Rostker's team about locating their records.

Many veterans thought that their records were lost or destroyed.

"The records were never lost or destroyed," explained Mike Boyle, an investigator on Rostker's medical issues team. "If veterans didn't know the name of the hospital that treated them, there was no way of finding their records."

To come up with a solution for veterans, Rostker's staff built on the work accomplished by the Department of the Army. The Army created an electronic database which cross referenced the patient's name and social security number with the name of the admitting hospital and dates of care for 10,500 in-patient treatment records before sending the records to the records center in St. Louis. This accounted for approximately 70 percent of the Army Gulf War inpatient records.

The special assistant's staff members flew to the records center in St. Louis to examine more than 2,000 boxes identified as Air Force and Navy hospital records from the Gulf War. The hands-on effort, augmented by Army reservists, resulted in the identification of 7,000 additional Air Force and Navy in-patient hospital records. Rostker's team added this list of individuals by name, social security number and hospital facility name to the Army's electronic database.

"We literally examined and reviewed every record," said Boyle, explaining how the team provided the bridge to unlock the information.

Rostker and his staff hope that this effort will assist veterans who require records to establish a claim with the Department of Veterans Affairs due to service-related illness, as well as those who wish to keep track of their medical conditions.

To obtain copies of in-patient hospital records from hospitals deployed to the Gulf, the veteran should call the special assistant's office at (800) 497-6261 to request a database search. The office will complete a request form and forward it to the veteran for signature and mailing to the record center.

Individual health records of former service members are archived in two locations, Boyle said. The VA maintains records for Army veterans discharged after 1992; and Air Force, Marine and Navy veterans discharged after 1994. To obtain copies, veterans may call the VA at (800) 827-1000.

For all other records, veterans should write to the National Personnel Records Center, 9700 Page Ave., St. Louis, Mo. 63132.

**"Our goal is to inventory any known surviving hospital record from the Gulf War."**

— **Bernard Rostker,**  
the special assistant

# DoD reissues report on demolitions at Khamisiyah

**D**ecember 5, 2000 — The Office of the Special Assistant for Gulf War Illnesses released today a revision to its Gulf War case narrative, “U.S. Demolition Operations at Khamisiyah.” The revised narrative presents the story of Khamisiyah and the possible low-level exposure of more than 100,000 U.S. servicemembers to chemical warfare agents. The report has much greater detail than the 1997 original and includes the first look at the new potential exposure hazard area that resulted when U.S. forces destroyed a cache of 122mm rockets containing the nerve agents sarin and cyclosarin.

“Khamisiyah is the benchmark incident for all our investigations,” said Bernard Rostker, the special assistant for Gulf War

illnesses. “Today, after three more years of investigation and more precise computer simulations, we can present a better picture of the events than was possible before. To date, the demolition at Khamisiyah is the only Gulf War event we believe may have exposed servicemembers to chemical warfare agents.”

In 1996, then-Deputy Secretary of Defense John P. White and then-CIA director John W. Deutch decided an independent peer review of the CIA computer modeling of Khamisiyah was needed to ensure the best process. DoD requested the Institute for Defense Analyses select an expert panel on meteorology, physics, chemistry and related disciplines for modeling review. This expert panel reviewed the modeling methodology and made recommendations for improvement. The panel’s recommendations were implemented

**“Khamisiyah is the benchmark incident for all our investigations.”**

— **Bernard Rostker,**  
*the special assistant*



*The Defense Department completed a series of small-scale demolition tests on May 31, 1997, at Dugway Proving Grounds in Utah. These tests were conducted to better understand what happened when U.S. troops destroyed munitions at the Khamisiyah ammunition storage facility following the Gulf War in March 1991.*

in 1997 and used in the 2000 modeling efforts. In late summer this year, a technical peer-review panel evaluated and endorsed the 2000 methodology.

“The improved modeling methodology yields superior results and produced changes to our original findings with regard to the potential hazard area location,” said Rostker. “That’s why we considered it essential to publish our update now.”

The number of servicemembers possibly exposed to low levels of nerve agent by the Khamisiyah demolitions has changed only slightly: 101,000 vs. 99,000. The new potential hazard area is slightly smaller than the one predicted in the 1997 report. This, combined with the improved unit location database developed over the life of the investigation, plus improved weather modeling, accounts for the difference in the numbers, said Rostker. More than 66,000 soldiers who were shown to be in the potential hazard area in 1997 remain in the revised, 2000 area.

“We are notifying all affected servicemembers,” said Rostker, “including approximately 35,000 people who were not previously believed to be in the potential exposure area. They will be notified for the first time that if they were with their unit at the time, they may have been exposed to extremely low levels of chemical nerve agent.”

Rostker reminds veterans that this remains an interim, not a final report. The report can be reissued and the assessments revised, if new evidence warrants. “I hope veterans will read this report. If there is an error or information we missed, we encourage veterans with additional information to call us toll free at (800) 497-6261,” he said.



## Equipped for Battle

*U.S. Army personnel man an M-1A1 Abrams main battle tank camouflaged with netting during Operation Desert Storm.*

# 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**

## Harley offers insight in understanding exposure to depleted uranium

(Harley, from page 5)  
depleted uranium. So natural uranium is actually more radioactive than depleted uranium — about 60 percent more. But otherwise you're actually talking about the exact same material. And this is a well-studied substance. There's much literature on how much you take in every day in diet and water and breathing air. People have measured the contents in body organs. From these data, we can really understand the biology of uranium."

When discussing depleted uranium left on the battlefield, critics have pointed out its long half-life, implying it will poison the environment for hundreds of years. But Harley says the longer the half-life, the less danger exists.

"Again, you already have this enormous amount of uranium present in all soil, all rock, and it's doing the same thing. And because it has a very long half-life, even if you get a few milligrams in your body, it exposes you to a very small amount of radioactivity because it's decaying so slowly. That's why the radiation dose is very low."

Still, none of this makes it easy to dismiss the fact that concerned people around the world have called depleted uranium a dangerous radioactive waste material that

might contaminate the water and food wherever it's used. Harley attributes these alarmist cries to a basic fear of radioactivity in general.

"Well, to begin with, most people don't realize that they live with an enormous amount of uranium already."

— Naomi Harley  
*radiation physics expert*

And despite the many symptoms some people want to blame on exposure to depleted uranium, cancer is the only illness known to be caused by radiation. And even then, Harley says, the ore — uranium — is not the culprit.

Harley says she's heard people project that the use of depleted uranium will cause tens of thousands of new cancers in Gulf War veterans and Iraqi citizens, but she says such projections frighten veterans unnecessarily because there is no scientific support for such claims.

"There is no way you can get enough uranium into the body to cause even one cancer," she says. "You can't inhale it, you can't ingest it. You would choke to death before you could inhale that much material."

Though the causes of some Gulf War illnesses are still unknown, there is no scientific evidence to date that depleted uranium is one of them. Much of that scientific evidence can be found on GufLINK.

### DU LINKS:

Depleted Uranium Information Page  
[http://www.gulfink.osd.mil/du\\_index.htm](http://www.gulfink.osd.mil/du_index.htm)

Follow-up DU Environmental Exposure Report  
[http://www.gulfink.osd.mil/du\\_ii/](http://www.gulfink.osd.mil/du_ii/)

DU Fact Sheet  
[http://www.gulfink.osd.mil/du/du\\_factsheet\\_4aug98.html](http://www.gulfink.osd.mil/du/du_factsheet_4aug98.html)

DU Health Risk Assessment Consultation  
[http://www.gulfink.osd.mil/chppm\\_du\\_rpt\\_index.html](http://www.gulfink.osd.mil/chppm_du_rpt_index.html)



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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