Army docs asked to probe local Gulf vets' illness
M.A.J. MCKENNA
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The U.S. Army reserve command for New England will ask a team of top Army medical personnel to investigate mysterious illnesses affecting at least 100 local veterans of the Persian Gulf war.

"Roughly 100" Desert Storm veterans have complained of perplexing symptoms including fatigue, sleeplessness, persistent coughs, aching bones and hair loss, and are being evaluated by the medical staff of the Massachusetts-based 94th Army Reserve Command, according to spokesman Jeffrey Keane.

"They're trying to nail down who has what symptoms and what they are, trying to get a database of information," he said Friday. "They'll evaluate them at this level and then ask the team from Walter Reed Medical Institute to investigate."

The count of those sick may extend far beyond the 100 locally based reservists. Checks last week also uncovered illnesses in New England natives who are members of the regular services at bases elsewhere in the U.S.

The planned request for assistance confirms that the baffling illnesses afflicting Gulf veterans have affected a broad range of New England troops as well - as first reported three weeks ago in the Boston Sunday Herald.

It comes just days after the Pentagon agreed - after months of inaction - to take the illness reports seriously. The Army surgeon general announced Wednesday that a scientific meeting to be held this Thursday will examine the possible effects on veterans of exposure to toxic fumes and chemicals. Previously, the Army had blamed the illnesses on stress.

Among those handed that diagnosis was New Hampshire reservist Frank Landry, 29, who went to the Gulf in December 1990 with the 803rd Medical Group.

Landry, who says he suffers from a chronic cough and breathing problems so severe he is unable to run his independent market-research company, was ruled fit for duty by a military appeals board.

(In an apparent reversal of that decision, Landry was placed back on active service and flown to Walter Reed for evaluation last Thursday.)

"My lungs are very, very bad," he said. "I'm permanently disabled. I was president of my own company, and now it's like I've been retired. I just sit here day after day. I was real active before I went to the Gulf, and now I can't do anything."

Landry believes his problems were caused by a reaction to an anthrax vaccine given him in case he was exposed to biological warfare, coupled with exposure to the thick smoke and fuel fumes that blanketed the Gulf.

Toxins from oil wells set alight by the retreating Iraqi forces, fuel used in tent heaters and diesel oil sprayed around encampments to keep down dust are the most frequently mentioned sources of veterans' problems. Last week, civilian researchers blamed "petrochemical poisoning" for severe symptoms reported by soldiers in several states.

The New England veterans who report problems say that, no matter their location, they were breathing smoke and fumes all the time.

"The smoke was horrible; some days at high noon it would be like a full-moon night," said Bill Sengel, a Merchant Marine captain from Limerick, Maine who began transporting materiel to the Gulf in August 1990.

The smoke penetrated even his ship's living quarters, said Sengel, who also is suspicious of fumes rising off the freshly painted tanks and Humvees in his hold.

Since returning to the States, Sengel has had endocrine and pulmonary problems.

A cyst "the size of a quarter" has been removed from his mouth; he is continually fatigued, plagued by mouth and gum problems, and has more than $3,000 in medical bills because, "My teeth are all falling out."

His friend Delmar Webster, a first engineering officer, had his salivary glands removed during several emergency surgeries; has been hospitalized for unexplainable severe aches along his bones; and is, by his own account, fatigued, insomniac, and deeply anxious.

His medical bills have topped $30,000. As members of a civilian service, neither he nor Stengel is covered by the Veterans' Administration.

Anxiety over medical bills is a constant among affected veterans. Steve Robertson, a lobbyist for the American Legion in Washington, D.C., and a Desert Storm reservist with health problems, said last week that reservists have the most trouble using the V.A. system.

"The criteria are that the VA must help you if you were disabled in connection with your service or if you are economically indigent," he said. "The catch is proving it was service-connected. And for a reservist it's more complicated, because the VA only has an obligation to see you when you are an active-duty soldier."

(However, asked about eligibility, Susan MacKenzie, assistant chief of the medical administration service at the V.A. Medical Center in Jamaica Plain, said any regular or reserve service member who was called to active duty is eligible for care there.)

In the past several weeks, the veterans' grapevine has hummed with stories of Gulf vets who have multiple disabling illnesses and huge medical bills - such as Gary Zuspann of Texas, one of the first to go public, and Chuck Weatherman of North Carolina, awarded a Purple Heart after being hit with Iraqi shrapnel. Since his medical discharge in February, Weatherman has been to the emergency room four times for chest cramps, fatigue and shortness of breath; physical problems have caused him to lose two jobs.

"I can't get him on medical insurance; I'm paying the bills," said his father, James Weatherman, in a phone interview. "They said just this week that he's eligible for the VA, but it's been a long time in coming. They've been saying his problems are not service-connected."

Stories like that make local vets and their families very nervous.

Steven Powers of Revere, 29, went to the Gulf with the 94th Military Police and returned with some damage to his formerly excellent hearing - plus fatigue, shortness of breath, a rash, and a cough that his wife Joanne says "has him living on Vick's lozenges."

"I feel like I have to go to my own doctor, because every time I go to the V.A. they make me pay for it," Steve Powers said. "I can't prove it was service-connected. They're useless to me."

The same symptoms have affected Peter Azer of Hull, 51, who went to the Gulf with the 1058th Transportation Company of the Massachusetts National Guard and now works with his sons as a produce distributor.

He acknowledges severe wrist and leg pain, a cough, fatigue and digestive disturbances. His wife Hindaworries that his memory and good spirits have also been affected

"He's always tired, where before he couldn't sit still, he pushed me to do things," she said. "The physical things you can deal with - but how do you explain to a doctor a difference in who the person is?"

War not over for E. Boston man
M.A.J. McKENNA
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For some New England veterans, the persistent illnesses apparently caused by their Persian Gulf service have been merely troubling; for others, disabling.

For Philip Abbatessa of East Boston and his family, they've been terrifying.

Abbatessa left for Saudi Arabia in August 1990, midway through a three-year commitment with the U.S. Army's 101st Airborne Division.

Part of the force that swept around Kuwait to punch into Iraq, he was thoroughly exposed to the region's talc-like sand and its parasites, to the fog-thick smoke of the oil fires and to the pills and shots given to troops to protect against biological and chemical attacks.

The first problem, an unexplained skin rash, started in the desert. Then came others.

"As soon as he came back, he had what we thought was asthma - he couldn't breathe, he had a terrible time," said his mother, Phyllis Abbatessa Dwyer.

Quickly added to that was disabling dysentery that over-the-counter drugs didn't help.

"He lived in the bathroom," said Paula Abbatessa, who married Philip in December 1991. They set up house in Clarksville, Tenn., near his post at Fort Campbell, Ky.

"Then he started getting real sick. He couldn't eat anything. Finally one night, he was bleeding and bleeding. We took him to the emergency room and they admitted him."

After an overnight stay, Abbatessa was shipped to the medical center at Wright-Patterson Air Force Base outside Dayton, Ohio. He was hospitalized there for three weeks in April.

"They kept doing tests and saying I had infections," Philip said. "They took chunks of tissue out of me. They kept taking pictures of my skin; I had to sign a release for them to put it in a medical journal."

According to the Abbatessas, they were given three possible diagnoses. First, hemorrhoids. Then, Crohn's disease, a severe bowel inflammation. Then: colon cancer.

And finally - although Philip says there was and is no change in his symptoms - perfect health. He was discharged from the hospital and sent back to base.

Philip charges that supervisors at his post harassed him, urging him to live by the Army code of "Suck it up and keep on going."

(Base personnel could not be reached for comment on his story. Last week, however, the Army surgeon general's office said it would set aside its earlier ruling that soldiers' ills were due to psychological causes and would convene a panel on toxic and chemical effects.)

This week, Philip and Paula return to Tennessee to pack up and move. Phil's tour of duty is over and he has no desire to re-enlist.

Although the rash and dysentery persist and he says he can no longer run or lift weights, Philip Abbatessa is not receiving a medical discharge.

Gulf war mystery illness hits Hanscom unit hard
M.A.J. MCKENNA
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At least half the members of a special Desert Storm unit shipped to the Persian Gulf through Hanscom Air Force Base have come down with the mysterious symptoms that are plaguing Gulf war veterans.

The members of the 3245th Security Police are the first veterans to report a high rate of sickness within one New England unit.

Their symptoms - breathing difficulties, digestive problems, unexplained rashes, mouth and rectal bleeding, joint pain and severe fatigue - are the same as those reported by hundreds of Gulf veterans across the country since the problems surfaced in an Indiana Army supply unit last spring.

This Wednesday, the U.S. Department of Defense will make its first official response to the rapidly mounting reports of unexplained illnesses.

Representatives of the department, the Veterans' Administration, the federal Centers for Disease Control and other agencies will testify in Washington, D.C., before the House of Representatives' Committee on Veterans Affairs.

"We want to hear what the federal government is doing to address veterans' complaints and gather information on the range of their problems," said a spokeswoman for the committee.

The hearings are being eagerly awaited by the members of the 3245th, an Air Force unit which acts as airbase law enforcement in peacetime but in wartime performs classified duties related to airbase defense.

"We want to know what happened and I think we deserve the answers," said Chris Dauer, apparently the unit's sickest member. "If they know, they should tell us."

Out of the 12 unit members who went to the Persian Gulf, eight have left the Air Force. Five of those eight are sick and are willing to be publicly identified. But the true number of those afflicted appears to be higher: At least two other former unit members have told their buddies that they have similar symptoms. Members of the unit who remain in the Air Force declined to be interviewed.

The worst afflicted is Dauer, a 23-year-old Boxboro resident. Since returning from the Gulf in March 1991, he has undergone brain surgery to remove a pituitary tumor; had spells of breathing difficulties two to three times a week, some severe enough to require emergency medical help; and suffered gastric difficulties and sharp abdominal pains. He also has unexplained growths on his hands, a hard, milky rash that appears and disappears, and near-chronic fatigue.

Dauer's physicians are divided on the cause of the tumor. But Dr. Victor Gordon of the VA Hospital in Manchester, N.H., who examined Dauer in August and found his lung capacity diminished 20 percent, has little doubt about the other symptoms.

"I have seen so many young people who were very healthy before they went to the Persian Gulf region and who came home very sick," said Gordon, who has examined reservists and regular military members referred from doctors nationwide.

"There is no doubt in my mind that there is a link between their symptoms and some exposure in the Persian Gulf. The coincidence is too striking."

The link has also occurred to Dauer, who now works in security for MIT and whose wife, Sherri, is about to have their first child.

"I have the same symptoms as people in Indiana and people from Boston who were posted at other bases," he said. "It's too much of a coincidence for me."

The same apparent coincidence has affected Dauer's former bunkmate, Robb Barton, who now lives in Orlando, Fla. Since returning to the United States in March 1991, he

has suffered joint pain in both knees; persistent coughs and colds; and rectal bleeding. Approximately every two weeks, he vomits blood.

In what's becoming a familiar pattern to sick veterans, Dauer and Barton and their unit-mates were found by military doctors to have only minor complaints - even though, in some cases, Veterans Administration doctors have subsequently found them to be seriously affected.

According to Dauer, his tumor was originally diagnosed as sinusitis. Barton sought help at a Florida military hospital and was dissatisfied with the results.

"I went to a doctor at the Navy hospital here and he told me I must have swallowed a chicken bone," Barton said in a phone interview. "Another one told me it was the heat - but I've lived in Florida all my life."

Other former members of the 3245th report one or more of the same symptoms as Barton and Dauer, though no one else is as sick. Jim Fisherauer Jr. of Schenectady, N.Y., went to the Gulf twice. In mid-1991, while home on leave, he began coughing up blood. Today, five months after returning from his second tour, he frequently tastes blood in his mouth, his feet and ankles ache too much for him to run, and he is tired all the time.

Tim O'Connor of Connecticut, 29, has pains in his hands and feet. And Cliff Renshaw, 30, who now coaches high-school football, used to be an avid athlete - but he can't lift the weights he once did, is too tired for the Stairmaster and has to stop to walk in the middle of a mile-long run. He has had joint pain and headaches, spots where facial hair refuses to grow and a persistent rash on his legs.

"My wife is still in the military, so to see a civilian doctor I have to get a referral from the military guys," Renshaw said. "I keep asking. I've been back three times."

In addition to their own problems, the former unit-mates worry about their buddies still in the Air Force.

"I wish people would come forward, but they're afraid they'll lose their jobs," Dauer said.

Combat-related illness still a mystery
M.A.J. McKENNA
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In the year since the first reports surfaced of mysterious symptoms suffered by veterans of Operation Desert Storm, little has changed - except the number of service members reportedly affected.

One week ago, the American Legion held a press conference in Texas to charge the Department of Veterans Affairs with being insufficiently responsive to sick veterans' problems. The Legion used the opportunity to release its latest estimate of how many

sick veterans there are: 21,000, or more than 4 percent of the entire force deployed for Desert Storm.

Official government estimates have never topped 1,000.

Simultaneously, the American Academy of Environmental Medicine, a group of 550 U.S. and Canadian physicians, announced a nationwide study of sick veterans.

The group said it hopes to conduct in-depth testing on 100 sick Gulf vets, 100 healthy Gulf veterans, and 100 healthy veterans who stayed stateside during the war.

The doctors' group believes the unexplained illnesses may arise from service members' exposure to manufactured toxins from oil-well fire smoke to pesticides.

Some of its members have interpreted the symptoms as an epidemic-sized outbreak of multiple chemical sensitivity - a controversial diagnosis that is essentially a broad-spectrum allergy to environmental toxins.

A second camp believes the Gulf syndrome can be traced to a rare parasitic disease called leishmaniasis, transmitted by the bite of a sand flea.

Fear of leishmaniasis caused the Red Cross to ban blood donation by Desert Storm combatants once they returned to the United States - even though fewer than 30 service members nationwide have been proved to have the disease in Army tests.

Leishmaniasis was originally believed to be an easily treatable skin disease with minor consequences. But in late 1991, the Pentagon said it had discovered some troops were infected with a more persistent systemic form - one that could lie dormant for years before triggering high fevers, extreme fatigue and diarrhea, particularly in people whose immune systems had already been damaged.

In late 1992, Pentagon medical personnel said up to 1,000 troops could be infected with the more serious form of the disease; that the best available tests could miss up to one-third of those cases; and - in an especially troublesome development for spouses of service members - that the disease had been found in rare cases to be transmitted by sexual contact.

Gulf-war illness spreads to vets' wives &babies
M.A.J. MCKENNA
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The mysterious illness that has struck down veterans of the Persian Gulf war is claiming a new set of victims: Servicemen's wives say they and their infant children now show the same shocking symptoms.

In a pattern that mimics the initial news of service members' illnesses a year ago, clusters of veterans wives - in North Carolina, Alabama, Texas and other states - report they suffer the same disabling skin rashes, joint pains and chronic fatigue that affect their husbands.

Disturbingly, they believe illnesses and birth defects - possibly even several deaths - of infants conceived and born since the Gulf war are linked to the baffling syndrome as well.

"We have instances of women with serious female problems, other women who have had numerous miscarriages, children who appear to be normal but have chronic colds, respiratory problems, allergies and diarrhea," said Dorothy Brooks, who heads the North Carolina-based Military Families Support Network, created to gather information for sick Gulf vets.

"We have soldiers call thinking it's just themselves who are sick, until we begin to ask about their wives. Of the 1,000 soldiers in our database, I would say 75 percent have wives with problems."Veterans' spouses in Massachusetts are possibly experiencing the same symptoms, according to a VA outreach worker - but because spouses largely use private doctors, the problems would not be recognized.

Reports of unexplained illnesses among veterans of the Gulf war began surfacing last spring, first among a single group of reservists in Indiana, then throughout the country - including in units in Massachusetts, uncovered by the Boston Herald.

The disabling symptoms - which ranged from sores and rashes to lung and heart ailments, gastrointestinal problems, hair loss and unexplained bleeding - were initially blamed on stress by the military.

Veterans' groups and private doctors, however, contended the problems arose from war-related contaminants: smoke, crude-oil fumes, pesticides, vaccines administered by the military, parasitic diseases unique to the Gulf, and even radiation from the depleted uranium used in munitions.

Last November, a law sponsored by U.S. Rep. Joseph P. Kennedy II (D-Brighton) compelled the U.S. Department of Veteran's Affairs to create a nationwide VA registry to track the illness reports.

On Friday, Kennedy said: "The reports of ailments afflicting not only veterans of the Persian Gulf but their families and their children are deeply troubling.

"It is now time that the VA and the entire federal government focus its heartfelt attention on getting to the bottom of this problem, and helping these men and women who answered the call of our country, and their children, to become well."

Pentagon officials could not be reached for comment.

The reports of new illnesses come on the heels of an announcement by the American Legion that the number of sick Gulf veterans is more than 20 times the Pentagon's estimate - up to 21,000.

Steve Robertson, the Legion's deputy director of legislation and a sick Gulf veteran himself, said the organization has been notified of reported problems among veterans' newborn and wives who never left the United States.

"We've been told there are folks whose kids were born with birth defects, and we were told of an 11-month-old baby that died," he said.

The reports of illness have appeared in the informal support networks, mostly in the South and West, which link families dissatisfied with the Pentagon's response to veterans' problems.

Last week, the Desert Storm Veterans' Coalition - a Texas-based network linking more than 9,800 families - began a registry of birth defects and miscarriages.

"We were starting to get a number of phone calls from wives who were having trouble with miscarriages or were having infections," said Betty Zuspann, who founded the network out of frustration with her reservist husband Gary's severe post-Gulf illness. "We felt like this was something we should start watching."

Zuspann said she has been notified of four unexplained deaths, four cases of similar birth defects, and 40 cases of failure to thrive among infants born to Desert Storm veterans.

Acknowledging that those are small numbers, she said: "Since we started the network talking about this, we've been getting letters and phone calls every day about it.

"One thing we're concerned about is whether wives and kids could be affected by things the soldiers brought back with them. Wives washing duffel bags and uniforms, kids putting on daddy's boots and jacket - these are things we need answers on."

Terry Small, a member of the Military Family Support Network in Tennessee, said she and six other women have identical symptoms of recurrent yeast-like infections and rashes of small sores on their hands and heads.

And Pat Trucks, the wife of a Navy SeaBee in Springville, Alabama, said she and the wives of other men in the same construction battalion have the same persistent joint pain and swelling and rashes that appear and disappear.

No such symptoms have been reported among service members' spouses in Massachusetts, although approximately 100 veterans have sought help for varied symptoms, according to Shirley Jackson, VA family support services coordinator for Massachusetts.

But similar problems - including persistent reproductive difficulties - are occurring in female Massachusetts reservists who went to the Gulf, she said. And she worries that those symptoms, and any potentially being experienced by service wives, will be missed when they are seen by private doctors.

"Many of these women and many of the men as well have their own private insurance because they're working," Jackson said. "If they're seen by doctors in the community, there's no way for us to know what's happening overall. They're not being picked up by the system."

Most Gulf veterans, Jackson said, are unaware that the November law provided funding for physicals, to help establish the VA database.

"People aren't coming forward - if they have a problem, I'm finding they take care of it themselves or ignore it," she said. " But we need to know what's going on, so if there are

any patterns we can pick them up. There could be a lot of people having this, and if we don't know, nothing will be identified."

Nick Tate contributed to this report.

Gulf War disease spreads overseas
M.A.J. McKENNA
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The mysterious Desert Storm Syndrome that has affected thousands of Persian Gulf veterans in the United States is reaching across the globe to afflict U.S. allies.

It may also threaten some current U.S. troops: Experts in tropical medicine say parasites blamed for forms of Gulf War disease are widespread in Somalia as well.

More than 3,000 British veterans and family members have contacted a Gulf war charity in the United Kingdom, seeking help for unexplained bleeding, skin disorders, swollen lymph nodes, respiratory and digestive problems and deep fatigue - the same set of symptoms suffered by U.S. Gulf veterans.

In an unsettling parallel to U.S. cases uncovered by the Boston Sunday Herald, some of the British problems appear to have spread to veterans' wives and children as well.

And reports of similar illnesses - reactions to chemicals and to petrochemical fumes, as well as some incidence of tropical diseases - are filtering back from Operation Restore Hope.

"We have heard anecdotal and incidental evidence that troops stationed in Somalia have some of the same symptoms as Desert Storm troops," said U.S. Rep. Joseph P. Kennedy II (D-Brighton), who has repeatedly pressed in Congress for investigation of Desert Storm syndrome.

One of the main suspects in the Gulf war illness - which may in fact have multiple causes ranging from parasites to radioactive dust from armaments - has been leishmaniasis, a potentially fatal viral illness transmitted by sand fleas, which is extremely hard to diagnose.

According to materials supplied by the Harvard School of Public Health, visceral leishmaniasis is endemic in parts of Somalia. Also present, according to Dr. Thomas Navin, parasitic diseases expert at the Centers for Disease Control: schistosomiasis, giardiasis, amebiasis, and a drug-resistant strain of malaria.

"Intestinal parasites are a big concern in any developing country," he said.

Said Kennedy: "These problems and the ones from Desert Storm indicate that we have to be much more sensitive to what men and women will face in the deployments of modern

warfare. If we're talking about things that make thousands of people sick, then we ought to have the basic smarts and sensitivity to analyze all the different exposures and make reasonable judgments about cause and effect."

Kennedy is poised to ask the British government for information on cases of Gulf war disease. Thousands of people who served in Desert Storm may be sick in England alone - but information about their cases has been slow to emerge.

The drive to help sick British Gulf veterans is being led by Wendy Morris, who set up the Trauma After Care Trust (TACT) charity in mid-1991 to help Gulf veterans.

Greater governmental controls on what military personnel may say, coupled with the lack of an explicit First Amendment, have made service members too scared to speak, she said.

"Any of them could be prosecuted under what's called the Official Secrets Act," she said in a phone interview from her home outside the western English town of Cheltenham.

"I think a lot of the men are so angry now that they wouldn't care. But they are afraid to report that they are sick, because they'll be what's called `medically downgraded,' which affects promotions and pensions," Morris explained. "If you're downgraded enough, you can be discharged on medical grounds - and with this recession, there are no jobs for ex-servicemen now."

Despite those fears, some British military personnel are beginning to discuss their baffling illnesses.

"I am still under the Official Secrets Act, so I have to be a little bit cautious," said a British reservist, speaking for himself and a sick friend who refused to be quoted. Both asked that their names and hometown be withheld to shield them from authorities. "Regulars in the army have been told not to talk to anyone about this."

Both servicemen recount experiences similar to those U.S. troops have blamed for their illnesses.

The first reservist, who served in a well-populated area during the air and ground war, said his unit was frequently bathed in smoke from the burning oil wells and was plagued by the omnipresent desert insects. His friend, who served further into the country, was deeper inside the burning oil-well clouds.

Both also express suspicion of the multiple vaccinations they were given before deploying - some of which, they were told, had never been tested for human use.

"I recall 27 shots in the space of a month," the reservist said. "I believe the shots for meningitis, anthrax and plague were experimental - how experimental, I don't know." Some U.S. soldiers have complained of severe reactions to their anthrax shot.

Since their return, the first reservist has suffered night sweats, persistent chest infections that seem resistant to antibiotics and spots of rash and flaking skin that return despite treatment. The second suffers persistent skin ulcers and has been diagnosed with a systemic bacterial infection, he said.

Those are the same symptoms reported by her callers, Morris said.

"At first we heard about respiratory problems - bronchitis, asthma, emphysema - skin disorders, headaches, hair loss, weight loss, lack of energy," she said. "Those could have been produced by stress. Then we got the ones we were more puzzled about: blackened gums, swollen lymph nodules, mouth and internal bleeding, diarrhea, facial paralysis."

Even more troubling, she said, are calls she has received recently indicating miscarriages and birth defects in Gulf veterans' families - calls that she says are too few to prove a trend. "It's still early days with us for these problems," she said. "The awareness isn't there."

Most frustrating to those seeking help, Morris said, has been the attitude of the British government. In the United States, uncovering Desert Storm syndrome has been led by veterans' organizations and family support groups. But U.K. veterans are afraid even to do much research, the reservist said:

"The more people I get in touch with, the more chance there is that someone will hear what I'm doing. Unless someone high-powered in this country takes this up, we won't get anywhere."

For some British veterans, the war is just beginning
M.A.J. McKENNA
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Despite fears of prosecution by the British government - which has more control than its American counterpart over public speaking by service members - these army personnel agreed to discuss their experiences with the mysterious Gulf war disease.

Anne Shelby, former army staff sergeant

Shelby, 42, began to see symptoms two months after her discharge in 1991. Formerly athletic, she began to gasp for air after walking short distances; her gums bled, her skin began to dry out and flake, and her hair fell out.

Then she began coughing up blood - a problem that began in the Gulf.

"A lot of us began suffering flu" on arrival, Shelby said. "People were queuing for antibiotics. About two or three weeks after I arrived, I began coughing up blood."

Shelby, who lives in the southern English county of Hampshire, doesn't know whether to blame environmental conditions - or her own side's actions. "The air was like a net curtain. When you drove, you had to keep stopping to wipe oil off the windscreen," she said.

But she and her colleagues were never warned about the use of weapons tipped with armor-piercing depleted uranium (blamed in one American theory for some varieties of Gulf syndrome) and were never given a chance to refuse experimental vaccine injections.

Shelby, who got no help from military authorities when she called to ask for help, is understandably bitter.

"I was quite prepared to be blown up by the Iraqis but the last thing you expect is to be harmed by your own side," she said. "Once the fighting stopped and we were flown home I thought my war was over. In fact, it was just beginning."

Brian Marshall former army driver

It took a full year after his release from the army before Marshall, 22, realized how sick he was. Then the West Yorkshire resident began to add up all the symptoms: He was constantly tired; he had lost 30 pounds; he had begun to see blood in his urine.

"I used to be healthy," he said. "I went into the army in A-1 condition, but I don't think they'd take me back now."

Marshall, who like Shelby has gotten no help from British military authorities, first thought his problems came from bites by the ever-present Saudi insects. Now that sick soldiers have begun to compare notes, he wonders about the Gulf's unhealthy environment.

"We were never far behind the front-line troops," he said. "The smell of battle was always there, with the stench of blazing oil wells.

"We did just as we were told," he said. "Now I fear it has cost me my health."

Ron Smith, former army driver

Some sick American soldiers have focused their suspicions on experimental vaccines they were given before deploying. That's the first explanation that occurred to Smith, also 22, who was an army driver and now operates a Haymarket-like pushcart.

He believes he was given an anti-anthrax shot that had never been tested on humans. He also wonders about the fumes he breathed as he moved through bombed-out areas. "Every location we went through was still smoldering," he said.

"I've never been right since my return" in October 1991, he added. "Someone could push me over with a feather - that's how weak I feel."

Smith suffers from constant headaches and bleeding gums. One eye twitches constantly, and he has episodes of memory loss.

"My breathing has never been right since I came back," he said. "I cannot gargle, and I get a noise in my ears. I am still very shaky."

Gulf illness claims rise More vets report mystery ailments
M.A.J. McKENNA
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The number of Desert Storm veterans who believe their Persian Gulf service made them sick has risen by more than 50 percent, according to figures from the U.S. Department of Veterans Affairs.

According to a new report obtained by the Sunday Herald, the VA has processed claims from 6,125 service members who believe their health has been harmed by toxic agents present in the Gulf: parasites, toxic chemicals and pesticides, spilled fuel and burning oil wells, and low-level radiation from weapons.

That is a 54 percent increase from the 3,970 claims processed by the VA as of March 31. The new count takes the VA's new Persian Gulf Registry up through May 31, and, "We figure there are probably thousands more in the pipeline," said VA spokesman Terry Jemison.

The rapid increase - of approximately 1,000 service members per month - is probably due to gearing up of the Gulf war registry, created by Congress last November, he said.

For more than a year, Persian Gulf veterans have reported mysterious and disabling symptoms ranging from fatigue, unexplained rashes and hemorrhages to breathing and digestive problems and apparent immune-system disorders. Many have been unable to work and believe they have suffered severe financial and emotional harm.

More than 300 sick service members in the newest count were reported at VA centers in New England: 51 in Massachusetts, 61 in Manchester, N.H., 26 in Providence, R.I., 65 in Maine and 99 in Vermont.

American Legion lobbyist Steve Robertson in Washington, D.C. - who is one of the chief spokesmen for sick Persian Gulf veterans and suffers from the baffling disease himself - said the spurt in the numbers shows much higher estimates of sick veterans put out by support groups may be true.

"People can rationalize this for a while - they say they're getting older," he said. "But this is a clear indication that people know they need to do something."

Two members of Congress who have been backing the cause of sick veterans said the new numbers demand further investigation.

"These numbers give further evidence of the real health problems that Persian Gulf veterans are suffering," said Rep. Lane Evans, D-Illinois, who co-sponsored a bill that would give VA care on a priority basis to Persian Gulf vets. "We have to look beyond the numbers, and treat these problems, and recognize the illnesses that are plaguing vets."

Rep. Joseph P. Kennedy II, D-Brighton, who has held Washington, D.C., and Boston hearings featuring sick veterans and has introduced bills mandating research into the problem, said:

"Reports by the VA that over 6,000 veterans are reporting illnesses shows that the health problem is far more significant than the VA has acknowledged."

Recognizing the new registry's role in finding sick veterans, Kennedy added, "I am encouraged that more and more vets feel they can come forward and seek treatment without fearing that their conditions won't be taken seriously."

Rep's voice of experience speaks out on Capitol Hill
M.A.J. McKENNA
626 words
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I struggling for recognition of their mysterious afflictions, Gulf war veterans have found an unexpected ally - and comrade.

Five congressmen have pressed the vets' cause: Joseph P. Kennedy II (D-Brighton); fellow Democrats Lane Evans and Luis Gutierrez of Illinois and Bob Clement of Tennessee; and freshman Republican Stephen Buyer of Indiana.

But when 24 witnesses filed into a House Armed Services subcommittee hearing last month to describe their experiences, they found one of their advocates had joined them at the witness table.

Steve Buyer - a 34-year-old country lawyer and 13-year U.S. Army reservist - announced to his stunned colleagues that he is among the thousands of Gulf veterans suffering from the perplexing disease.

"I could not in good conscience have sat through the hearing and just nodded and just listened to testimony," Buyer said last week in an interview at his Washington office. "It was not an easy decision to come forward. But the ultimate responsibility of my position impelled me to."

Gulf veterans could hardly have asked for a better poster boy. A moderate who ousted a three-term Democratic incumbent on a theme of "recycling government," Buyer (pronounced Boo-yer) couldn't be characterized as a malingerer - or worse, a liberal - in the darkest bureaucratic imaginings.

The decorated Gulf veteran - he interrogated prisoners of war in a smoke-shrouded camp 15 miles from the Iraqi border - graduated from The Citadel, worked as an assistant district attorney and deputy state attorney general, and had opened a family law practice in rural Monticello, Ind., when he was called up in 1990.

Public enthusiasm for several post-Gulf speeches prompted his run for office. The campaign prominently featured his pretty computer-analyst wife and two attractive children, and was run largely on the family's own savings - a fact widely publicized when Money magazine ran a fortunate "One Family's Finances" feature during the campaign.

One fact not revealed by the exhaustive coverage: A month after he returned from the Gulf, Buyer found he was too short of breath to jog. That was followed by pneumonia,

bronchitis, spastic colon, kidney infection and prostatitis - and by the discovery that the formerly hardy athlete was now allergic to almost everything green.

His wife urged him to participate in an Army study of sick Indiana veterans - a study that marked both the first notice given to sick vets and the first dismissal of their problems as stress.

"I was really worried the Army would give them a catch-all diagnosis, and they did. And that bothered me," Buyer said. "I knew what was wrong with me wasn't stress."

He also knew that public identification as a sick or stressed veteran wouldn't be good for his fledgling political career - an opinion he held until 1:30 a.m. the day of the hearing.

"I sat up late in the office reading the testimony for the next day," he recalled. "I was very bothered by the testimony of vets who have lots of problems, who are struggling with their finances as well as their physical problems, and who were being told it was all in their heads. False. I knew it wasn't."

Buyer announced his decision to speak out while walking to the hearing the next morning - stunning the press secretary walking by his side.

"I'm a private person struggling to live with a public life," he said. "But I understand what I am here.

"My health problem is no different than that of maybe 70,000 other Gulf war veterans. But just by virtue of my position I have a voice that has an opportunity to be heard."

Gulf war syndrome may be in blood supply Diseased donations?
M.A.J. McKENNA
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A parasitic disease that is infecting Persian Gulf soldiers - and has caused cases of the mysterious Desert Storm syndrome - may be spreading into the nation's blood supply, military and veterans' sources say.

The disease, called leishmaniasis, is treatable even in very late stages if detected, authorities say. But they also say the rate of infection among the 657,000 Gulf veterans is unknown - and that reliable tests for detecting infection and screening blood are at least a year away.

Veterans' groups advocating for sick Gulf War soldiers are raising the alarm.

They argue that donating blood is such a large part of military culture that local blood supplies - particularly in small towns near large bases - could risk transmitting the perplexing symptoms that make up Gulf disease.

"We think this is a very real problem," said Steve Robertson, director of legislative affairs for the American Legion and a Gulf veteran who has been sick since his return.

"I used to donate every other month, as religious as rain. But I haven't since I came back - because if I do have leishmaniasis, I don't want to spread it to everyone."

Asked about the Legion's contention the blood supply is at risk, Col. Charles N. Oster - chief of the infectious disease section at Walter Reed Army Medical Center in Washington, D.C. and an expert on leishmaniasis - said:

"There is a theoretical risk. But blood is not a safe product - we've learned that over the years with HIV and other blood-borne pathogens. We don't think this risk is of sufficient magnitude to jeopardize those folks who need blood to save their lives."

Blood bank authorities could not be reached for comment.

Leishmaniasis has emerged over the past year as one culprit for some of the disabling after-effects of the Gulf war.

Gulf veterans across the country have complained of symptoms ranging from fatigue, weight loss and hair loss to respiratory, digestive and immune-system problems.

Vets and a variety of experts - from the U.S. Veterans Administration to private researchers - have pinned the blame on causes from paints, pesticides and chemicals used in the Gulf, to allied and Iraqi munitions, to the thick smoke from oil-well fires and the insects and parasites native to the Gulf.

The last category is the current focus of concern. Leishmaniasis spreads from rodents to humans via sand flies. Once a person is bitten, the parasite - a single-celled animal - seeks out and occupies a particular kind of human cell called a macrophage.

If the cell stays in place, the body's response causes a skin ulcer to develop, producing a mild and well-recognized form of the disease. But if the cell rides deep into the body on the bloodstream, the parasite can multiply in several organs.

The initial response is low fever, abdominal pain and weight loss. The end result, if untreated, is distended internal organs, severe anemia, and a gradual wasting disease - a process which kills thousands each year in Africa and the Middle East.

Specialists familiar with the parasite say its attack on Gulf troops poses two problems:

Most U.S. doctors outside the military and the U.S. Centers for Disease Control have never seen a case - a particular concern because so many discharged vets use private doctors.

"Part of the problem with this disease is that because it is mild, it is difficult to diagnose," Oster said. "And the average general practitioner probably hasn't thought about leishmaniasis since medical school."

A suspected infection is hard to prove. There is no screening test. Diagnosis requires a bone marrow or liver biopsy - sometimes with the addition of growing the parasite in a lab - and is more successful when the infection is advanced.

"We have no idea how many people now have leishmaniasis," Oster said. "Right now, we cannot tell you you don't have it. We can tell some poeple they do have it, because we can see it or culture it.

"But there are a bunch of people whom we think might be infected, but we can't tell for sure, because we don't have a good sensitive test."

Authorities were so concerned about leishmaniasis immediately after the Gulf War that they suspended all blood donations by Gulf veterans - a ban that lasted 15 months, until last January, and put severe strain on some blood banks.

The ban was lifted because only 30 cases of leishmaniasis were diagnosed by the military during the 15 months, sources said. (According to Oster, one has been diagnosed since.)

But documents obtained by the Sunday Herald show that, even while the ban was lifted, the military was aware some possibility existed of transmitting leishmaniasis through donated blood.

It was discussed in October 1992 by the Armed Forces Epidemiological Board, which agreed to lift the ban after learning there were only four cases on record of transmission by donated blood.

But veterans' advocates - who believe, without being able to show proof, that many undiagnosed cases exist in Desert Storm vets - say they are worried by a new finding on the disease.

In May, a team of researchers from Walter Reed reported in the New England Journal of Medicine that leishmaniasis in a healthy individual could remain below detectable levels for 10 or more years, only to resurge when the person became ill (such as with AIDS) or received drugs that damage the immune system.

"Visceral leishmaniasis (may) need to be included in the differential diagnoses of illness in veterans of Operation Desert Storm for years to come," wrote the researchers.

The article did not address whether blood drawn from someone without obvious symptoms of leishmaniasis would carry any risk of transmitting the disease. Veterans' advocates, more alarmed than the military doctors, say the concern must be addressed.

"I'm very concerned that we may in 10-15 years from now start having people popping up with this military illness," Robertson said.

Military authorities say that concern is overblown - as is the importance the disease has assumed among sick soldiers whose families are desperate for an explanation.

"We will have a better test for leishmaniasis in about a year, and we'll call folks back and test them once we have it," Oster said.

"But I think we'll find that many of these folks do not have leishmaniasis. That will be very difficult, because they will still be left with their symptoms. It's possible there are other diseases out there that we still haven't figured out."

Doctors team up to solve mystery malady Gulf disease diagnosis is slow to come
M.A.J. McKENNA and NICK TATE
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First, they diagnosed him with bronchitis. Then they said it was stress. Finally, the Veterans Administration doctors told Douglas MacNeil there was nothing wrong with him at all.

"They said they couldn't find anything, that it was all in my head," recalled MacNeil, an Army veteran who has suffered with unexplained ailments since he returned from a tour of duty in the Persian Gulf war. "But I knew that wasn't true."

Eventually, the Dover, N.H., resident found his way to Dr. Victor Gordan, a physician at the Manchester Department of Veterans Affairs Hospital,who assured him his symptoms were indeed real and not a result of psychological distress.

"He told me he wasn't sure what it was," MacNeil said, "but that it was something that originated over there."

Since that meeting in January, MacNeil has been examined by environmental-medicine practioners, including Dr. Claudia Miller in Houston, and other doctors around the country.

And while no official diagnosis has emerged, Gordan and Miller believe he is suffering from a controversial syndrome known as "multiple chemical sensitivity." Because the condition is not easily diagnosed, the VA does not formally recognize MCS as a bona fide war-related ailment for which veterans can receive benefits or full disability.

Consequently, MacNeil has not been able to receive treatment for his symptoms - including lung ailments, headaches, stomach problems, sore joints and numbness in his hands and feet.

Ivan Velez-Cay, an employee of the Northampton VA Hospital who also served a tour in the Gulf, has had experiences similar to those reported by MacNeil.

The Puerto Rican native is one of 12 Gulf veterans informally diagnosed by a second VA physician, Dr. Myra Shayevitz, with MCS stemming from his Desert Storm service.

For the 43-year-old sergeant, the chief symptoms have been weakness, memory loss, skin rashes, breathing problems, night sweats, joint pain, bleeding gums and sinus pain.

The 22-year Army veteran also has allergic-type reactions to a wide variety of chemicals in certain foods and

liquids, vehicle exhaust fumes and even his wife's perfume.

Velez-Cay said he wasn't exposed to much smoke from oil fires, but was in constant contact with diesel oil, fuels and pesticides that were used to control sand flies.

"I was a soldier for 22 years," he said. "I went to Vietnam, Panama. I have been all around the world. I had been in the Middle East before. And what I feel is completely different from anything I had felt before in my military career."

Velez-Cay's experiences do not differ markedly from those of Paul Perrone, a 28-year-old Methuen U.S. Air Force veteran. Soon after returning home, Perrone began suffering with fatigue, muscle weakness and twitching, asthma and memory loss.

Like Veleze-Cay, Perrone has trouble tolerating certain chemicals in foods, products and the air; he is less active than before his war service; and he is also under Shayevitz's care.

"I just don't know what causes any of this," he said. "All I know for sure is that before I went to southwest Asia I used to do everything I was supposed to do. I was a highly motivated, highly productive member of the armed forces.

"And now I'm not. I'm not highly motivated, I'm not highly productive and I'm certainly not healthy."

Docs battle VA over Desert Storm illness
NICK TATE and M.A.J. McKENNA
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LP

Breaking ranks with the U.S. Department of Veterans Affairs, two New England VA doctors have diagnosed 124 Desert Storm veterans with "multiple chemical sensitivity" and say they are convinced the controversial condition is responsible for the vexing Gulf war syndrome.

Drs. Victor Gordan and Myra Shayevitz have informally diagnosed the veterans with the syndrome - even though the VA does not recognize it as a bona fide war-related condition - and are urging changes in VA policies to allow veterans to seek help for it.

In separate interviews, the two physicians faulted existing VA policies for failing to explicitly acknowledge MCS, which environmental-medicine specialists believe is caused by exposure to chemicals that damage the brain and immune-system functions.

Although VA officials have said it is possible veteran ailments are symptoms of MCS, from exposure to oil fires and other toxic agents in the Gulf area, the VA does not accept it as a condition for which vets can seek benefits - in part because the American Medical Association doesn't formally recognize the syndrome.

As a result, the doctors said, thousands of veterans are not receiving care, disability or reimbursement for private medical care because they can't prove their ailments are war-related.

"I can't list `MCS' on my own (case) records because there is no formal scientific confirmation of this," said Gordan, an internal-medicine practitioner and pulmonary specialist at the Manchester, N.H., VA Hospital. "But I'm convinced it is MCS."

The disclosures come as Congress prepares to take up a bill, co-sponsored by U.S. Rep. Joseph P. Kennedy II (D-Mass.), that authorizes the VA to extend "presumptive care" to Gulf war veterans with undiagnosed symptoms that may have been caused by toxic agents.

The bill, slated for House debate tomorrow, would remove procedural barriers to VA care that currently require veteran ailments to be deemed war-related before treatment.

Gordan, a conventionally trained physician and a VA doctor since the late 1970s, said he has identified at least 112 vets with MCS since November 1991. Most of those vets are from New Hampshire and Massachusetts, but some are from Maine, Texas, Arizona, Illinois, South Carolina, Tennesee and other states.

"This is the new kid on the block, a new thing, and it will probably be controversial for a while," Gordan said. "Until the VA changes and recognizes multiple chemical sensitivity as a codifiable syndrome, veterans won't get benefits or care."

Shayevitz, a lung specialist and internal medicine physician at the Northampton VA hospital, echoed Gordan's concerns.

"The veterans who are not well, their symptoms are strikingly similar..." she noted. "As best I can tell, at this time, they have multiple chemical sensitivity syndrome."

Shayevitz said at least 12 veterans she has examined have exhibited symptoms of MCS: fatigue, respiratory ailments, skin rashes, diarrhea, weight changes, aching joints, sore gums and neurological disorders like short-term memory loss.

Many display allergic-like reactions to a wide range of agents - including vehicle exhaust, petroleum, cleaning solvents and consumer products - also consistent with MCS, she said.

In addition, both doctors said the ailing vets they examined were all in excellent health before the 1991 war and faced similar exposures to toxic agents in Kuwait. Among them: smoke and oil mist from burning wells, pesticides, fumes from spilled fuel, contaminated water, tainted vaccines, and exhaust from unvented diesel- and jet fuel-fired tent stoves and heaters.

Gordan said a few veterans he has examined were also exposed to toxic and mildly radioactive uranium oxide dust from exploded depleted uranium-tipped shells used in the Gulf.

But none of the veterans tested positive for leishmaniasis, a parasitic disease transmitted by desert insects that the VA has said accounts for dozens of unexplained ailments.

Both VA physicians said the controversy over Gulf war syndrome mirrors the larger public-health debate about MCS.

Currently, the American Medical Association and mainstream medical groups do not accept MCS as a physical illness and contend it is a symptom of stress, anxiety or mental illness.

But the U.S. Environmental Protection Agency and National Academy of Sciences have argued MCS is a bona fide condition - striking 15 percent of the U.S. population - even though it is not easily diagnosed and can produce a wide variety of symptoms.

The American Academy of Environmental Medicine also contends the syndrome is real, as do researchers at Harvard University, the Massachusetts Institute of Technology and other facilities.

In recent years, environmental-medicine specialists have suggested the syndrome is not widely reported because most physicians are not trained to diagnose or treat its victims.

As a result, they say, conventional doctors scorn MCS sufferers in the same way victims of Lyme disease, sick-building syndrome and chronic-fatigue syndrome were initially dismissed.

In their remarks last week, Gordan and Shayevitz were careful to acknowledge that their own informal diagnoses of veterans with MCS were not "official," VA-sanctioned actions.

Shayevitz, who said she herself has suffered with MCS since 1989, also credited VA officials for attempting to track and treat the problems reported by veterans in recent months.

"I want to make it clear (that) this is my personal opinion of what the vets have," she said. "This is not the official opinion. The VA is trying very hard in my impression to do right by these vets..."

Concerns about unexplained veteran ailments have been rising since last fall, when Congress passed legislation authorizing the VA to create a Gulf war registry for veterans with service-related conditions. Modeled after the Agent Orange registry created for Vietnam-era veterans, the program has since signed up 15,000 veterans with service-related health problems.

The legislation also directed the VA and Pentagon to spend $500,000 a year through 2003 with the National Academy of Sciences for research on Gulf war syndrome and MCS. But VA spokesman Terry Jemison said the study has not yet begun.

Jemison added that the VA has not ruled out MCS in the veteran illnesses and is consulting with University of Texas immunologist and MCS specialists Dr. Claudia Miller. He also said the VA's 32 medical centers are attempting to treat all veteran symptoms, case by case, regardless of causes.

But Gordan and Shayevitz said the VA should modify its policies to allow doctors to diagnose MCS and help patients receive care for the cause of their ailments, not just symptoms.

Shayevitz has petitioned the VA to allow the Northampton hospital to set up an MCS inpatient/outpatient ward. A new bill filed by Kennedy would authorize the VA to establish such a center for diagnosis and care with a $1 million allocation.

Shayevitz said the facility's operations would be modeled after the techniques used by environmental-medicine specialists and the unit be staffed by a team of medical, psychiatric and nutritional specialists.

Typically, specialists treat MCS victims by purging chemicals from their bodies and teaching them how to limit their contaminant exposures through changes in lifestyle and diet.

Jemison said the VA is reviewing the proposal. "It hasn't been ruled in or out at this point," he said.

Gordan said creating such a ward would be a step in the right direction. But at the very least, he added, the VA should acknowledge MCS, provide a list of recommendations to veterans diagnosed with it and provide "presumptive care" - presuming they have the illness - to sick vets.

These actions would be in step with how the VA now handles Vietnam-era veterans with ailments that may be related to Agent Orange, the dioxin-laden defoliant used during that war.

Currently, the VA has a "presumptive care" policy for any Vietnam veteran with soft-tissue sarcoma, Hodgkin's disease, non-Hodgkin's lymphoma, chloracne, and a liver disorder called porphyria cutanea tarda - diseases associated with dioxin exposure and, therefore, presumed to be related to the war.

Gordan has also urged the VA to allow doctors to refer vets to outside environmental-medicine specialists who can help them and reimburse them for private medical expenses they incur.

"That would be progress from what we are doing now," he said. "Right now we are not doing anything for these guys."

Gulf vets' disease is no mystery to Northampton doc
M.A.J. McKENNA
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The message has gone out in meetings, by phone, over computer networks - wherever the baffled victims of Desert Storm Syndrome talk about the illness that has ruined their lives:

There's a doctor in Northampton who understands.

When they arrive at the Veterans' Affairs Medical Center, Persian Gulf War veterans find a doctor who knows their symptoms almost as well as they do, who can tell them exactly what will make them sicker, and who offers them their first chance of getting well.

That's because since 1989 - a year before the Gulf war began - physician Myra B. Shayevitz has suffered from the same bizarre symptoms now plaguing thousands of Gulf vets: Facial pain. Headaches. Rashes. Lack of concentration. Severe fatigue.

Dr. Shayevitz believes she and the veterans all suffer from multiple chemical sensitivity, a diagnosis so controversial that the medical profession has not formally recognized it. But it has been recognized by her hospital, and implicitly supported by the national Department of Veterans' Affairs, which is reviewing her proposal to create the first-ever treatment unit for the problem.

"I have gotten 100 percent enthusiastic support for this," she said. "This has been very important to me."

A pulmonary physician with degrees from Columbia and New York universities and two board certifications, Shayevitz was an unlikely candidate for a disease that some have dismissed as a form of hysteria.

(Those who accept MCS believe it is a kind of whole-body allergic reaction triggered by a combination of stress and exposure to high levels of certain chemicals such as cleansers and fuels.)

"In 1988 I had never heard of MCS," she said. "In 1989, I came down with a bewildering array of symptoms which completely incapacitated me. At the end of the day, I would be somewhere between being wired and feeling like I would keel over."

After a year of seeking help from various doctors, Shayevitz consulted an occupational specialist, who asked her to fill out a questionnaire.

"We're taught in medical school: If someone checks `yes' to everything, they're neurotic," she said. "I was afraid to check everything I had symptoms for, but there they were: funny bodily sensations, lack of concentration, feeling fatigued all the time, rashes, itchy skin, watery eyes, funny food cravings."

The specialist described MCS, a syndrome Shayevitz had never heard of, and sent her home for four months. She began the laborious process of figuring out the everyday chemicals that made her sick. It was a long list: Disinfectants, deodorants, strong scents and perfumes.

"If I left the house I wore a mask," she said. "And if I slept away I brought my own sheets and pillowcases and towels and soap, and a shower with a filter on it. And then I got well."

A year after Shayevitz returned to work, the first reports of mysteriously sick Gulf veterans began filtering into medical centers. By late 1992, the VA began directing its hospitals to seek them out, in an attempt to track down the source of what was being called "Desert Storm Syndrome" or "Gulf war disease."

Shayevitz still recalls the shock she got when she read the first reports.

"I thought, wait a minute, I know what they have!" she said. "So I volunteered to become the environmental physician for them, because having been there, I felt I could help. I know how very hard this is to contend with."

Over the past 12 months, several Gulf vets have come to each weekly Desert Storm clinic; Shayevitz has diagnosed 12 with MCS. Another New England VA physician, Dr. Victor Gordan, has diagnosed more than 100.

The program she has created for them - a combination of rigidly controlled diet and environment, psychological support, and education - forms the basis of the treatment proposal submitted to VA headquarters this summer.

"This is not a quick fix - it requires discipline and concentration," Shayevitz said. "A veteran is not going to feel better in a few days. But they can in fact live symptom-free, or almost free. They can do very well."

VA launches study of Gulf vet illnesses &toxins
NICK TATE; M.A.J. McKENNA
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The U.S. Department of Veterans Affairs has called in an independent scientific advisory group to conduct a long-term study of the possible links between environmental toxins and unexplained Persian Gulf War veterans' illnesses.

Under a new plan announced yesterday, the National Academy of Sciences will spend the next decade examining thousands of cases of sick vets and their potential connection to contaminants soldiers faced - including smoke from burning oil wells, radiation, tainted water and pesticides.

VA spokesman Terry Jemison said the study, authorized by Congress last year, will cost about $500,000 per year, with a preliminary academy report due in 12 months.

He also said the NAS will seek comment from veterans groups, private health experts and environmental-medicine specialists who contend many vet ailments are symptoms of the controversial syndrome, "multiple chemical sensitivity," or MCS, due to exposure to chemicals that damage the brain and/or immune system.

"It will bring an independent scientific voice to the process," he said, "and provide the VA with recommendations, if it can identify connections that have eluded us in terms of diagnosis and research."

The study was hailed yesterday by U.S. Rep. Joseph P. Kennedy II (D-Brighton), who co-sponsored the bill authorizing the NAS study, and veterans groups who have argued that environmental toxins are to blame for unexplained vet ailments - including lung and heart problems, bleeding gums and chronic fatigue.

In a related development, the VA said it plans to establish new VA environmental research centers focusing on Gulf health issues, including MCS.

VA probes chem weapon link to Gulf vets' ills
NICK TATE and M.A.J. McKENNA
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The U.S. Department of Veterans Affairs is investigating whether some unexplained ailments among Persian Gulf troops may be due to chemical-warfare agents released when the allies bombed Iraqi weapons supplies.

In the wake of new claims that chemical- or biological-warfare agents in the Gulf may be responsible for some of the 6,100 undiagnosed vet ailments documented by the VA and thousands more claimed by vets' advocates, the American Legion yesterday called on the Pentagon to disclose all information about troop exposures to such materials.

Meanwhile, a handful of congressional leaders - led by U.S. Rep. Joseph P. Kennedy, a House Veterans Affairs Committee member - demanded that the VA step up its efforts to get to the bottom of the vexing "Gulf War Syndrome" health problems.

VA spokesman Terry Jemison said the department has never discounted the possibility that biological agents may account for some of the ailments.

"If there's something new, we are looking forward to what the military can provide us," he said. "We haven't ruled anything out."

But Kennedy charged the VA and Pentagon are moving too slowly to investigate reports of environmental links to the ailments, which have been reported by hundreds of New England veterans.

"We still have a sense of a hesitant Pentagon trying to debunk or demean the quality of any information that suggests there may be a problem here," said Kennedy (D-Brighton).

Czech authorities reported in July that their troops in the Gulf detected low-level traces of a nerve gas agent. But the Defense Department classified the document, making it unavailable to the public and Congress. Yesterday, the Pentagon acknowledged for the first time that troops might in fact have been exposed.

The controversy was touched off by a report this week in the Birmingham (Ala.) News claiming a physician at the Veterans Administration Medical Clinic in Tuskegee had diagnosed a veteran with "chemical-biological warfare exposure." The doctor later said he was mistaken.

Kennedy and others urged the Clinton administration to step up efforts to examine potential troop exposures to chemical warfare agents and other toxins that may have triggered veterans ailments, which have included joint aches, fatigue, lung, heart and neurological disorders.

Kennedy said information gathered by his office indicates U.S. battlefield monitors sounded "hundreds, if not thousands" of alarms, indicating the presence of low-level chemical agents, during the Gulf war. But because no major weapons hits were observed, the alarms were deemed "false positives."

The new data, Kennedy said, warrants a re-examination of those alarms.

"We have to have a full ... investigation of the results of the Czech study," said Kennedy, who participated in a classified Pentagon briefing on the issue this week.

Environmental health experts have contended the mysterious ailments may have been triggered by exposure to a wide variety of toxins - including smoke from burning oil wells, tainted water and vaccines, and radiation from uranium-tipped weapons.

But a source close to the VA said yesterday that chemical-warfare agents distributed over a wide area after ammunition dumps were bombed could have had the same effect

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Ailing U.S. soldiers convinced of exposure
M.A.J. McKENNA and NICK TATE
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The Department of Defense's agreement to investigate possible chemical/biological weapon exposure impresses Persian Gulf veterans about as much as the Pentagon's long denial of the possibility did.

Neither shakes their firm belief they were victims of such weapons - directly or indirectly.

"I believe we were exposed to a biological agent," said Tim Strolley of Fulton, Ill., a former Army Specialist with the 101st Airborne. "There is no doubt in my mind."

Strolley was stationed at King Khalid Military City in January 1991 when a weapons strike near the airfield was dismissed by commanders as an American missile gone astray.

Since his return, he has suffered from almost 50 different ailments, including bursitis, which his civilian doctor says will soon put him in a wheelchair.

Brian Martin of Niles, Mich., a former Army combat engineer, helped record the contents of an Iraqi ammunition dump after the cease-fire, and believes it contained chemical/biological weapons. When the dump was destroyed, he said, a cloud of the contents drifted over his unit 10 miles away.

A video he sent to his wife 12 days into the air war records his uneasiness at repeated chemical-warfare alarms, dubbed false positives by his commanders, which he now believes to have been the result of clouds of ammo dump debris floating through the area

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Gulf vets testify about illnesses Stricken tell of chem exposure
BY NICK TATE; M.A.J. MCKENNA

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PD 10 November 1993
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WASHINGTON - Contradicting repeated Pentagon claims, a handful of Persian Gulf War veterans with unexplained ailments provided Congress yesterday with compelling accounts of battlefield exposures to chemical-and biological-weapons agents.

At a special hearing of the U.S. House Veterans Affairs Committee, 15 Gulf War veterans detailed a handful of specific Scud-missile attacks and other incidents during the 1991 conflict that suggest low levels of chemical and biological agents may be at the root of unexplained health problems among some soldiers.

At the hearing, chaired by U.S. Rep. Joseph P. Kennedy II (D-Brighton), several of the vets accused Pentagon officials of failing to disclose information on the presence of such agents in the Gulf documented by Czechoslovakian officials and other sources.

Some also rapped the Department of Veterans Affairs for failing to aggressively track and treat veteran ailments that some health specialists have linked to petrochemicals and other war-related toxins.

U.S. Marine Sgt. Thomas Pinet of Athol told panel members numerous chemical-agent alarms sounded in the units he headed in Saudi Arabia during Scud attacks. Pinet, one of four New England veterans to testify, said a specific attack on Jan. 20, 1991, near Al-Jabail convinced him chemical agents were present.

"I'm not convinced it was because of a deliberate attack, but there were chemical agents in the air," said Pinet, 34, who has experienced chronic fatigue, memory loss, joint pain, chest pain and rashes since his Gulf duty. "It may have been the result of a vehicle driving over a bomb or (allied attacks on Iraqi munitions), but they were present."

Sgt. Cameron Harbison, a U.S. Army Reservist from Epsom, N.H., said many veterans were exposed to chemical and biological agents but are afraid to come forward. His unit, the 94th Military Police, was stationed near the site of numerous Scud attacks that set off alarms that were deemed "erroneous" by superiors.

Harbison, 36, also testified that a Feb. 25, 1991, Scud attack near Ad Dammam, Saudi Arabi, that tripped alarms left an oily film on military vehicles. After the hit, he began experiencing many of the hallmark symptoms of what has come to be known as "Persian Gulf War Syndrome" - including fatigue, mood swings, joint pain, hair and weight loss, numbness and diarrhea.

Also yesterday, four congressmen who served in Desert Storm - including one who has stated publicly that he suffers from the mysterious Persian Gulf Syndrome - called for hearings into the possibility of chemical-weapon use in the Gulf.

And they asked the chief medical authorities of each branch of the armed forces to explain whether active-duty personnel are receiving recognition and treatment - or are being frightened into silence by the threat of troop cuts.

The four - U.S. Reps Steve Buyer (R-Ind.); Paul McHale (D-Penn.); Mike Kreidler (D-Wash.); and Greg Laughlin (D-Texas) - said in letters to the House Armed Services Committee:

"We are concerned that the Department of Defense has been less than forthcoming with information on the use of chemical munitions in the Persian Gulf War. ... While we feel that causes of this illness are multi-faceted, the possibility of a chemical agent attack or leak cannot or should not be ignored."

Victims ask for `answers, not sympathy'
M.A.J. McKENNA
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More sick veterans of the Persian Gulf War - including a Massachusetts resident enduring his third recurrence of a brain tumor - appeared before two congressional committees yesterday to relate the military medical establishment's indifference to their plight.

"I refuse to be misled with fabrications as to the reason why thousands of us are now ill and why many have died," Chris Dauer of Leominster told the Senate Veterans Affairs Committee. "I don't want sympathy, I want answers."

Dauer, echoing other vets appearing before the House and Senate, complained of indifference and misdirection by military doctors and the Department of Veterans Affairs.

"From the DOD briefings," said Rep. Joseph P. Kennedy II (D-Brighton), "it sounds like the Pentagon and our soldiers fought two different wars."

Several sets of testimony featured accounts of sick wives and children.

"I volunteered, so I have to take what I get," said former Airborne Ranger Troy Albuck of Illinois. "But (my wife and son) did not volunteer, they did not take my oath, they have been drafted against their will to fight the enemy. They fight untrained, they fight unarmed, and they will never receive the Purple Heart they earned and deserve."

Because yesterday's hearings spotlighted findings on chemical and biological agents, veterans focused on their suspicions of exposure to those weapons. But they also mentioned other possible culprits: smoke from burning oil wells, fumes from improperly fueled space heaters, broad-spectrum chemical exposure, local diseases, and reactions to vaccines and pills supplied by the military.

Gulf troops' toxic exposure alleged

M.A.J. McKENNA; NICK TATE
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WASHINGTON - Highlighting a series of startling, emotionally rendered revelations delivered to Congress yesterday was testimony that U.S. troops detected and confirmed the presence of chemical-weapon components during the Persian Gulf war - despite repeated Pentagon assurances no such exposure occurred.

A U.S. senator, investigating unexplained veteran illnesses, also made public formerly classified data indicating troops were very likely exposed to windborne debris from allied strikes on Iraqi chemical-weapons facilities.

The evidence, presented by U.S. Sen. Donald Riegle (D-Mich.), contradicts Pentagon claims that prevailing winds in the Gulf would have blown any toxic agents away from U.S. troops.

The revelations came during twin hearings on the Pentagon's response to so-called "Persian Gulf War Syndrome" before committees of the Senate and the House. In other testimony, members of Congress were also told:

Soldiers treated by a Department of Veterans Affairs physician show signs of exposure to not only chemical but biological weapons.

Alarms and detection devices used in the Gulf would not have detected biological weapons known to be in Iraq's arsenal.

And U.S. companies may be partially responsible for Iraq's possessing such weapons.

In the day's most stunning revelation, Marine Chief Warrant Officer Joseph Cottrell told the Senate Committee on Veterans' Affairs that in the early days of the ground war, he personally analyzed battlefield data from the most sophisticated chemical-sensing unit deployed to Kuwait.

In three different locations, the unit identified low levels of lewisite, a blistering agent, and mustard gas, Cottrell said. Two of the three reports were confirmed by later analysis, he said, but the computer tape proving the analysis was sent up the chain of command and lost.

"(The) blister agent (was) at levels below immediate threat to personnel," he said.

Backing up Cottrell was Riegle, who presented data debunking Pentagon assertions that winds in the Gulf blew destroyed-ammunition traces away from U.S. troops during a 1991 bombing raid in Saudi Arabia near the Kuwait border.

"There can be no doubt, based on the testimony you will hear today, that U.S. forces were exposed to chemical agents," he said.

Across the Hill, VA physician Dr. Charles Jackson told a House Veterans' Affairs subcommittee that he has treated a dozen soldiers who show signs of exposure to

chemical and biological weapons. They are among 180 sick vets seen at the Tuskegee, Ala. VA Medical Center by Jackson and colleagues.

"We are looking at toxins from a fungus that we know has been employed by the Iraqis before," said Jackson, who testified before both panels. "Our team is pretty comfortable with the diagnosis that this is at least part of the problem."

Under questioning from U.S. Rep. Joseph P. Kennedy II, Jackson said he first believed unexplained vet health problems - including chronic fatigue, joint pain, diarrhea, lung ailments, swollen lymph nodes, rashes, memory loss and other symptoms - were due to an endemic Middle Eastern disease.

But after the symptoms continued to turn up in veterans at the center, he began to suspect chemical or biological agents. "For the vast majority of the people suffering problems in which we can't put one of these (medical) labels, then we have to look at chemical and biological weapons," he said.

Jackson's diagnosis was backed up by Kimo S. Hollingsworth, assistant director of the American Legion's national legislative commission and a Gulf veteran who fell ill after his service.

"The issue of possible exposure to biological agents" has never been addressed by DOD, he said. At both hearings, Gulf veterans voiced pain and anger at DOD and VA's dismissal of their complaints. Several who said they were too sick to work but unable to get military compensation testified they would be homeless if not for the charity of friends and families.

Some veterans said they have apparently passed their illness on to their wives and children - a particular difficulty since their dependents are not eligible for VA care. One married veteran told of being misdiagnosed with venereal disease.

"It sounds like a cover-up to me," snorted Sen. Ben Nighthorse Campbell (D-Colo).

"The American Legion believes that the U.S. intelligence agencies are withholding valuable information that could play a critical role in finding the cause and cure for the medical problems," Hollingsworth said in the House.

A Pentagon spokesman who attended the hearings declined to address particular claims that emerged during the twin Capitol Hill sessions. But the spokesman, Lt. Col. Doug Hart, reiterated Pentagon claims that there is no hard evidence linking chemical and biological agents to unexplained Gulf war veteran ailments.

He added, however, that the Pentagon will "continue to study the matter" and will send a team of investigators to the Middle East to examine potential sources of industrial chemicals that may account for some veterans' ailments.

VA Secretary Jesse Brown insisted that "we have learned from VA's experience from Agent Orange," and the department is aggressively moving to track and treat ailing vets.

He noted 10,872 Gulf vets have been examined at VA centers for ailments that may be linked to war-related toxins. But he added that of 1,472 claims for disability due to environmental hazards, only 79 have received service-connected benefits.

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