

III-Suited for War

If the Bush administration is right about Iraq's chemical and biological weapons, why is it sending American troops into battle so unprepared?

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ALL WAR IS HELL. BUT HELL MAY PALE AGAINST the horror of fighting on a toxic battlefield if Saddam Hussein uses the full force of the chemical and biological weapons the Bush administration insists Iraq still has. Let's say you're an American G.I. in the desert south of Basra. Not only do you face the terror of traditional weaponry, the din and confusion of conventional battle, but you have to do it fully encased in a gas mask, gloves, protective boots, hood and charcoal-lined suit. If, that is, you manage to get into the gear before being zapped with the toxins. Detectors beep constantly, but you have to know which chemical or biological weapons have been released so you can pop pills or shoot yourself up with the appropriate drugs - while still encased in the mask and the suit. To figure that out, you have to find the NBC, the guy trained in nuclear, biological and chemical weapons who's supposed to be testing for toxic agents and which way the wind is blowing. But you're in a firefight, and where the hell is he?

In the Gulf War there were so many false positives from the detectors - as many as 12,000, congressional investigators later discovered - that most soldiers came to pay them as much attention as they would a car alarm in East Hollywood. The mask and the suit are supposed to protect you from chemical and biological agents that can be inhaled or burn through your skin - blister agents like mustard gas and Lewisite, the nerve agents sarin, tabun, cyclosarin and VX, and biological agents like anthrax, ricin and aflatoxin. But the mask's seal must be carefully maintained and its filter changed often; and its lenses tend to cloud up or fall out. All this while you're in that firefight. (And by the way, even the latest high-tech suit can't protect you from some biological agents or the powdered form of VX.)

To stop the toxins, the suits can't breathe, so your body temperature soars -1991 Gulf War vets describe the feeling as floating in an air-locked freezer bag, sloshing around in your own sweat. But that same sweat degrades the charcoal filter lining the suits, which lose their protectiveness in less than 24 hours when under concentrated chem-bio attack. Even if the chemicals don't get through, body heat from wearing the suit multiplies the possibility of heat stroke in the desert by 10. Soviet studies have found that at 86 degrees, the maximum time a soldier could physically still perform was just 20 minutes. But some Desert Storm soldiers had to spend hours in their suits in temperatures over 100 degrees - and if you faced a serious chem-bio attack in Iraq, you would likely need to spend days in your suit.

In November, the Pentagon inadvertently gave a graphic demonstration of the effects of that heat when it threw a dog-and-pony show to prove to journalists how ready American forces were to fight chemical and biological weapons. A half-dozen members of the Army's Tactical Escort Unit were demonstrating how they would disable a suspected chemical bomb or respond to an anthrax letter when one of the group, wearing the deluxe "decontamination" suit, fainted from the heat of the TV lights and pitched into the gallery of reporters.

If all that isn't enough, this assumes your protective gear works and that you know how to use it. Don't be so sure: The Army's own investigators found last year that 62 percent of its gas masks and 90 percent of its chem-bio detectors didn't work. And if many of the masks, the detectors and the suits turn out to be faulty, there won't be much backup. Congressional investigators have also charged that the Pentagon hasn't really managed to train enough combat medics and hospital staff to cope with chem-bio casualties. As for vaccine protection, the anthrax vaccine may not work, scientists have found, and may cause serious, sometimes irreversible long-term side effects.

Congressman Christopher Shays (R-Conn.), whose subcommittee on national security has been raising the alarm for close to a decade about the Pentagon's failure to prepare its soldiers to fight a chemical and biological war, said last week, "If our troops are attacked with chemical and biological weapons in Iraq and turn out to be still as badly equipped and trained as they have been in the very recent past, the command structure will be held accountable for endangering our troops."

Until this week, the Pentagon did have one creative plan for coping with war on a toxic battlefield. In case of massive casualties in a chemical-biological attack, all of the bodies -presumably infectious or contaminated - were to be bulldozed into mass pits to be burned and

buried. Outrage from veterans' groups forced the Pentagon to abandon the idea.

"Oops"

It's often said that generals make the mistake of fighting the last war. On the eve of a new war, the talk is of the newest smart bombs and techno gadgetry, the 800 Tomahawks that will rain down on Baghdad and force immediate surrender. Re-enacting Afghanistan perhaps. But it is the 1991 Gulf War that is before us.

Nearly 700,000 Americans served in Desert Storm. Only 148 of them died in combat, a quarter by "friendly fire." But postwar casualties tell a much more troubling story: Since 1991, more than 160,000 Gulf War vets have fallen ill - many of them now permanently disabled. Eleven thousand have died - a much higher death rate than soldiers who didn't serve in the Gulf - many believe from the aftereffects of serving on a toxic battlefield. "Gulf War syndrome," a collection of 57 symptoms with no known causes, is still so mysterious some scientists deny it exists. Those who do believe have identified some 40 possible chemical agents which soldiers were exposed to in Desert Storm, including sarin, antichem-bio medication, vaccinations, pesticides, environmental pollutants and radiation as well as diseases endemic to the Gulf - a potent environmental cocktail.

Twelve years later, American soldiers and Iraqi civilians face an even more toxic barrage. Iraqi defectors who worked for Hussein's chemical-biological weapons program say he had been prepared to use those weapons during the Gulf War as he had against the Iranians and the Kurds in the 1980s. Why he didn't remains unclear, but possibilities range from the disruption of the Iraqi command network by the overwhelming American air campaign, bad weather and winds that would have blown the weapons back on Iraqi forces, and the clear public threat by the first President Bush to retaliate with nuclear weapons - just as George W. Bush threatened recently.

The Pentagon has had well over a decade to prepare for the Iraqi use of chemical and biological warfare. In fact, since the Russians (and our own military) were known to have chemical and biological weapons, such contingency plans go back as far as the Cold War. Layers of bureaucracy have accumulated on the rings of offices at the Pentagon and service bases around the country. Acres of planning documents have been produced and hundreds of military conferences and hearings before Congress have been held. The Defense Department's annual spending for chemical and biological warfare (CBW) has more than tripled since 1994.

In September, the Pentagon mounted "Millennium Challenge 2002," the largest war game in American history and, at a cost of \$250 million, the most expensive. For three weeks outside of Death Valley, 13,500 soldiers, sailors and airmen divided into two teams - "the Americans" and "the enemy" - and battled for supremacy. War games are serious business in the military; they're the only chance to practice maneuvering large numbers of men, women and machinery before the shit really hits the fan. As "the Americans" saw the game, they had control of the battlefield - overwhelming force, superior numbers and advanced interception techniques. But "the enemy," led by retired Marine Corps General Paul Van Riper, played to its strengths, namely intelligence, creativity and a desire to actually win. Using messengers on motorcycles instead of radio and electronic messages that could be intercepted, Van Riper's troops launched a surprise attack and sank almost the entire American fleet. "Oops," wrote *New York Times* columnist Nicholas Kristof, who broke the story.

But the game wasn't over yet, and the edge swung back toward the Americans. So enemy commander Van Riper decided to use chemical weapons to even the odds. But Pentagon planners running the game ordered Van Riper to disclose his troop locations so the Americans could find them and destroy their weapons. Frustrated over how the game was fixed and the Pentagon's refusal to realistically play out a chemical-biological warfare scenario, Van Riper quit the field. He later told *Army Times* that instead of testing new joint war-fighting concepts, Millennium Challenge was rigged to make sure the Americans won. Van Riper wasn't the only one frustrated. Representative John Tierney (D-Mass.), one of a number of critics worried that the Pentagon isn't preparing soldiers for chemical and biological warfare, was so appalled he called for congressional hearings. And these men weren't alone.

For more than a decade, a guerrilla force of perhaps several hundred dedicated and determined folks at various governmental agencies have been imploring the Pentagon to stop talking about chemical and biological warfare and take the threat seriously enough to actually do something about it. It has been a kind of trench warfare, hearing by hearing, report by report. Yet it has somehow never reached critical mass, perhaps because for so long there was no one at the wheel: From 1998 to 2001, the office of assistant secretary of defense for CBW was vacant.

The Army's own auditors, in bureaucratic understatement, present a damning picture of unpreparedness: "The level of emphasis Army leaders placed on the readiness of . . . chemical and biological defensive equipment wasn't consistent with the level of threat posed by chemical and biological weapons."

The Duct Tape Defense

Three months ago, in one of his subcommittee's hearings, Representative Shays charged: "[The Defense Department] does not always know how many [chemical-biological] defense items are available, where they are, or when they will get to the soldiers, sailors, airmen and Marines who need them."

What's more, the protective suits issued to troops may actually be defective; they may be from a batch of nearly 800,000 manufactured some years ago by a Pentagon contractor who later served time for fraud. Not only that but even after the Defense Department took legal action against the contractors and recalled the bad suits, inventory records were so poor that some 250,000 of the suits are still unaccounted for.

Pentagon press officers insist that this isn't an issue since troops sent to the Gulf are now being issued a new and improved JSLIST (Joint Service Lightweight Integrated Suit Technology) suit. "Everybody's getting two JSLISTs," says Army spokesman Captain Benjamin Kuykendall. "We've got 1.4 million on hand, enough for two suits for each troop - they last 45 days - and we're cranking out 90,000 more a month."

But in October, the General Accounting Office said these weren't enough and that the old suits they were to replace were already expiring. In any case, Pentagon policy is that each soldier is supposed to have four suits, not two, and - to repeat - the suits last less than a day under concentrated attack, not 45. Congressional investigators estimate 3 million JSLIST suits will be needed in the Gulf.

Also, given past supply problems, the notion that all those new suits are actually getting to soldiers in the Gulf seems dubious at best. Investigators reported that inventory records at units they visited varied from automated systems to scrawls on eraser boards to none at all. As recently as 2000, they found that there was no Defense Departmentwide system of keeping track of the production of JSLIST suits or whether units get the right sizes (critical in chem-bio warfare) or even where they're being sent. "It's what we *don't* know that worries me," says Congresswoman Janice Schakowsky (D-Ill.). "Inventory is so unreliable some units have few suits, and others are selling their extras on eBay."

Suits aren't the only problem. In an October report, the General Accounting Office found that one Marine unit had only 31 percent of the needed detectors and one Air Force unit only 50 percent. But that's certainly better than the Army's 90 percent defective rate. And what does the Army suggest troops do if a unit has been under CBW attack and has no detectors to let soldiers know when they can take off their protective gear? Here's what one Army handbook says: "One soldier is selected to hold a deep breath, break the seals of his mask, and keep his eyes wide open for 15 seconds. He then clears his mask, reseals it and waits for 10 minutes. If symptoms do not appear after 10 minutes, the same soldier breaks his seal, takes two or three breaths and clears and reseals his mask. After 10 minutes, if symptoms have not appeared, all soldiers can safely unmask once permission is granted from higher headquarters."

If you think that's bizarre, listen to Kuykendall when asked about the 62 percent of the gas masks Army investigators say don't work: "Soldiers are real inventive," he says. "They find a little tear in the mask from, you know, sitting on it, banging it around, strapped to their belts, they can be a little inventive and whip out the duct tape."

Training Delay

A soldier may be lucky and get a working kit, but he or she may not be taught how to use it. Desert Storm vets remember the suit shortages and lack of training only too well. Mike Woods, who's paralyzed in one leg, racked by headaches, blackouts, seizures, heart problems and numbness in his feet and hands - a full panoply of symptoms of Gulf War syndrome - was issued one protective suit in 1991. "The detectors were going on and off, on and off. I pulled that suit on and off, on and off so many times it was torn and cracked, and nobody told me that meant it wouldn't work." Steve Robinson, executive director of the National Gulf War Resource Center (NGWRC), says that "*Never* in 20 years in the military did I ever train for more than eight hours in a mask and protective suit. And many guys, especially reservists, only practice putting the mask on and off - not living and fighting in it."

Three months ago Defense Department inspectors told the Shays subcommittee that because local commanders are given field control, "Some units had limited training or did not train at all. . . . With the exception of masks, soldiers couldn't effectively operate basic chemical-defense equipment." Thirty-four percent of soldiers didn't know how to use the most basic, handheld CBW M-8 detector.

"Commanders hate CBW training," says Shays. "It brings a war game to a standstill, dealing

with the suits and masks and how hard it is to move in them, and especially if you try to really simulate decontaminating your whole AO [area of operations]."

Even the chemical specialists who are supposed to have the expertise to tell soldiers what to do in a CBW attack - from determining with advanced detectors what kind of toxin is being used to what kind of protective gear to put on and for how long - are themselves poorly trained, according to a 2002 Army audit. "Chemical specialists didn't have the skills to implement effective chemical defense programs in their units." And "Soldiers responsible for operating equipment with radioactive materials [including the M-8 detector] weren't trained in radiation safety," the audit also found.

When *L.A. Weekly* asked officials at the Army's National Training Center in the Mojave what chemical-biological warfare training there was, NTS press officers sounded mystified. "Well, they put on their masks and suits on one day and practice decontaminating an area. But, you know, even before Desert Storm we knew the Russians had CBW, so the training now isn't anything new."

When he visits American units, says Shays, "Everyone tells us that everything is A-OK. But when we get back we get e-mails saying there aren't enough suits, we need more masks, we don't know how to use them. There's a lot of unease among the troops, but they're afraid to speak up."

"Sure, war is hell," says the NGWRC's Robinson. "But soldiers who volunteer to risk their lives when they hold up their right hand to be sworn in don't expect to lose their lives because of bad equipment and poor training."

What If?

What if there *is* a chemical-biological attack, with presumably high numbers of sick and wounded? The medics on the battlefield or the doctors and nurses at field hospitals or on hospital ships aren't any better trained than the troops they'd be treating. And the logistics of caring for wounded troops are monstrous: They must be decontaminated before anyone touches them, and then anyone who provides medical aid must be decontaminated. At each step - from being put on a stretcher inside a zipped-up body bag to keep them from

contaminating others, to being put in a vehicle and sent to a field hospital or a hospital ship - anyone who touches the patient or any piece of equipment he touched, including vehicles, must be decontaminated. And that's besides treating the gigantic blisters, collapsing lungs or other medical problems.

In November 2001, the intrepid Shays held yet another set of CBW hearings, this time on medical preparedness. GAO investigators reported that top military health officials told them that "No realistic field exercise for medical personnel of chemical and biological defense has been conducted."

Most doctors and nurses now being sent to the Gulf are reservists, who train only one weekend a month and two weeks in the summer. "It's hardly enough to keep up their training in combat medicine. How well do you think they're trained to deal with chem-bio casualties?" asked one worried GAO investigator.

During the hearings Representative Dennis Kucinich (D-Ohio) zeroed in on the implications with chief investigator Nancy Kingsbury:

Kucinich: ". . . That implies that if [a CBW attack] happened, we wouldn't be able to deal with it. . . . ?"

Kingsbury: "At this point we don't know whether we would be able to deal with it, because it has not been exercised. The people who do the exercises believe it can't be dealt with. I'm talking mass casualties here."

And If Not?

Even if Saddam Hussein holds his fire and doesn't use chemical and biological weapons, soldiers and civilians alike will still find themselves on a toxic battlefield - soldiers wearing pesticide-impregnated combat fatigues and dog flea collars, tank jockeys breathing in depleted uranium dust from exploded rounds, engineers digging bunkers in plumes of chemical-biological weapons from stockpiles blown up by American air strikes, guys drowning in their own fluids

from overreactions to anthrax vaccinations, all sucking in smoke from oil-field fires.

James B. Tucker, who's worked for the U.N. as a biological-weapons inspector, for the State Department and for the Presidential Advisory Committee on Gulf War Veterans' Illnesses, has compiled a list of scores of incidents during the first Gulf War when American soldiers were probably exposed to low levels of chemical and biological agents. Based on Defense Intelligence Agency and CIA documents, after-action reports by Army units and veterans' own testimony, Tucker's case is strong. He details veterans' accounts of battlefield symptoms like blistering, difficulty breathing and deep fatigue after Iraqi Scud attacks. His case includes the reports of Czech chemical-defense experts hired by the Saudis who detected low levels of nerve gas drifting across the border after the U.S. began bombing Iraq on January 17.

The Czechs, under Russian tutelage, have become the world's best chem-bio detection experts. They describe themselves sitting near the Iraq-Saudi frontier inside their sealed detection vehicles fully outfitted in protection suits and masks picking up nerve-gas readings while oblivious American soldiers only yards across the border played touch football.

After a four-year struggle, Gulf War veterans from Georgia got the Pentagon to declassify documents which revealed that Iraqi stocks of sarin gas stored in an ammo depot at Khamisiyah had been blown up by unsuspecting U.S. troops, releasing a plume of sarin that exposed 140,000 American soldiers and countless Iraqis. (The CIA had known about the weapons stored there and told the Defense Department, but that warning never made it down to the field.) The Pentagon continues to deny that any other toxic exposures took place elsewhere in the Gulf theater.

"That was the first lie," says the NGWRC's Robinson of the Pentagon's cover-up of the Khamisiyah debacle. Robinson, who retired recently after 20 years in the military, was in the Special Forces during Desert Storm, helping repatriate Kurdish refugees who had fled into the mountains of northern Iraq during the war. "Then, after we got the Khamisiyah evidence from U.N. inspectors, the Pentagon said maybe 100 soldiers had been exposed, then it was maybe 1,000 - lie after lie - now it's up to 140,000 [the Defense Department] admits were exposed."

Even after admitting the sarin exposures at Khamisiyah, the Pentagon has continued to insist that low-level exposures of nerve gas or toxic chemicals don't have serious effects. Many scientists agree, arguing that no cause-and-effect relationship can be made between exposure to low levels of sarin in the Gulf War and veterans' illnesses.

But Robert W. Haley, a researcher at the University of Texas Southwestern Medical Center in Dallas, whose studies of brain damage in Gulf War veterans in the early 1990s were financed by Ross Perot because the Clinton White House, the Pentagon and Veterans Affairs (VA) refused to believe Gulf War syndrome existed, disagrees. "These guys are really sick, but there's no illness that shows up on tests or that can be diagnosed. It's like chronic fatigue syndrome. Well-meaning doctors say all the tests are normal and they can't conclude anything."

Haley, his colleagues at Texas Southwestern and researchers at Duke University and UC San Diego have found both brain and nerve damage in animals and humans who've had multiple chemical exposures - including the pesticide chlorpyrifos, used in flea collars worn by some soldiers; low levels of sarin; DEET, an insect repellent used widely in the Gulf; and PB, or pyridostigmine bromide, an anti-nerve-agent medicine the Pentagon gave soldiers in the Gulf. DEET, PB and the same pesticide-impregnated combat gear have all been issued to troops now being sent to Iraq.

Recently, there's been some breach in the Pentagon's denial of the effects of sarin. Last month, scientists working on an Army study found that animals exposed to low levels of sarin gas showed brain changes and immune-system suppression days after an original exposure had seemed to show no bad reaction. The VA, which under Bush appointee Anthony Principi has been more sympathetic to Gulf War veterans and the idea of Gulf War syndrome, immediately called for a review of the research to see if it might apply to humans.

Body Burden

What the "war is hell" platitude means to the Pentagon, says one Gulf War vet who doesn't want his name used because he works for the federal government, is that it doesn't have to pay much attention to how soldiers might be hurt by toxins. "I was vaccinated for smallpox and anthrax before I left the States for Desert Storm," he says. "No one told me these things had side effects which might be dangerous. When I got to Europe, there were no records I had had the shots stateside, so they made me get them all over again. Same story when I arrived in the Gulf. I got them a third time. All within two months. Now they say one set can cause long-term problems."

Robert Haley says that the lack of records shouldn't be an excuse for dismissing Gulf War veterans' illnesses. "You never have records in an epidemic. You had none for toxic shock syndrome. You had none for Legionnaire's disease or AIDS. You interview the sick and trace it back." But the fact remains that proving the aftereffects of serving on a toxic battlefield in a direct cause-and-effect way is as impossible to prove as what the effects of "multiple chemical exposures" are on all of us on the home front.

The Pentagon is playing the numbers game yet again with exposures to depleted uranium (DU). Dan Fahey, who spent years filing Freedom of Information Act requests and writing an extensive report about depleted uranium for the NGWRC, investigated the Desert Storm "friendly fire" accidents in which U.S. tanks were hit by DU rounds fired by other Americans. DU is a critical weapon to the Pentagon. ("Depleted" means that the fissionable element 235 has been removed from the metal. DU tank shells or bullets are harder, denser and burn hotter than steel or lead, and are able to slice through a tank's armor like a hot knife through butter. In the first Gulf War, 83 percent of the DU was fired from A-10 attack planes.) Fahey found Defense Department documents that refer to fears that the public concern about the health and environmental effects of DU might make its use "politically unacceptable."

When the "friendly fire" exposures were first raised, the Pentagon claimed that only 35 soldiers had been exposed to depleted uranium. But Fahey counted 122 from his Freedom of Information Act data, so the Defense Department upped the number to 113. It now admits that "866 to 932" troops were heavily exposed and "thousands" of others breathed in DU around the destroyed tanks. And so it goes. Only a few dozen of the exposed have had their health studied. But no one has any idea how many soldiers were exposed to DU dust, which vets who worked around the tanks remember brushing off like beach sand from their uniforms and tanks.

"It's the same old story all the way back to Agent Orange - the [Defense Department] and the VA concealing evidence, skewing the studies, denying vets' claims," says Fahey. Although he dismisses the recent statements of Iraqi doctors and scientists claiming that Iraq is "contaminated" from DU and has soaring cancer rates from it as "unsupported by any facts at all," Fahey warns that "We use this stuff and we have no idea at all what its long-term effects are."

As we are poised to go to war, hundreds of thousands of American troops are being vaccinated for smallpox and anthrax. Several hundred have refused to take the anthrax vaccine, which both the General Accounting Office and the Shays subcommittee concluded in 1999 does not protect people from anthrax. (Those troops who refuse the vaccine are being court-martialed or given dishonorable discharges.) Robinson remembers what it was like getting his anthrax vaccine in

1991. "Within hours after I got the first shot, I had to be strapped to a cot and stood upright to get the fluids out of my lungs. They had me that way for three days. I had no idea what this was about. When I got back, still suffering from asthma, shortness of breath - and I still do to this day - I still had no idea. There were no records I had even had the vaccination. And I still have no idea, even today."

Hundreds of American soldiers who never served in the Gulf also have suffered disastrous side effects after getting anthrax vaccinations. Again, there is no research that has established a cause-and-effect relationship between the vaccine and a collection of weird symptoms: depression, mental confusion, exhaustion, auto-immune diseases, emaciation and respiratory problems. Nor have any studies been done on the effects of receiving many shots at the same time, a common military practice.

In 1994, Colonel Arthur Friedlander, the Army's chief anthrax-vaccine researcher, testified before the Senate Veterans' Affairs Committee, telling the senators, "The current vaccine against anthrax is unsatisfactory . . . it is composed of an undefined crude culture . . . the degree of purity is unknown."

The Defense Department's anthrax program was suspended in 1998 when the FDA discovered that the company manufacturing the drug had made batches of contaminated vaccine and sold lots of expired vaccine. Again, poor records make it impossible to trace which soldiers got the bad vaccine.

Three years ago, with the Pentagon increasingly worried about bioterrorism, Friedlander changed his tune. He told the Shays subcommittee that "This vaccine is safe and effective, and it's the best vaccine we have to protect against this disease." (In fact, the Defense Department has nothing else.) But the subcommittee heard from other convincing experts that the vaccine does not protect against inhaled anthrax, the most serious type of exposure. Given that fact and its possible link to debilitating side effects in some soldiers, Congressman Shays called for the shutdown of the Pentagon's anthrax program. The Pentagon refused. "They have to use it," one congressional investigator says. "Otherwise, they'd have to admit there's no way to protect troops - or anyone - against bioterror."

Or perhaps it's because of a belief in another kind of pre-emptive attack, one which civilians as well as soldiers must bear every day - the "body burden" of toxins crucial to war, industry and technology. Invent. Dismiss toxicity. Ignore the bodies piling up. War is, after all, hell.