



---

## Uploaded to the VFC Website

▶▶ August 2013 ◀◀

---

This Document has been provided to you courtesy of Veterans-For-Change!

Feel free to pass to any veteran who might be able to use this information!

For thousands more files like this and hundreds of links to useful information, and hundreds of "Frequently Asked Questions, please go to:

[Veterans-For-Change](http://www.veteransforchange.org)

---

*Veterans-For-Change is a A 501(c)(3) Non-Profit Organization  
Tax ID #27-3820181  
CA Incorporation ID #3340400  
CA Dept. of Charities ID #: CT-0190794*

### ***If Veterans don't help Veterans, who will?***

We appreciate all donations to continue to provide information and services to Veterans and their families.

[https://www.paypal.com/cgi-bin/webscr?cmd=\\_s-xclick&hosted\\_button\\_id=WGT2M5UTB9A78](https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=WGT2M5UTB9A78)

---

### **Note:**

VFC is not liable for source information in this document, it is merely provided as a courtesy to our members & subscribers.



# War Related Illnesses Slowly Killing U.S. Veterans, Civilians

Thomas D. Williams

Ever since the Persian Gulf War 15 years ago, countless spokespersons for the US Department of Defense and the US Department of Veterans Affairs have insisted they are intent upon giving hundreds of thousands of soldiers, veterans and war veterans the best medical care available.

Meanwhile, scores of US, United Nations and foreign politicians and military officials have constantly expressed immense concern for potentially millions of innocent civilian victims of the wars in Bosnia, Iraq and Afghanistan. Yet, relatively little has been done worldwide to track their deaths, console family survivors or obtain health care for the wounded, maimed and sick. The combined ill and the dead from those four wars are estimated in the millions with no exacting figures available. Knowledge about sicknesses caused by the war in Bosnia-Serbia is scarce.

And, what makes US and allied officials far more culpable is this. The environmental hazards foreign civilians and US and allied service members have been exposed to and sickened by are largely generated by US and allied bombings, munitions and even medicines aimed at protecting service members.

They include: radioactive dust from depleted uranium munitions, deadly chemical warfare gases released by US bombings of Iraqi bunkers, oil well fires during the first Gulf War, pollution of European and Middle Eastern foreign air and water supplies from wartime explosions and fires, pesticides, fumes from specialized military vehicle paint, and disease carrying insects.

The Pentagon's and the British military's mandatory use of the controversial anthrax vaccine and other experimental drugs, including US use of pyridostigmine bromide pills to protect against gas attacks, on troops have resulted in thousands of adverse reactions, many serious ones, some even listed on drug labels as possible but not provable fatal reactions.

The air and water hazards have had untold deadly impacts on innocent civilians in both Europe and the Middle East for more than the past decade.

Here is but one lone example of the lack of emphasis on care for wounded or sick wartime civilians: "A survey of Medline (a database of medical and health-related research articles) for articles on the Gulf War revealed 368 articles that covered the health-related issues. Only 4 out of these 368 articles were on how the 1991 Gulf War affected the health of Iraqi people."

Yet, the International Red Cross reported these realities: "[Iraqi] Medical-legal facilities are struggling to cope with the rising influx of bodies, contending with insufficient capacity to store them properly or to systematically gather data on unidentified bodies in order to allow families to be informed of a relative's death.

In 2006, an estimated 100 civilians were killed every day. Half of them remained unclaimed or unidentified. Thousands of unidentified bodies have thus been buried in designated cemeteries in Iraq. Meanwhile tens of thousands are being held in the custody of the Iraqi authorities and the multinational forces in Iraq. At the same time, tens of thousands of families remain without news of relatives who went missing during past and recent conflicts."

The US State Department only restarted one highly successful cooperative US-Iraqi medical program, US doctor video conferencing with hospitals Iraq-wide last year, after news stories revealed it had ended.

“It is hard not to conclude that, for all our advocacy on behalf of civilians in need for protection and for all the resources that are devoted to all aspects of protection, [...] we are still failing to make a real and timely difference for the victims on the ground, countless thousands of whom had been killed, injured, ignored or treated as less than human,” said John Holmes, the United Nation’s Emergency Relief Coordinator and under secretary general for humanitarian affairs in June 2007 about the worldwide state of inaction for wartime victims.

Today, after two wars in Iraq, one in Bosnia and another in Afghanistan, involving hundreds of thousands of US troops, neither the Pentagon nor the VA, by their own admissions, are close to giving thousands of soldiers and veterans even adequate health care for potentially deadly illnesses.

Here is one startling affirmation from Kenneth H. Bacon, former assistant secretary of defense for public affairs in October 1997, regarding thousands of service members sick from hazardous exposures during the first Gulf War six years earlier. “No,” he said, “we cannot say that we have yet a clear understanding of what caused what’s called Gulf War Illnesses.

And I might point out that if you’ve read the interim report by the Presidential Advisory Committee, they have not been able to come up with a clear view of that either.

They thought that many of these might be stress related. But they also pointed out that there were a number of other factors ranging from the possibility of low-level chemical exposure to exposure to depleted uranium to exposure to pesticides to oil, fire, smoke, etc. And some of the medicines that soldiers took when they were in the Gulf.”

And almost ten years later, in a June 2007 report to Congress, the US General Accountability Office gave this critical assessment about health care for service members and veterans involved in all of the recent wars.

“Overseas deployments expose service members to a number of potential risks to their health and well-being. However, since the mid-1990s, GAO has highlighted shortcomings with respect to the Department of Defense’s (DOD) ability to assess the medical condition of service members both before and after their deployments...

“GAO is recommending that DOD develop a comprehensive oversight framework with reporting requirements and results-oriented performance measures to improve the implementation of its deployment health quality assurance program. In reviewing a draft of this report, DOD concurred with GAO’s recommendations.”

Scores of department of veteran’s affairs inadequacies in handling health care for war and other veterans can be found on its inspector general’s website. In 2007, “the GAO reported The Iraq War is literally a continuing nightmare for over 9,000 of the Operation Enduring Freedom and OIF (Operation Iraqi Freedom) veterans at risk for Post-Traumatic Stress Disorder (PTSD) and their families...”

“A government study published in May 2006 clearly presents the inadequacies of the system in three vital areas: 1) adequately screening OEF/OIF veterans for PTSD, 2) providing effective medical care referrals after screening, and 3) assessing and planning for the increased demands on the VA

medical care delivery system for the significant and increasing numbers of veterans who need specialized mental health care for PTSD,”says the GAO.

Meanwhile, hundreds of thousands of veterans and soldiers fester inside and outside of military and VA medical facilities or make due with medical care elsewhere without needed drugs, doctors or rehabilitation. The scandals of after care for sick and wounded service members at the Walter Reed Army Hospital in Washington, DC, unearthed by the Washington Post is but one of many examples.

That story was not as startling as it seemed to some, because at least three newspapers, The Hartford Courant, The Birmingham News and USA Today had been regularly covering the health care crisis in the military for over a decade. Scores of other news outlets had ignored it.

A January 2007 Harvard University Kennedy School of Government study says in part: “the Veterans Health Administration (VHA) is already overwhelmed by the volume of returning veterans and the seriousness of their health care needs, and it will not be able to provide a high quality of care in a timely fashion to the large wave of returning war veterans without greater funding and increased capacity in areas such as psychiatric care.” It continues: “the budgetary costs of providing disability compensation benefits and medical care to the veterans from Iraq and Afghanistan over the course of their lives will be from \$350 – \$700 Billion.”

Recent Veterans for Common Sense fact sheets on returning Afghan and Iraq war veterans’ needs say hundreds of thousands of veterans are still awaiting answers to their claims and the average wait time for answers to veterans claims is six months.

Even this inadequate overall care for US service members, is more than the health care given to Iraqis, Afghans and the innocent victims of the war in Bosnia and Serbia. Howard Zinn is a historian, playwright and social activist. His website describes him as a former shipyard worker and Air Force bombardier before he went to college under the GI Bill and received his Ph.D. from Columbia University.

**Here is his take on war as quoted in Questionwar.com:**

*“As wars have developed in the twentieth century, the ratio of civilian deaths to military deaths has changed radically. One hundred years ago 5% of war casualties were civilians. In World War I civilian deaths were about 10%. In World War II, 65%. Tactics of modern wars have shifted casualties to 90% civilians.”*

**He continues:**

“More than half of these civilian casualties are children less than 14 years of age. This is only the direct casualties from bombs, bullets and landmines. Add to this indirect and long-term casualties caused by destroyed infrastructure and a fractured society, resulting in disease, starvation, homelessness, and the numbers become even grimmer. On top of this, add the long-term effects of highly toxic armaments rained down upon the victim country – Agent Orange in Vietnam, Depleted Uranium in Yugoslavia, Iraq and Afghanistan – and the result is generations of suffering borne by civilians, mostly children.”

## Media Coverage

Although US news media regularly reports on the deaths and woundings of US soldiers, it seldom inquires into the long-term illnesses of those wartime veterans or into the deaths, woundings and sicknesses of Iraqi, Afghan and Bosnia-Serbia civilians during wartime.

One estimate sets Iraqi civilian deaths in the 1991 Persian Gulf War at 100,000, while deaths from this current war are said by one source to total between 71,000 and 77,000. That figure is likely much higher.

“Untold hundreds of thousands [of] civilians from both wars [in Iraq] are sick from hazardous exposures. The size of civilian casualties is as yet unclear. The Pentagon has refused to count Iraqi civilian casualties, and organizations trying to assess the number of Iraqi dead have said that the number may be unknowable. The Red Cross has stopped counting the wounded because the casualties were too high. Rep. Chris Shays was the first Congressman to go to Iraq and he had said that humanitarian aid wasn’t reaching Iraqis quickly enough ... Before the war, the UN estimated that up to 500,000 Iraqis could suffer serious injuries, and estimated that 10 million Iraqi civilians, including more than 2 million homeless, would be in need of immediate assistance for food and medicine.”

[Source](#)