

A Welcome Extinguished:
Veterans Under the Shadow of the Gulf War Illness

Reese Moriyama

HIST 491
Professor Szefel
May 9, 2010

I got to where I couldn't even hardly breathe. It's just so much, you know, my migraines, my rash, my poor circulation. My legs swell up for no reason. I had two surgeons from Walter Reed come down and tell me, "we don't know what's going on." I have tried to be faithful to my country, like President Kennedy who said, "ask not what your country can do for you, ask what you can do for your country. Sad to say, I went and did for my country, but my country's not doing for me."¹

These are the words of Sgt. Twymon, a veteran of the 1991 Gulf War. Like thousands of other veterans, Twymon saw his life turned upside down. When the troops returned home they initially received welcome as heroes. However, several months later, by the Spring of 1992, Gulf War troops began suffering from a mysterious range of ailments, from severe headaches, to gastrointestinal complications, to memory loss. No one knew why. Gradually, the Gulf War veterans, men and women who had risked their lives to fight a dictator halfway around the world, watched as their very own health care system faltered in attempts to find a correct diagnosis for them.

The discussion of Gulf War veterans and their plight with health care will be approached from a variety of perspectives. First, a background of war illnesses, from shell shock in World War I, to Post-Traumatic-Stress-Disorder in Vietnam, will be investigated in order to properly frame the larger discussion of the Gulf War in its historical context, in which veterans faced multiple problems upon returning home. Following this, the focus of this paper, the Gulf War Syndrome (GWS) will be analyzed in two parts. The first section will explore the

¹ Johnson, Alison. Gulf War Syndrome: Legacy of a Perfect War. (MCS Information Exchange, 2001). 173.

roots of GWS and how it emerged from the Gulf War as a consequence of miscommunication, assumption, and fear. The second part will demonstrate the complications that the veterans faced at home when the medical and federal systems failed to properly diagnose them, in light of GWS. An analysis of newspaper articles, veteran testimonies, congressional hearings, and research studies, will demonstrate how much the soldiers had to fight for recognition and assistance. This thesis will ultimately shed light on the consequences of the medical community's actions towards a misunderstood illness, by analyzing the opposing diagnosis of mental and physical illnesses on Gulf War veterans.

Throughout the 20th century, the veterans faced undiagnosed illnesses. In *Rites of Spring*, Modris Ekstein examines the cultural and intellectual impact of World War I, noting the effect of witnessing and internalizing the horrors of the battlefield on soldiers. Ekstein focuses on how this diminished humanity affected many troops on the front line: "After a soldier had been at the front for three weeks a distinct change was noticed in him: his reactions generally became dulled, his face showed less expression, his eyes lost their sparkles."² Suffering from shell shock, soldiers became confused and disconnected from their surroundings. Shell shock was particularly damaging on soldiers because as Ekstein explains, "army staffs and medical officers were slow to admit such a condition... If the military was reluctant to recognize shell shock, the civilians had no inkling of the condition whatsoever."³ Due to the fact that shell shock was an enigmatic, yet prevalent illness among troops, neither the military, nor the medical community knew how to properly handle the veterans who were suffering from it. This problem stemmed from the new conditions that the troops were forced to endure; plummeting morale from being stuck in the

² Eksteins, Modris. *Rites of Spring*. (New York: Houghton Mifflin Company, 1989) 172.

³ *Ibid*, 172-173.

filthy trenches with dead comrades, continuous artillery fire from enemy positions, and a strong sense of hopelessness in the face of death all contributed to shell shock.⁴

World War II presented a different set of problems to veterans upon returning home. In *Soldiers from the War Returning: the Greatest Generation's Troubled Homecoming from World War II*, Thomas Childers narrates three stories of American soldiers fighting in the Second World War, ranging from a bomber gunner's ordeal in German captivity, to an infantryman who lost both his legs in battle. Using these three stories as a lens, Childers argues that the "Greatest Generation" returned home victorious to a grateful nation, but as the years went by, "the painful realities of their post-war experiences [were] often...muffled under a blanket of nostalgic adulation."⁵ Childers explains that many people were too caught up in praising the veterans of their generation: any negative experiences of the veterans in postwar America, such as alienation from family and psychological wounds, were often overlooked in favor of a optimistic and highly motivated façade. This blinded many from the truth that around 1.3 million American soldiers suffered from some sort of psychological illness during WWII such as depression, nightmares, and episodes of rage.⁶

Three decades later, the high esteem of the American soldier plummeted in the wake of an emerging ailment: Post-Traumatic Stress Disorder. In Vietnam, the U.S military was forced to fight a jungle war, in which the enemy was never clearly defined, as they were often concealed within towns or the forests. This frustration with the fog of war, coupled with a decline in morale from mounting casualties and unit mutiny, identified the ailment that today is known as Post-Traumatic Stress Disorder, or PTSD. PTSD is dangerous as a postwar disorder, because it

⁴ 188-189.

⁵ Childers, Thomas. *Soldiers from the War Returning: the Greatest Generation's Troubled Homecoming from World War II*. (New York, HMH Publishing Company, 2009) 4.

⁶ Ibid, 8.

damages the natural “fight or flight” response of the body to danger, causing the suffering individual to become frightened or paranoid even when there is no danger.⁷ In *Achilles in Vietnam*, Jonathan Shay argues that the Vietnam War can be juxtaposed to Homer’s *Iliad*, to shed light on PTSD. Shay is able to make sense of a striking contradiction between winning small skirmishes, but losing the overall war. He states that in light of victory, the loss of the dead was never a burden because it was believed that the dead gave their lives for victory.⁸ However, in the case of Vietnam, in which the U.S military won most of the skirmishes, but lost the overall war, the loss of the dead became a burden to the living.⁹ The regret of surviving the war that haunted many Vietnam veterans only worsened when the veterans were forced to confront a medical community that was largely ineffective in diagnosing them. Vietnam veteran Wilbur Scott, author of *Vietnam Veterans Since the War: Politics of PTSD, Agent Orange, and the National Memorial*, explains one of these main flaws in the medical community: “mental health professionals across the country assessed disturbed Vietnam veterans using a diagnostic nomenclature which contained no specific entries for war-related trauma. As a result, physicians usually did not collect the military histories as part of the diagnostic workup”.¹⁰ Many medical professionals assumed that the Vietnam veterans were suffering “from neurosis or psychosis whose origins and dynamics lay outside the realm of combat”.¹¹ Essentially, by overlooking the possibility that the veterans’ degrading health could be caused by direct war trauma, medical professionals created a flawed model of diagnosis. This model excluded the veterans’ military history, making it even harder to trace the beginnings of their mental illnesses, when it was later

⁷ *Post Traumatic Stress Disorder (PTSD)*. The National Institute of Mental Health

⁸ Shay, Jonathan. *Achilles In Vietnam*. (New York: Simon & Schuster, 1994) 7

⁹ *Ibid.*

¹⁰ Scott, Wilbur. *Vietnam Veterans Since the War: Politics of PTSD, Agent Orange, and the National Memorial*. (Aldine de Gruyter, 1993) 5

¹¹ *Ibid.*

discovered that veterans were vulnerable to trauma from combat.¹² Hence, on the whole, veterans returning home from Vietnam suffered from the medical community's inability to properly diagnose them in light of a widespread disorder.

Sometimes, the very rules of science can hinder the progress they were meant to promote in the first place. Linda Nash, a historian out of the University of Washington, demonstrates this in her book *Inescapable Ecologies*, in which she analyzes the consequences that can arise from scientists becoming trapped by their own methodology. Nash examines cancer clusters in California during the 1960s, which were being caused by pesticides used to protect crops. Migrant workers who spent long hours in the field began complaining of a series of symptoms that were initially believed to be caused by their lack of hygiene and modernity.¹³ The main issue for doctors attempting to assist the ill workers was that "most doctors were unfamiliar with pesticide-related illnesses. They knew little to nothing about the chemicals that were used, the symptoms they caused, or the multiple ways they entered the body".¹⁴ Because a majority of the symptoms suffered by migrant workers were not physical (cramps, headache), doctors mistook these symptoms for bacterial infections or even hysteria.¹⁵ Essentially, the evidence backing the causes to be environmental poisoning was shaky, at best. There was little consistency in the data collected from the migrant workers, and medical and scientific professionals alike decided against the idea that the environment was the principal cause of the rising ailments.¹⁶ This entire occurrence in California stands as a grim reminder of how science can trap itself within its own methodology; the stats from the migrant workers were very inconsistent and varied from region

¹² Ibid.

¹³ Nash, Linda. *Inescapable Ecologies*. (University of California Press) 2006.

¹⁴ Ibid, 139.

¹⁵ Ibid.

¹⁶ Ibid, 192.

to region, causing professionals to doubt the importance of the relationship between the human body and the environment that surrounded it.

Throughout history, authors have written about veterans and the problems they faced with the medical community upon returning home from war. Modris Ekstein narrates how shellshock from WWI caught physicians off guard, who had a difficult time diagnosing the veterans. Thomas Childers explains that the façade of stability from WWII often disguised internal problems of the veterans, leading to many cases in which help was not sought when needed. Jonathan Shay and Wilbur Scott describe the causes behind PTSD and how the veterans faced a medical community that had underestimated the influences of combat-related psychological illnesses, resulting in misdiagnosis. Finally, while not involving veterans, Linda Nash examines the cancer clusters in California during the 1960s demonstrating how scientific methodology prevented medical professionals from making correct judgments about environmental toxicology. This thesis paper will attempt to break new ground in the midst of these other historical works by approaching the topic of medical diagnosis through the use of the Gulf War veterans' plight with health care in the United States as a lens to assess the consequences that can arise from misdiagnosis.

The Gulf War was unlike any other conflict before it, in terms of application of technology, alacrity of victory, and lack of severe casualties. In 1991, A U.S-led coalition, determined not to allow Saddam Hussein control the Kuwaiti oil fields, executed a textbook perfect assault on Iraq's defenses, destroying Saddam's forces in forty-two days, thereby making the Gulf War one of the shortest, large-scale conflicts in history. It was in this theatre of battle that the advantage of technology truly shone. From the air, stealth fighters dropped Paveway bombs at 10,000 feet, capable of hitting targets five meters wide on the ground. From the sea,

Tomahawk Cruise Missiles were able to hit land targets miles away with enormous payloads onboard. From the land, M1A1 Abrams tanks, representing the very pinnacle of tank technology in the 20th century, were able to methodically take out the obsolete Soviet T-72 tanks of the Iraqi army with advanced fire control systems, reinforced uranium armor, and thermal imaging technology. General Schwarzkopf commanded the allied coalition of 430,000 troops, and through successful tactics and deployment, managed to bring down Saddam's forces with only 294 deaths.¹⁷

The media played a large role in gathering support for the war, thanks to new innovations in communications technology. The American public experienced 24 hour coverage of the battle raging halfway around the world via satellite links by CNN. A *Newsweek* article dated January 28, 1991 explained the aura of this coverage:

It seemed almost too easy. With eerie precision, "smart" bombs dropped down air shafts and burst through bunker doors. Cruise missiles[...] slammed into the Defense Ministry and the presidential palace in Baghdad [...] To television watchers back home, the bombardment of Baghdad seemed like a kind of video game, at once impersonal and fantastic [...] High-tech weapons, maligned in the past for their stratospheric cost and earthbound fallibility, suddenly seemed to work almost flawlessly.¹⁸

For the first time in history, American families could gather around the television and watch the war unfold before their eyes. They were able to see the new technology their own military's overwhelming superiority dismantling Saddam's army. These television broadcasts were critical to support for the war, as they conveyed "the early successes [which] heartened an American public that had dreaded the outbreak of war against Iraq. In a *Newsweek* Poll taken just after the fighting began, George Bush's approval rating soared to 83 percent, the highest of his presidency."¹⁹

¹⁷ Hiro, Dilip. *Desert Shield to Desert Storm*. (Lincoln: Author's Choice Press, 1993).

¹⁸ Russell Watson and Greg Easterbook. "A New Kind of Warfare." *Newsweek* Jan 28, 1991.

¹⁹ *Ibid.*

Essentially, the enormous success of the Gulf War campaign led many to believe that nothing negative could possibly come out of the war. However, something negative did indeed emerge, and although it did not appear until several months after the fighting stopped, it would continue to haunt veterans for years to come. It was the Gulf War Syndrome.

The Gulf War Syndrome, despite the severity of its symptoms, was very slow in being received and recognized by the medical community. It all started in Indiana in 1992, “when soldiers in two reserve units that had fought in the Persian Gulf War began to suffer a puzzling array of symptoms. [...] Over the next year, hundreds and then thousands of veterans began showing up at hospitals run by the Department of Veteran Affairs with [...] a wide array of [sic] symptoms”.²⁰ Eventually over 70,000 Gulf War veterans would suffer from some form of GWS.²¹ According to the Committee on Veterans’ Affairs Report, these symptoms included, but were not limited to “skin rashes, fatigue, vomiting, short term memory loss, diarrhea, nausea, night cramps, loss of bladder control, muscle-joint pain, twitching, chest pain, vision problems, headaches, shortness of breath, sleep disturbances, and personality changes.”²² While there are many perceived causes for the Gulf War Syndrome, two sources in particular have attracted the attention of the media and academic studies alike: nerve gas exposure and side effects from experimental drugs taken by the coalition troops.

²⁰ The VA “is an executive department of the U.S government, operating one of the largest integrated health systems in the U.S, with approximately 170 hospitals, 860 outpatient clinics, and 137 nursing homes. The VA was originally established to treat veterans with war-related injuries and to rehabilitate past service members with war-related disabilities...The VA is a tax-financed agency that delivers health care directly through salaried physicians and government owned facilities” Shi, Leiyu. *Delivering Health Care in America*. (London: Bartlett Publishers Inc, 2004) 208.

Hilts, Philip. “Gulf War Syndrome: Is It Real?” *The New York Times*. Nov. 23, 1993.

²¹ Thompson, Mark. “The Silent Treatment.” *Time Magazine*. 23 Dec. 1996

²² Hearing before the Committee on Veteran’s Affairs: United States Senate, 105th Congress. *Is Military Research Hazardous to Veterans’ Health? Lessons from World War II, the Persian Gulf, and Today*, 1994 (Washington, D.C: GPO, Oct 1995).

The entire issue of exposure of Gulf War troops to nerve gas and chemical agents was first of all, a direct consequence of lack of communication in the chain of command. The Pentagon estimates that approximately 20,000 Gulf War veterans were exposed to sarin and other chemical agents during the Gulf War.²³ Nevertheless, this number took five years to manifest itself, as the Pentagon was slow to admit to the chemical agent cases. In September 1993, the Pentagon publicly denied that U.S troops were ever exposed to chemical agents.²⁴ Then, in June 1996, the Pentagon changed its position and admitted that a few hundred American troops were exposed to chemical agents at Khamisiyah depot, but this also changed because in Oct. 1996, the Pentagon increased this number to “several thousand.”²⁵ This is thought to have happened because of failure in the chain of command; field officers at Khamisiyah did not think that the incident was worth reporting, resulting in a critical delay of information to the Pentagon.²⁶ As a result, many people suspected a cover-up of the incidents by the Pentagon in light of the changing number of cases.

The very same failure in the chain of command that plagued the communication of the facts from the battlefield to the public more importantly was responsible for the errors made at sites such as the Khamisiyah depot. In the *Report of Special Investigation Unit on Gulf War*

²³ Other chemical agents used by the Iraqis included soman, tabun, VX, and Mustard Gas, which were eventually found to cause similar symptoms in the human body, including “nausea, vomiting, increased respiratory secretions, convulsions, and respiratory failure resulting in death.” (Report of the Special Investigation Unit on Gulf War Illness. (Washington D.C: GPO 1998). 112

All perceived causes to the Gulf War Syndrome include: pesticides, chemical & biological warfare agents, vaccines (Anthrax), pyridostigmine bromide, infectious diseases, depleted uranium, oil-well fire smoke, and psychological stress as listed in the Presidential Advisory Committee on Gulf War Veterans’ Illnesses. (Washington D.C: GPO Dec 1996).

Shenon, Philip. “Schwarzkopf Says He Doubts That Chemicals Caused Illnesses,” *New York Times*, 6 December, 1996.

²⁴ Caress, Stanley. “Organizational Impediments to Effective Policy on Gulf War Illness.” *Policy Studies Journal* 29 no. 2:14-15

²⁵ Ibid.

²⁶ Ibid.

Illness commissioned by the Senate Committee on Veterans' Affairs in 1997, it is clearly stated that thanks to intel from the CIA, while top military advisors were aware that chemical weapons were present at Khamisiyah, the actual troops who destroyed the depot in March 1991 were not notified of such weapons.²⁷ For example, Army Central Command:

failed to coordinate intelligence when an XVII Airborne Corps message based on DIA [Defense Intelligence Agency] information dated February 29, 1991 and titled "Possible chemicals on OBJ. GOLD [(code name for Khamisiyah)]...was not sent to the 82nd Airborne Division which was ultimately assigned to the demolition of Khamisiyah."²⁸

It was later confirmed in October 1991 by the United Nations Special Commission that sarin and cyclosarin, two deadly nerve gas agents, were present in high concentration in hundreds of rockets destroyed at the Khamisiyah depot.²⁹ Hence, the fatal error in communication resulted in the troops at Khamisiyah being exposed to chemical agents; had they known that chemical weapons were present, extra precautions would have been taken to reduce exposure to chemical weapons, or the depot would have been bypassed altogether until properly equipped units could demolish the site.

Inadequacies in equipment made even the most prepared troops vulnerable to chemical weapons attacks during the Gulf War. A clear example of this was the M8A1 Alarm Systems that were set up at coalition bases to warn of possible chemical attacks during the war. The M8A1 was, as stated by the Senate Report of the Special Investigation Unit on Gulf War Illnesses, "a remote, continuous air sampling device designed to detect nerve agent vapors and warn personnel of its presence with both audible and visual signals."³⁰ Although this alarm system looked promising on paper, being a fully automated machine that relieved troops of such

²⁷ Report of the Special Investigation Unit on Gulf War Illness. (Washington D.C: GPO 1998). 23.

²⁸ Ibid.

²⁹ Ibid, 24.

³⁰ Ibid, 51.

duties, it proved to be too sensitive. In fact, this system would mistaken substances such as hot temperatures, high sand concentrations, gasoline fumes...and cigarette smoke for chemical agents and would sound the alarm on a daily basis.³¹ This turned into a parallel of the boy who called wolf; troops were often confused whether the system was signaling an actual chemical attack, or merely a false alarm. For example, Gulf War veteran Brian Martin, an especially vocal veteran to the Senate Committee, explains first-hand his experiences with the M8 systems at his base:

this base had been equipped with M8 chemical alarms on four different areas of the perimeter berm [...] 40 hours after the air war began, our alarms started going off one, two , to three times a day on a regular basis for the whole duration of the air war [...] when we came back to the battalion holding area, everybody was in MOPP level 4 [...] That includes the mask, suit, boots, and the gloves. [...] We were briefed [...] that vapors from the sand was the probable cause for the alarms going off all the time.³²

From experiences like this, it became difficult for troops to believe that the alarms were telling the truth; how could they rely on a system that mistook something as simple as sand vapors for chemical agents? In this confusion, troops were often put into situations where they did not realize that their camps were truly being exposed to chemical weapons. As Brian Martin later states in his testimony, “To this day, for the last 15 months, I have experienced [...] loss of strength in my right hand, problems with my heartbeat, shortness of breath; I have fatigue, but yet, I’m insomniac.”³³ Martin’s narrative attests to the consequences that the inadequacies of technologies like the M8 systems had on allied troops, which would cause many of them complications in the future.

³¹ Ibid

³² Hearing before the Committee of Veteran’s Affairs: United States Senate 103rd Congress, *Persian Gulf War Illnesses: Are we Treating Veterans Right?* 1993 (Washington D.C: GPO 1994). 18

³³ Ibid, 19

Perhaps the most recognized irony of the Gulf War was the anti-nerve agent pill called Pryidostygmine bromide (PB) that Gulf War troops were told to take on a daily basis. PB, adopted by the U.S military in 1986, was developed to temporarily bind to the enzyme AChE, in order to protect it from damage by nerve agents, but needed to be taken in conjunction with atropine antidote in order to be fully effective.³⁴ What is significant here is not the function of this pill, but rather, its side effects; if the person taking the PB pill is simultaneously exposed to other airborne agents, such as pesticides, then side effects³⁵ may increase and become unpredictable. In other words, by taking the PB pill in an environment that was exposed to both nerve agents and other airborne chemicals like pesticides, the side effects that result from an exposure to either nerve gas or pesticides can increase exponentially, causing greater harm to the person taking the pill.

The use of PB remained questionable from the start, and was never fully understood by the troops who were given this drug. During the Gulf War, 400,000 military personnel took PB in varying amounts, which was only made possible in 1990 when the “Defense Department got special waivers from the Food and Drug Administration to give drugs experimentally to American troops.”³⁶ Tracing this back, in a proposal dated December 28, 1990, from the Assistant Secretary of Defense Enrique Mendez Jr., on behalf of the DOD, to David Kessler, the FDA Commissioner of Food and Drugs, the rationale for using PB in the interest of preserving the health of the troops was clearly outlined in scientific logic:

³⁴ Ibid.

³⁵ Side effects from PB included vomiting, breathing problems, memory loss, and speech disorders. (Milano, Fred. *Gulf War Syndrome: The Agent Orange of the Nineties*. American History & Life, (Vol. 75, no. 1) 4.

³⁶ Leary, Warren. “Experimental Drugs Linked to Gulf War Veterans’ Ills.” *New York Times*. 7 May, 1994.

The effectiveness of pyridostigmine has not been tested on humans, in this country, because of the unacceptability of exposing them to [...] nerve agents. [...] [However] studies in multiple animal species have attested to the efficacy of pyridostigmine as a pretreatment. [...] In order to accomplish the military mission, the preservation of each individual member and the safety of the unit threatened will require that pyridostigmine be used by all threatened personnel. This will be necessary without regard to what might be an individual's personal preference [...] for some alternative treatment [...] [because] no satisfactory alternative pretreatment [...] exists. Recipients of pyridostigmine bromide, 30 mg tablets, will [however] be given substantial information regarding proper use of the drug and its risks and benefits.³⁷

In this situation, the conclusion can be drawn that the government's overt fears about chemical/nerve agents being used by Iraq and concern for the health of the troops outweighed the notion that PB had not been thoroughly tested in humans. The requirement that every military unit, which is threatened by chemical weapons must take the PB pill, regardless if the individual may or may not want to take the PB pill, attests to this resolve to safety. Nonetheless, the significant section of this passage is in the ending, in which the government states that proper, informative documentation must be given to troops to raise their awareness of the PB pills. Why would the government clearly inform the soldiers that the pills they were taking were never tested on humans? In addition, knowing this information, why would the soldiers be inclined to take the pills at all? The answer to both questions is that this distribution of information regarding the risks and benefits of PB never reached the troops because of the battlefield. Gulf War veteran Lt. Col. Neil Tetzlaff explains in his testimony to Senate Committee on Veterans' Affairs that "while being mobilized I was issued a seven day supply of pyridostigmine bromide pills and was told to start taking them on an eight-hour schedule, which I did. The package contained no warnings".³⁸ Col. Tetzlaff later explains that "since taking pyridostigmine while

³⁷ Hearing before the Committee on Veteran's Affairs: United States Senate, 105th Congress. *Is Military Research Hazardous to Veterans' Health? Lessons from World War II, the Persian Gulf, and Today*, 1994 (Washington, D.C: GPO, Oct 1995). 369

³⁸ *Ibid*, 87.

deployed for Desert Shield, I have been suffering moderate, severe, and intolerable pain, fatigue easily.[...] I've lost the ability to speak because I can't recall words."³⁹ It is clear here that Col. Tetzlaff was unaware of the risks in taking the PB pills, but did so anyway, as he was ordered by his superiors. In another instance, Anthony Hardie, a Gulf War Vet also testified before the Veteran Affairs Subcommittee, stating that

In mid-January, my team of about 30 men were directed to begin taking PB [...] we were told that they were experimental, not FDA approved, that we had no choice in consenting and were ordered to take them [...]I experienced significant side effects, including watery eyes, confusion, dizziness, muscle twitching, and generally feeling quite ill. For me, like so many others, the acute symptoms lasted as long as I took the pills.⁴⁰

Both of these testimonies illustrate the two methods in which the pills were administered: either troops were not told about the pill's dangerous side effects, and we coaxed into taking it, or they were notified of the pill's effects, but were still ordered by superior officers to use the pills. This was all very ironic, because by attempting to safeguard against a threat, the pills created their own danger in the bodies of the soldiers they were meant to protect.

With the end of the Gulf War, eager troops were anxious to return home to their families and a hero's welcome. A *Time Magazine* article dated March 18, 1991, captures the energy of an airfield in Georgia:

At Hunter Army Airfield, 104 troops of the 24th Infantry Division, still dressed in desert camouflage, climbed off the plane in the middle of the night to a raucous celebration in which military discipline instantly fell apart. A trooper protested a brief military formation by shouting 'The women are waiting, the beer is cold!' No one in Hinesville slept that night.⁴¹

³⁹ Ibid.

⁴⁰ Hardie, Anthony. "Statement of Anthony Hardie, Gulf War Veteran." Military & Government Collection. 30 July, 2009.

⁴¹ Morrow, Lance, Dan Goodname, J.F.O Mcallister, and William Mader. "Desert Storm's Troops: Triumphant Return." Time Magazine. 18 March, 1991. 2

This elation was shared across the nation, with flags, outstretched arms, and anxious children awaited the Gulf War troops, pouring off of planes and ships from a victorious war abroad. Elsewhere, in San Francisco, Gulf War troops “were cheered at Travis [Air Force Base] then rode in buses to the Navy’s Oak Knoll Hospital with a motorcycle police escort. Along the interstate, knots of welcomers gathered, waving American flags and yellow ribbons.”⁴² Indeed, the patriotic emotions were flowing through many people’s veins, and in instances like this parade, a sense of nostalgia of V-Day in WWII was felt, an emotion that had been dormant for years since the Vietnam War. A vet from Vietnam named Carlos Melendrez told *Time Magazine* about the differences between his welcome from Vietnam and that of the Gulf War troops: “the first thing I did at the airport was rush to the men’s room and get rid of my uniform. I was ashamed. The guys and girls today can be proud to wear it.”⁴³ Melendrez’s response expressed the changing emotions that many Americans felt; the Gulf War had been a resounding success, and now the shadow of Vietnam could finally dissipate. However, on a deeper level, Melendrez’s remark takes on an entirely new meaning; the Gulf War veterans, were in fact, very ill and no one knew it yet.

When GWS did emerge in the bodies of thousands of veterans, the country was slow to accept this harsh reality. In 1993 Lt. Col. Douglas Hart from DOD responded to inquiries about the Gulf War Syndrome by saying that “we do not believe it is a syndrome [...] It is just some symptoms that we don’t have an explanation.”⁴⁴ This attempt by the DOD to downplay the idea of a Gulf War Syndrome also reflected the positions of the medical field. In his testimony, Anthony Hardie tells of a blunt encounter with this doubt on the Gulf War Syndrome in 1993: “having moved to Madison, the designated Gulf War coordinating doctor’s agitated words

⁴² Ibid, 3

⁴³ Ibid, 1

⁴⁴ Hilts, Philip. “Gulf War Syndrome: Is It Real?” *The New York Times*. Nov. 23, 1993

burned forever in my memory when she told me, ‘There’s nothing wrong with you Gulf War vets. It’s all in your heads, you need to forget about it, get on with your lives, and get past it.’⁴⁵ The words from this doctor essentially foreshadow the difficulties that many Gulf War veterans would have to endure, as they began to suffer from their ailments. Another angle that these doubts were cast towards the Gulf War vets is conveyed by Doctor Fink, medical director of the Philadelphia Psychiatric Center: “This war was quick, efficient, brilliant, and every soldier can take credit for that. [...] I believe that will diminish the number of psychiatric casualties.”⁴⁶ It was assumed by some that because the Gulf War was such a resounding success, the troops returning would be high in morale, reducing the chances of psychiatric diseases from taking hold. The low death count of 294 was also very deceiving the public into thinking that most of the troops would be physically sound. They could not have been more wrong.

The truth was that many veterans across the country were ill, but no one could properly diagnose them. John Riggs, a Gulf War veteran from Saint Mary’s, West Virginia, provides an example of his failed attempt at finding a conclusion for his illness: “I was undergoing treatment at the Clarksburg veterans facility for these problems that have been associated with the Persian Gulf. They [said] there was basically nothing wrong with me, [and] that I was required to go ahead and pay back the funds on top of everything else.”⁴⁷ Other veterans, like Chris Dauer, a Gulf War veteran from Massachusetts, share his frustration with inadequate facilities at the VA in Washington D.C: “I asked numerous times if I would be afforded the opportunity to speak with a toxicologist...I never got that opportunity. So my question is this: How can a certain VA

⁴⁵ Hardie, Anthony. “Statement of Anthony Hardie, Gulf War Veteran.” Military & Government Collection. 30 July, 2009. 4

⁴⁶ Jill Smolowe, Anne Blackman, and Don Winbush. “After Euphoria, a Letdown.” *Time Magazine* March 25, 1991.

⁴⁷ Hearing before the Committee of Veteran’s Affairs: United States Senate 103rd Congress, *Persian Gulf War Illnesses: Are we Treating Veterans Right?* 1993 (Washington D.C: GPO 1994). 37

medical center...handle possible cases of environmental contamination if there is no environmental consultation unit within that facility?"⁴⁸ U.S Colonel Gilbert Roman, another Gulf War vet, remarks on the same note, explaining his unfortunate battle with the VA:

materials I send there [the VA office in Phoenix AZ] are never acknowledged and telephone numbers that are given are not to any VA recognized exchange and the name given for contact is not a true VA employee [...] Frustration is a word that does not begin to explain the feeling of being in the 'system' four year with no real contact from a person; just requests for more information.⁴⁹

Not only were veterans having difficulties getting access to the proper specialists in VA hospitals, but they were also running into the same wall of doubt from public hospitals. Chris Dauer recalls in his testimony that "I've seen some of the best doctors in the world at Massachusetts General Hospital in Boston, and they have no reasonable explanation, other than stating that it's their opinion that it's most likely toxins and chemicals."⁵⁰ Medical experts across the nation, both in public and VA hospitals, could not figure out what was wrong with the Gulf War veterans, and this was taking a toll on the morale of the veterans.

A large source of the trouble that befell the Gulf War veterans was the medical community's misidentification of the Gulf War Syndrome as a psychological illness, instead of a physical one. Soldiers like Lt. Col. Reverend Walker, a Gulf War vet, were being told that the root of their problems was mental instability. However, this was a far cry from the truth. Walker, a long-time veteran who enlisted in 1964 during Vietnam and continued to serve throughout the Gulf War, describes his fellow comrades in his statement before the 1994 Committee on Veteran's Affairs:

⁴⁸ Ibid, 99.

⁴⁹ Hearing before the Subcommittee on Human Resources, *Status to Identify Gulf War Syndrome: Multiple Toxic Exposures*. 1998 (Washington D.C: GPO 1998). 46.

⁵⁰ Ibid, 39.

The marine in back, David McGee—went in for treatment and they have disregarded that there is anything wrong with him except that he is having problems mentally and cannot handle it. Maj. Mike Bricelin, in the back, is presently out of work [...] the VA said he has PTSD. The treatment that we are getting is that it is all in the head [...] They will not admit that it might be something else.⁵¹

Walker describes the situation that many veterans faced: a medical community that was too eager to diagnose the veterans with mental-related causes, instead of considering any physical problems, such as toxic exposure. Questioning this system brought only more problems to the veterans. Gulf War vet Carl Wickline who suffered from multiple physical complications relates that after seeing military doctors, “it was suggested to me that I was crazy or at least mentally unbalanced. When I began treatment with a civilian doctor in 1993, I was threatened by military medical officers and personnel with court martial for going over their heads”⁵² Wickline essentially demonstrates here the hostilities he met by merely going to a civilian doctor to get a different diagnosis from the military doctors. Nevertheless, when looking at the overall picture, it was not just a few military doctors that thought mental illnesses were predominant in veterans: the federal government’s own research reflected this same notion. According to the report *Gulf War Illness: Improved Monitoring of Clinical Progress and Reexamination of Research Emphasis are Needed*, it was found that “the government’s early research emphasized stress as a cause for Gulf War veterans’ illnesses and gave other hypotheses, such as multiple chemical exposure, little attention”.⁵³ The DOD’s rationale for this was that the mind influenced the

⁵¹ Hearing before the Committee of Veteran’s Affairs: United States Senate 103rd Congress, *Is Military Research Hazardous to Veterans’ Health? Lessons from WWII, The Persian Gulf, and Today* 1994 (Washington D.C: GPO 1994). 14.

⁵² Hearing before the Committee of Veteran’s Affairs: House of Representatives, *Persian Gulf War Illness* 1997 (Washington D.C: GPO 1997). 14.

⁵³ Hearing before the Subcommittee on Human Resources, *Gulf War Illness: The Research Agenda*. 1998 (Washington D.C: GPO 1998). 149.

physical body and therefore by researching the psychological aspects of Gulf War vets, the root of their problems could be found.⁵⁴

Not only was the government's research emphasis on the mind over the body wrong, but its overall efficiency in planning and carrying out investigations were fairly poor to begin with. While GWS began to show up in veterans as early as 1992, dedicated research to GWS did not begin until 1994.⁵⁵ This delay had a domino effect on the research studies to follow, in that crucial information was not collected from the field to accurately calculate multiple exposures of the troops to hazardous conditions, from oil fires to nerve gas.⁵⁶ In addition, interviews and questionnaires that were given to veterans several years after the war were of decreased validity because the veterans, many of whom were ill, were going off of their memory and there was no way to test the integrity of the responses of the veterans.⁵⁷ Hence, the value of the veterans as historical primary sources decreased significantly, making it harder for the studies to form a complete picture of what substances and elements the troops were exposed to during the Gulf War.

The alarmingly low rate of both veterans that actually filed claims for their illnesses and veterans whose claims were approved stands as a clear indicator of the actual number of veterans who are able to even qualify for proper medical care. According to the most recent data from the VA's Gulf War Veteran Information System in December 2007, "out of the 272,215 claims filed by 696,842 veterans of the Gulf War, [...] only 3,149 undiagnosed claims have been approved."⁵⁸ This is due in part to a policy that the VA had on compensation and battlefield-

⁵⁴ Ibid, 156.

⁵⁵ Ibid, 154.

⁵⁶ Ibid, 156.

⁵⁷ Ibid, 164.

⁵⁸ Hardie, Anthony. "Statement of Anthony Hardie, Gulf War Veteran." Military & Government Collection. 30 July, 2009. 4

related injuries. For a veteran to receive the VA monthly compensation, he/she had to have sustained a disabling injury in the line of duty: the veteran was put through a series of testing, and if the medical condition was rated as “service-connected”, then the veteran would receive compensation from the VA.⁵⁹ However, in case of the Gulf War, symptoms “did not neatly fit the criteria for service connection. The headaches, rashes, pain, etc however severe or disabling, did not immediately suggest a consequence of war. There weren’t any bullet wounds or other traumatic injuries.”⁶⁰ As a result, many veterans were unable to receive adequate compensation for conditions that were just as debilitating as gunshot or artillery wounds.

The low success rate of veterans who actually got compensation, approximately 1%, helps to then explain the frustration that many veterans have expressed in light of their difficulties. Charles Sheehan-Miles, a tank loader in the Gulf War, remarks that “I’m disappointed the way our country has treated us [...] I’m afraid we’re getting closer to the public image the Vietnam veterans had.”⁶¹ Charles’ response illustrates the widespread frustration that Gulf War veterans had for not receiving the care they deserved. John Riggs, another Gulf War vet, also expresses his frustration in being denied the truth of his problems: “We’re all grown-ups here. We’re grown up enough to fight for our country, we’re grown up enough to die for our country. [...] Shouldn’t we have the right to know if something has happened to us?”⁶² This idea of feeling being deprived of vital information by the country goes hand-in-hand with Chris Dauer’s narrative, which is perhaps the most representative of the Gulf War veterans:

When we returned back home from the Persian Gulf, we were greeted with people cheering, flags waving and yells of “thanks for a job well done!” Now we are faced with

⁵⁹ Wheelwright, Jeff. *The Irritable Heart*. W.W Norton & Co, New York, 28.

⁶⁰ Ibid.

⁶¹ Schmitt, Eric. “Ideas and Trends: The Gulf War Veteran; Victorious in War, Not Yet at Peace.” *The New York Times*. 28 May, 1995.

⁶² Hearing before the Committee of Veteran’s Affairs: United States Senate 103rd Congress, *Persian Gulf War Illnesses: Are we Treating Veterans Right?* 1993 (Washington D.C: GPO 1994). 42.

skepticism and misinformation from the very government institution that subjected us to this catastrophe. Because of this fact, my sense of patriotism has been damaged. [...] We responded when our country called. So all we are asking is for honest answers.⁶³

Dauer's testimony reflects many of the emotions that were going through veterans' minds across the nation: they had put their lives on the line for their country, and now they felt betrayed by being denied the truth and proper medical care. The veterans had received a warm welcome from the home front, but this welcome was extinguished all too quickly, in light of the veterans' call for medical care.

The unavailability of proper health care for veterans was due to a variety of problems, some centered around the structural impediments of bureaucracies. The DOD played a major role in this conflict when it withheld crucial information for five years stating that Gulf War troops had indeed been exposed to chemical weapons.⁶⁴ This was trouble for veterans who were suffering from neurotoxicity and chemical poisoning because the DOD reports convinced the VA medical staff that they could rule out any possibilities that the veterans were suffering from chemical exposure.⁶⁵ Dr. Claudia Miller, of the University of Texas Health Science Center, elaborates on this professional dilemma in her testimony from the medical standpoint before the Subcommittee on Oversight and Investigations, stating that:

the difficulty is that there's been a mainstream group of physicians in medicine, [...] many of whom are in VA hospitals, who have felt for years that chemical sensitivity did not exist. If they support some of these therapies [for chemical exposure] they run the risk of creating antagonism among a lot of academic physicians. If they don't support it, then the veterans obviously are going to be upset.⁶⁶

⁶³ Ibid, 102.

⁶⁴ Caress, Stanley. "Organizational Impediments to Effective Policy on Gulf War Illness." Policy Studies Journal. 2001: 29(2) 15 October 2009. 4

⁶⁵ Ibid.

⁶⁶ Hearing before the Subcommittee on Oversight and Investigations: United States Senate 103rd Congress, *Persian Gulf War Veterans and Related Issues*, 1993 (Washington D.C: GPO 1994)

The veterans were not the only people being confronted with multiple problems because many of the VA physicians were facing their own Catch 22. Convinced that there was no possibility of troops being exposed to toxic chemicals, the physicians developed a model that excluded this as a cause for illness. Nonetheless, this model ultimately trapped them, as they would face scrutiny from their peers if they broke from this model, but if they did not, then they were at the unpopular end of the veterans.

The distinction between illness and disease is a comparison, in particular, that had considerable influence on this public reception of the Gulf War Syndrome. In medical terms, “disease is an objectively measurable pathological condition of the body. In contrast, illness is a feeling of not being normal and healthy.”⁶⁷ Essentially, diseases are clearly identified, physical conditions that medical personnel agree pose a threat to the human body. An illness, however, is the subjective state of not feeling healthy. The GWS, over the years, has had a tendency to fall under the latter for its ambiguity in diagnosis due to the sheer variety of symptoms associated with GWS. It is no coincidence, that from the start, the U.S government has named the overall condition as the “Gulf War Illness.” David B. Mahoney author of *A Normative Construction of the Gulf War Syndrome*, explains how this vague attitude towards the complications that were plaguing veterans affects society as a whole: “In our culture, the existence of a disease as *specific* entity is a fundamental aspect of its intellectual and moral legitimacy. If it is not specific, it is not a disease, and a sufferer is not entitled to sympathy.”⁶⁸ As mentioned previously in this thesis, the symptoms of GWS were anything but specific, and caused doctors to apply overly cautious and broad diagnoses to the veterans. This was key because it put the veterans into the category of people who claimed to be ill but had limited medical evidence to prove it.

⁶⁷ “Explanations of Illness.” Palomar College. <http://anthro.palomar.edu/medical/med_1.htm>

⁶⁸ Mahoney, David. “A Normative Construction of the Gulf War Syndrome.” *Perspectives in Biology and Medicine*. Vol. 44, no. 4: 577.

The large number of symptoms associated with the Gulf War Syndrome did not collectively fit a particular disease paradigm, and as a result, doctors took a neutral stance, saying they could not pinpoint the sources of the various illnesses and often refused to offer any affirmative diagnosis.⁶⁹ Col. Smith, a Gulf War veteran gives his testimony on this matter regarding a refusal by a doctor to sign his insurance form:

I asked to have a one page check-the-box insurance form filled out by my attending physician. My attending physician refused to fill this form out for a very small private disability insurance policy that I have. They physician said he didn't know enough about my case. [...] he's so afraid of saying something "not medically/politically correct," or saying something that sounds bizarre.⁷⁰

The physician was willing to refuse signing something as important as an insurance policy form, in order to secure his reputation from any scrutiny, both from above and below his pay grade, conveying just how cautious the medical field was, when it came down to analyzing unknown illnesses that no one was familiar with. This proved to be a major impediment to Gulf War veterans attempting to merely receive proper health care, largely contributing to the low rate of veterans who were able to successfully register their claims with the VA.

While Veterans found themselves dealing with overly cautious doctors, they also faced a nation uncertain of how to treat them due in part to an unusual reason: conspiracy culture. Since its humble beginnings in colonial times, conspiracies have driven skepticism and doubt on many events in American history, from Free Mason roots in the colonial government, to inside jobs in the September 11th attacks. As Peter Knight, author of *Conspiracy Theories in American History*, puts it, "a conspiracy theory [...] is in effect an interpretation of history that claims that things are not always as they seem, and that things don't just tumble out of coincidence [...] it is a way

⁶⁹ Ibid, 9.

⁷⁰ Hearing before the Committee of Veteran's Affairs: United States Senate 103rd Congress, *Persian Gulf War Illnesses: Are we Treating Veterans Right?* 1993 (Washington D.C: GPO 1994). 40

of looking at the world and historical events that sees conspiracies as the motor of history.”⁷¹ Many films, such as Oliver Stone’s *JFK* or Richard Donner’s *Conspiracy Theory* augment this view on history, questioning elements of American society, whether it be secret societies or government cover-ups. This same wave of paranoia, reminiscent of George Orwell’s *1984*, has consequently forced many American to truly examine their lives and security. In Elaine Showater’s *Hystories: Hysterical Epidemics and Modern Culture*, this paranoia is examined from a medical perspective, as she “presents a series of case studies of current ‘epidemics’ or hysteria—from the Gulf War Syndrome (GWS) to alien abduction scares—in which patients turn to conspiratorial explanations for what she insists are psychological disturbances.”⁷² Showater illustrates here that the GWS was commonly viewed as a conspiracy, which helps to explain one reason why veterans found themselves pitted against a skeptical nation in light of their sacrifices made in battle: some Americans still found rooted suspicions in the Gulf War Syndrome, viewing it more of a conspiracy than as a critical medical condition. In addition, the fact that little medical knowledge existed on how to treat these variety of conditions further blurred the confidence of Americans that the Gulf War Syndrome was a legitimate battlefield condition.

Veterans faced not only groups of doubtful Americans and cautious physicians, but they also had to confront a health care system that was behind its European counterparts. Unlike most of the European powers, which are able to provide universal health care, the U.S health coverage remains split between government-- which include Medicare (focused on caring for the elderly), Medicaid (centralized around caring for the poor) --and private programs called HMOs (Health Maintenance Organizations). Beginning in the 1970s and continuing through the 1980s, these programs faced complications in the midst of a floundering American economy. As Mark

⁷¹ Knight, Peter. *Conspiracy Theories in American History*. (California, ABC-CLIO 2003) 16

⁷² Knight, Peter. *Conspiracy Culture: from the JFK Assassination to the X-Files*. (New York, Routledge, 2000) 6

Rushefsky, author of Politics, Power & Policy Making: The Case of Health Reform in the 1990s insists that these problems included “increased expectation by the public, increased demand and utilization, advances in health care technology, [...] a medical arms race among hospitals, and general price inflation.”⁷³ Many people had high hopes that the large federal-run Medicare and Medicaid programs would take care of them when needed. In addition, as the U.S population rose over the decades, so did the demand for health care. On the other hand, the medical facilities faced a constant demand to always possess updated medical technology, both to keep up with the fast progress of technology, and also to achieve competitive advantages to draw in customers. This conflict drove up health care costs, because hospitals were always trying to outdo each other in technology in their struggles for new customers. Compounding the issue, economic hardships drove up inflation, further worsening health care costs to Americans.

Profound changes shook the foundations of American health care. Medicare witnessed unanticipated costs, and corporations began to take a stronger foothold in health care, shifting a majority of the health care providers to the private industry.⁷⁴ As a result of the high premiums for private health care, the 1990s saw a significant rise in health care spending by Americans to adequately meet their medical needs. For instance, in 1990, Americans spent \$696.6 million on health care, but by 1993, this number had increased to \$884.3 million.⁷⁵ Not everyone in America had the cash in their pockets to afford this drastic increase in health care, and consequently, “by the end of the decade, 44 million Americans, 16% of the nation, [had] no health insurance at all”.⁷⁶ Therefore, the veterans of the Gulf War faced a very different situation upon returning home from war, compared to veterans of WWII. Instead of readjusting to a

⁷³ Rushefsky, Mark, Patel, Kant. Politics, Power & Policy Making: The Case of Health Reform in the 1990s. (New York, M. E. Sharpe, 1998) 23

⁷⁴ “A Health Care Crisis.” <<http://www.pbs.org/healthcarecrisis/history.htm>>

⁷⁵ Rushefsky, Mark. 28

⁷⁶ “A Health Care Crisis.”

country enjoying the benefits of wartime expansion and prosperity, Gulf War veterans were forced to confront a nation undermined by a severely lacking medical infrastructure.

Nevertheless, the veterans were not only dealing with an inadequate health care system, but they were also struggling against the public views of their communities, which expressed increasing doubt about the ailments that the veterans were suffering from.

For years following the Gulf War, medical professionals and ex-soldiers alike thought the veterans had lost their minds to PTSD, because they claimed to suffer from a number of ailments without any scientific evidence to verify it. Maloney explains the resulting consequences of these judgments: “framing GWS as an illness of psychological origin place[d] veterans at risk for being considered responsible for their own disease state, and for being critically scrutinized by their peers for allowing the stress of such a quick and decisive war to affect their health.”⁷⁷ This perception of interpreting GWS through a psychological lens became widespread following the end of the war, and stretched from doctors who could not find a proper diagnosis, to even the Presidential Advisory Committee of 1996, which found combat stress to be an “important contributing factor” to the range of symptoms reported by veterans.⁷⁸ Essentially, Gulf War veterans found themselves caught in a Catch 22: if they claimed they were suffering from unknown symptoms, then no one would take them seriously, but if they stated that they were under psychological stress, then their fellow soldiers would criticize them for being tormented by a war that they had won by a landslide.

The public response to veterans’ claims of a mysterious set of ailments was one of skepticism and doubt. Many could not grasp the idea that a large number of veterans were complaining of issues that not even doctors could figure out. Michael Fumento, a columnist in

⁷⁷ Ibid, 580.

⁷⁸ Ibid, 579.

Reason Magazine depicts the emotions of those unconvinced with GWS through what he calls the Gulf Lore Syndrome: “Persian Gulf vets [...] have become convinced they are victims of a conspiracy deeper and broader than anything on *The X-Files*. The sick vets live in this world of Gulf Lore Syndrome. Until reality is allowed to reach them, they will remain trapped in it.”⁷⁹ People believed that the veterans were lost in their own world; their desperate pleas for help were often interpreted as movement away from reality instead of towards it. In fact, experts, such as “medical historian Edward Shorter of the University of Toronto called related cases of psychosomatic illness ‘epidemic hysteria.’ As a historian, he finds the GWS phenomenon tragic yet ‘fascinating [...] just as cholera is spread by water droplets, epidemic hysteria is spread by the media.”⁸⁰ Veterans were getting skeptical looks not only from the general population, but also from the professional community about their claims to GWS. Some medical professionals such as Shorter believed that it was the media that was orchestrating the rise of this “epidemic” by spreading false information or exaggerating existing information throughout the public, instead of considering that the psychological instabilities of the veterans were pointing towards a bigger picture of GWS.

Although soldiers faced death on the battlefield throughout history, they were often forced to confront existing medical problems on the home front. World War I was one of the earliest examples of this, with neurasthenia plaguing a large number of troops returning from the war. As a precursor to PTSD, neurasthenia forced the developing medical profession in America to scramble and reorganize themselves in order to cope with the new threat. World War II saw the internalization of horrors that troops experienced on the battlefield, creating a façade of deception that fooled many Americans into thinking that nothing could go wrong with the

⁷⁹ Fumento, Mike. “Gulf Lore Syndrome.” *Reason Magazine*. March 1997. 1

⁸⁰ Fumento, Mike, 9.

“Greatest Generation.” The terrible conditions of Vietnam bred its own vicious disease among veterans, known commonly today as PTSD, or Post Traumatic Stress Disorder. The assumptions of medical professionals led them to create a diagnosis model that underestimated the extent of psychological damage to veterans, leading to misdiagnosis and trouble for the veterans.

The Gulf War was different from the conflicts in how its aftermath was handled by the medical and federal communities. The government was slow to react, and many blamed the Pentagon for its widely publicized failure to put forth all the details from the destruction of nerve gas depots by coalition troops. On the medical side, doctors across the nation were confronted with countless situations in which they could not figure out the proper diagnosis for the Gulf War veterans, who were clearly suffering from a debilitating array of complications. Many medical facilities treated the veterans as patients with mental illnesses, because they had been trained to do so and had limited knowledge of complications arising from nerve gas poisoning or side effects of government-issued pills. This frustrated the veterans to no end, who had expected to at least receive adequate medical care, in light of their service to their country. In many of their testimonies, veterans expressed anger, despair, and disappointment in the service they were receiving at medical facilities.

Although the Gulf War was a recent occurrence, it has made a significant impact on history largely based on the consequences it left on the troops who fought it. Many Americans were lured into the belief that the Gulf War was a total victory for the coalition troops, when in reality, it was the ironically beginning of an arduous journey for those who began to suffer from GWS. The majority of the GWS stemmed from environmental toxicity of the battlefield, instead of the long-held belief in psychological ailments. As seen earlier, this had a crippling effect on the medical community, which had been trained to detect psychological, not physical ailments.

Like Linda Nash's discussion about cancer clusters in California during the 1960s, physicians in the 1990s became trapped in their own methodologies, based on the information from the government that the Gulf War veterans were never exposed to toxic chemicals. The distinction between illness and disease also played a crucial role in signifying the problematic nature of GWS. Initially, the government had dubbed the mysterious symptoms the "Gulf War Illness," implying that the symptoms were not universally accepted as a legitimate "disease." On another note, when taken as a whole, GWS stands as a significant instance because it demonstrates that sometimes the biggest barrier facing veterans in post-war years can arise from the general misdiagnosis of ailments. In the case of the Gulf War Syndrome, the medical and federal communities understood the ailments to be largely psychological, instead of physical. This frustrated the veterans to no end, who had expected to receive adequate medical care for their service to their country. Today, placed right between the hospitals and the government, the veterans now have to fight not for their country, but for their very own health care.

Bibliography

Books

- Childers, Thomas. Soldiers from the War Returning: the Greatest Generation's Troubled Homecoming from World War II. (New York, HMH Publishing Company, 2009) 4.
- Eksteins, Modris. Rites of Spring. (New York: Houghton Mifflin Company, 1989) 172.
- Hiro, Dilip. Desert Shield to Desert Storm. (Lincoln: Author's Choice Press, 1993).
- Johnson, Alison. Gulf War Syndrome: Legacy of a Perfect War. (MCS Information Exchange, 2001). 173.
- Knight, Peter. Conspiracy Culture: from the JFK Assassination to the X-Files. (New York, Routledge, 2000)
- Knight, Peter. Conspiracy Theories in American History. (California, ABC-CLIO 2003) 16.
- Rushefsky, Mark, Patel, Kant. Politics, Power & Policy Making: The Case of Health Reform in the 1990s. (New York, M. E. Sharpe, 1998) 23
- Seed, David. Brainwashing: The Fictions of Mind Control. (Ohio: Kent St. University Press, 2004) 81.
- Shay, Jonathan. Achilles In Vietnam. (New York: Simon & Schuster, 1994) 7.
- Shenon, Philip. "Schwarzkopf Says He Doubts That Chemicals Caused Illnesses," *New York Times* 6 December, 1996.
- Shi, Leiyu. Delivering Health Care in America. (London: Bartlett Publishers Inc, 2004) 208.
- Scott, Wilbur. *Vietnam Veterans Since the War: Politics of PTSD, Agent Orange, and the National Memorial.* Aldine de Gruyter, 1993. 5
- Wheelwright, Jeff. The Irritable Heart. W.W Norton & Co, New York, 2001.

Articles

"A Health Care Crisis." <http://www.pbs.org/healthcarecrisis/history.htm>

Caress, Stanley. "Organizational Impediments to Effective Policy on Gulf War Illness." *Policy Studies Journal* 29 no. 2:14-15.

"Explanations of Illness." Palomar College. http://anthro.palomar.edu/medical/med_1.htm

Fumento, Mike. "Gulf Lore Syndrome." *Reason Magazine*. March 1997. 1

Hilts, Philip. "Gulf War Syndrome: Is It Real?" *The New York Times*. Nov. 23, 1993.

Jill Smolowe, Anne Blackman, and Don Winbush. "After Euphoria, a Letdown." *Time Magazine* March 25, 1991.

Leary, Warren. "Experimental Drugs Linked to Gulf War Veterans' Ills." *New York Times*. 7 May, 1994.

Mahoney, David. "A Normative Construction of the Gulf War Syndrome." *Perspectives in Biology and Medicine*. Vol. 44, no. 4: 577.

Morrow, Lance, Dan Goodname, J.F.O Mcallister, and William Mader. "Desert Storm's Troops: Triumphant Return." *Time Magazine*. 18 March, 1991. 2

Milano, Fred. *Gulf War Syndrome: The Agent Orange of the Nineties*. American History & Life, (Vol. 75, no. 1) 4.

Nash, Linda. *Inescapable Ecologies*. University of California Press, 2006.

"New Compassion for the Prisoner of War." *Time Magazine*, 31 Jan, 1969.

Post Traumatic Stress Disorder (PTSD). The National Institute of Mental Health. <http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

Russell Watson and Greg Easterbook. "A New Kind of Warfare." *Newsweek* Jan 28, 1991.

Schmitt, Eric. "Ideas and Trends: The Gulf War Veteran; Victorious in War, Not Yet at Peace." *The New York Times*. 28 May, 1995.

Thompson, Mark. "The Silent Treatment." *Time Magazine*. 23 Dec. 1996

Documents

Hardie, Anthony. "Statement of Anthony Hardie, Gulf War Veteran." Military & Government Collection. 30 July, 2009.

Hearing before the Committee of Veteran's Affairs: United States Senate 103rd Congress, *Persian Gulf War Illnesses: Are we Treating Veterans Right?* 1993 (Washington D.C: GPO 1994). 37.

Hearing before the Committee on Veteran's Affairs: United States Senate, 105th Congress. *Is Military Research Hazardous to Veterans' Health? Lessons from World War II, the Persian Gulf, and Today*, 1994 (Washington, D.C: GPO, Oct 1995). 369.

Hearing before the Committee of Veteran's Affairs: House of Representatives, *Persian Gulf War Illness* 1997 (Washington D.C: GPO 1997).

Hearing before the Subcommittee on Human Resources, *Gulf War Illness: The Research Agenda*. 1998 (Washington D.C: GPO 1998).

Hearing before the Subcommittee on Human Resources, *Status to Identify Gulf War Syndrome: Multiple Toxic Exposures*. 1998 (Washington D.C: GPO 1998).

Hearing before the Subcommittee on Oversight and Investigations: United States Senate 103rd Congress, *Persian Gulf War Veterans and Related Issues*, 1993 (Washington D.C: GPO 1994).

Presidential Advisory Committee on Gulf War Veterans' Illnesses. (Washington D.C: GPO Dec 1996).

Report of the Special Investigation Unit on Gulf War Illness. (Washington D.C: GPO 1998). 181

