

Gulf War Syndrome, PTSD and Military Suicides: U.S. Government's Message to America's Vets: "Drop Dead"

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Theme: [History](#), [US NATO War Agenda](#)

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From 1991 to 2003, hundreds of thousands of our bravest men and women sought help from the Veterans Administration, from the Defense Department, from the White House, all to no avail. The official word was that Gulf War Syndrome did not exist. So they suffered in silence. Tens of thousands died from these conditions. Many lost their homes because of the high costs to pay for medical care themselves. Independent investigations, including those conducted by many of the Gulf War veterans themselves, showed multiple causes behind Gulf War Syndrome, including experimental vaccines, exposure to depleted uranium (DU), and toxicity from biological and chemical weapons, oil fires and other environmental contaminants.

The current wars in Afghanistan and Iraq are manifesting with an entirely new series of physical and mental illnesses and diseases. Some are being recognized, such as post traumatic stress disorder (PTSD), but many others are not. Hundreds of thousands of our veterans are living in destitution, are incarcerated, have attempted or committed suicide, and can no longer fit into a normal family life. And yet the government once again, as it did to previous Gulf War vets, turns its backs on them. This is an American tragedy, and that is where our story begins.

American troops serving in Afghanistan and Iraq are sinking ever lower into the abyss of the lost and forgotten. Severe depression, confusion and an existential lack of purpose swarms across our armed forces and our government barely notices. We are witnessing annual illness increases in practically every category of physical, emotional and mental health: physical combat injuries, PTSD, brain trauma and depression, impaired immune systems, common and rare cancers, diabetes, reproductive disorders, a wide variety of inflammatory conditions among many other ailments. Over-extended and multiple deployments are shattering soldiers' and veterans' lives. The fabric of their social relationships is rapidly deteriorating. Divorce rates and broken homes are commonplace, and a homeward bound ticket is only an assurance many will return as damaged goods, courtesy of our government's negligence and disregard for human health.

And upon their return to Kansas, away from America's killing fields in the Middle East, there awaits an economy in collapse under the weight of astronomical federal debt and corporate greed, recessionary unemployment and rising homelessness, hungry children and rampant poverty, and now a new American culture every bit as disoriented and fearful about its future.

Welcome to America's brave new world of global PTSD!

The Middle East: Healthy In, Broken Out

Before the Vietnam War, the severe psychological conditions warriors' and soldiers' experienced on the battlefield went under a variety of names: war neurosis, combat fatigue, neurasthenia, shell shock and others. Today these psychological states have been tossed under the umbrella term Post Traumatic Stress Disorder (PTSD), and although GIs are screened to assure mental vitality and stability before deploying into combat, we are experiencing record numbers of servicemen and women returning emotionally and mentally impaired. During no other war, including Vietnam, are GIs as psychically damaged as those now serving and returning from tours in Afghanistan and Iraq. If a veteran does not already experience symptoms of PTSD or any one of a number of neurological and emotional illnesses, he or she will very likely do so in the future. The DoD medical authorities are ambiguous regarding the reasons for the rising statistics. It has even required the creation of new disorders, like Prolonged Duress Stress Disorder, to reflect mental conditions specific to the current wars, such as those related to duress from two or more extended deployments.

It appears odd that many vets being diagnosed for PTSD, depression and other mental impairments never experienced direct combat. Yet all deployed troops to Afghanistan and Iraq share one thing in common. They have all stood on Middle Eastern soil and breathed and lived in its highly toxic and chemically contaminated environment.

Testimonies from DoD health officials about the rate of serious mental impairment among active-duty GIs and veterans are contradictory. The Army's top psychiatrist, Brig. General Loree Sutton told Congress that about 17 percent of our troops are on psychiatric medications. However, in later interviews she reduced her estimate substantially to 2-4 percent.[1] Other military officials tout other conflicting numbers giving a clear message that either the military is clueless about the seriousness of mental illness among our troops, or is having one hell of a time keeping their lies in order. As this investigation will outline, there is far greater reason to suspect intentional deception on the DoD's behalf rather than assume the upper echelons of our military's health institutions are simply fools unqualified in their roles to oversee the health and well being of our armed forces.

Independent research places the military's mental health figures much higher. The June 2010 issue of the Archives of General Psychiatry published a study of 18,300 Army soldiers screened at 3 and 12 month intervals following deployment in Iraq. The study found that using "the least stringent definition" for PTSD, rates now range between 20 and 30 percent, and depression rates are at 11.5 and 16 percent.[2] Together this accounts for almost a third of our troops now suffering serious functional mental impairment.

Surprising, the Rand Corporation's own analysis—surprisingly, because Rand has for many years been little more than an obedient lapdog for the Pentagon's bidding in churning out confounded research and statistics for disreputable motives—conforms closely with the independent study's results. According to Rand's 2008 analysis, 300,000 soldiers returning from the Middle East campaigns will experience PTSD and an additional 320,000 will suffer traumatic brain injuries.”[3]

All attempts to conduct accurate analysis is compounded because “the Veterans Health Administration systematically delays and denies sick veterans medical care and masks it with bogus documentation,” according to an investigation conducted by Nora Eisenberg at

City University of New York. In a leaked internal memo from the Deputy Undersecretary for Health Operations and Management, William Schoenhard, the VA is gaming the system thus “diminishing patient [veteran] access to treatment.”[4] There are many thousands of veterans waiting as much as a year to receive diagnosis and treatment for a large variety of physical and mental illnesses. As a consequence, any health statistics for veterans released by the government and military are skewed and grossly underestimate the gravity of veterans’ plight.

As of the final quarter of 2009, over 537,000 among the 2.04 million veterans who have served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) have sought healthcare from VA facilities. These veterans account for approximately 9 percent of the total 5.7 million Veteran Affairs patient population for all wars and years. According to the Armed Force Health Surveillance Center, veterans with VA healthcare access represent only 28% of all OEF/OIF veterans.[5] Many veterans, such as those serving in the National Guard and many Reservists, which number almost half of all deployed military personnel, do not have VA benefits. Their health conditions remain outside of the VA’s monitoring capabilities.

According to Veterans for Common Sense, veteran medical facilities receive 9,000 new patients per month, 1 new active duty or veteran patient every 5 minutes.[6] A recent article in the Los Angeles Times reports that these figures reflect a far more realistic picture of the casualty figures resulting from America’s combat escapades in the Middle East.[7] The three most common diagnoses are musculoskeletal ailments (joint and spine disorders), mental illness, and a category of 160 ill-defined abnormalities that allude specific diagnosis known as “Symptoms, Signs and Ill-Defined Conditions.” These conditions comprise 52 percent, 48 percent and 46 percent respectively for the over half million OEF and OIF vets in the latest VA health care utilization report.[8] Although no less than 244,000 veterans have been diagnosed with a mental illness and an additional 144,000 with PTSD,[9] the Department of Defense and Veterans Administration are making every effort to limit cases of PTSD to behavioral diagnosis and to keep it distant from the far greater health threat of environmental toxins permeating the Afghanistan and Iraqi landscapes.

The fumes of cover-ups and scandals arise when we repeatedly hear the Department of Defense and Veterans Affairs agencies refusing to acknowledge potential organic causes, for example, the long-term exposure to neurological toxic chemicals and heavy metal particles, such as depleted uranium (DU), strewn by the winds over the sands of Afghanistan and Iraq, for PTSD and other common mental illnesses. Active and non-active duty persons visiting VA clinics and hospitals for mental and emotional complaints are not tested for any chemical toxicity that might be interfering with normal brain function. Because the DoD and VA refuse to associate DU poisoning as a possible cause behind the onset of PTSD, and continues to propagandize the safety of depleted uranium, such testing is discerned to be unwarranted.

In the meantime, the military and VA clinics have succeeded in building a medical assembly, a flowing treadmill pushing through soldiers and veterans from short standardized examination to an arrow pointing the way to the pharmacy.

Homeward Bound to Nothing

The nation’s dire recession and lack of jobs is one significant contributor to rising homeless among veterans. As of March 2010, veterans from the OEF and OIF campaigns officially faced a 14.7 unemployment rate, 5 points above the Department of Labor’s estimated

national average.[10] However, actual unemployment statistics repeatedly show almost a doubling of national unemployment after hidden populations of those no longer receiving benefits, unqualified to receive benefits, or people holding down minimum wage part-time jobs are accounted for; therefore we can realistically predict over a quarter of vets are now unemployed. A National Alliance to End Homelessness study calculated one out of four veterans are homeless.[11] The National Coalition for the Homeless figures are still greater at 33 percent and 1.5 million veterans are now at high-risk to become homeless “due to poverty, lack of support networks, and dismal living conditions in overcrowded or substandard housing.”[12] What is absent from these equations is the large number of veterans physically and/or mentally incapable of seeking and holding a job.

The Department of Veterans’ Affairs estimates 131,000 veterans are homeless on any given night;[13] however, more independent analysis shows the figure can be as high as 300,000,[14] and upwards to 840,000 veterans will experience homelessness during the course of a year. But the actual number is certainly higher. Incidences of AWOL are increasing as more and more OEF and OIF soldiers run away from redeployment, often to seek reliable treatment for PTSD and mental illnesses the military ignores in order to sustain troop levels in combat zones. Homelessness then becomes a viable option to avoid capture.

The majority of homeless veterans now suffer from some type of mental illness, including PTSD, and about 76 percent are struggling with substance abuse. In a report found in the September 2009 issue of Management Science, the journal of the Institute for Operations Research and Management Sciences, a minimum of 35% returning Iraq vets are anticipated to have PTSD. The VA system is unable to meet the demand, and there is a backlog of over 1 million and rising claims for Veteran Benefits.[15] Yet even when claims are met, the standard compensation for a positive PTSD diagnosis is only \$67 a month and free medications.

Veterans Affairs claims 97 percent of homeless vets are men, however, a separate report from the National Coalition for the Homeless finds female vets with PTSD and traumatic brain injury more likely to become homeless.[16] Women are enrolling in VA programs in record numbers. There have been 230,000 women, 11 percent of military serving in Iraq and Afghanistan in the VA’s files. As of 2009, 66 percent seeking care were under 30 years and 60 percent were evaluated with PTSD. Equally traumatic are the high incidences sexual harassment women are subject to. In 2008, one in five women screened through the system experienced military sexual trauma.[17]

Divorce and broken homes are extremely high among today’s returning veterans. Rachel Feinstein who directs the residential care center New Directions for homeless vets in West Los Angeles has stated that “what’s unique about the men and women coming back from Iraq and Afghanistan is that they’re not able to integrate with their family.”[18] The city of Los Angeles leads the nation for urban areas with over 27,000 homeless veterans in its streets. In Florida, with the third highest rate of veteran homelessness, local coalitions estimate 19,000 veterans are without a roof over their heads on any given night. In order to deal squarely with the growing number of veterans with serious physical and mental illnesses filling our urban and rural areas, Harvard’s Kennedy School of Government estimates the VA will need to double its budget to keep abreast of veteran health needs.

Why the Epidemic in Military and Veteran Suicides?

Political activist and journalist David Swanson offers one of the more poignant reasons for

rising suicides among our troops and veterans, "US troops are increasingly killing themselves, perhaps in part because they have no better idea than the senators who fund the slaughter what its purpose is." [19]

Active duty GI and veteran suicides have skyrocketed so dramatically that even major news sources are compelled to report it. June 2010 witnessed the highest rate of active duty suicides on record, one per day. [20] What the major media stories don't tell us is that traumatized and mentally impaired soldiers are dangling for survival on a thin thread of lethal cocktails of antidepressants, benzodiazepines, antiepileptics, atypical psychoactive medications, and a variety of pain drugs. In an earlier study of nearly 1,000 active duty suicide attempts, over a third of the soldiers were on psychoactive drugs.

Veteran suicide rates are much higher and have reached 18 per day. This accounts for 20 percent of the nation's annual 30,000 suicides. [21] One out of seven suicide attempts will be successful. But suicide prevention hotlines provide a more chilling scenario: 10,000 calls per month and 400 per month requiring immediate rescue efforts. [22]

Since only 5 of 18 veterans are under direct VA care, it is very likely more veterans are taking their lives than is being reported. Moreover, the military has already established a past record of reporting some suicides, such as an overdose when a soldier is thoroughly doped up on a cocktail of prescribed medications, as death by natural causes. Official figures, therefore, greatly underestimate the truth underlying the suicide epidemic.

Government and military psychiatrists, psychologists and social workers are not knowledgeable enough in treating the seriousness of many mental conditions. Navy Commander Mark Russell, a mental health specialist, found that almost 90 percent of psychiatric staffs servicing veterans have no formal training in PTSD therapies. Within the active duty ranks, the bottom line for treatment has been indiscriminate, multiple drug prescriptions. A startling 98 percent of military personnel seeking assistance for mental complications are simply being drugged and returned to their units. [23]

Dr. Peter Breggin, one of our nation's foremost experts about the adverse effects of psychiatric drugs being given to numerous active duty military personnel and veterans, has documented that these drugs can produce the same mental disturbances that define PTSD, such as hyperarousal, insomnia and paranoia. Furthermore, many psychotropic drugs have been proven to increase risks of suicide and some are under litigation for this reason. In the civilian population, approximately 33 percent of psychiatric hospital admissions are due to adverse drug reactions. [24]

Among the more common antidepressants prescribed by military and VA mental health practitioners are Paxil, Prozac, the mood stabilizer Klonopin, Neurontin (an anti-convulsive not indicated for PTSD but given anyway), and the controversial Seroquel, which has been associated with increased psychosis, the onset of diabetes, heart attacks and sudden death. There are now 26,000 lawsuits against AstraZeneca, the maker of Seroquel, in civil courts. Risperdal, a potent brain chemistry changing drug given for schizophrenia, bipolar disorder and certain autisms, is also being dispensed to make soldiers "fit" for combat. Neither Seroquel or Risperdal have been approved for treating PTSD, and both are under Congressional investigation for being over-prescribed for unapproved mental conditions. [25] There are now reports of soldiers taking up to a dozen different meds at any given time.

A recent study published in the Journal of Studies on Alcohol and Drugs discovered that veterans from the current Afghan and Iraq wars are more likely to commit suicide by violent means. In fact, the University of Michigan researcher publishing the study found violent suicide deaths, particularly by firearms, are now most common.[26] This is a trend never before witnessed among active duty personnel and veterans from previous wars. It is also a trend that finds a parallel in the large number of veterans arrested for violent crimes, serving prison terms or on correctional probation.

Penny Coleman, a widow of a veteran who committed suicide, has been investigating suicide and crime rates among all war veterans. Although accurate numbers of veterans now in correctional institutions are unavailable, it is estimated that in 2007, there were 703,000 under supervision and approximately 1.2 million vets arrested.[27]

And once released from prison, marked as a felon, there is little chance a job awaits them during a severe recession. The street or forests, therefore, become their best options.

It's the Toxins, Stupid!

The simple fact is, unless you are fully garbed in state-of-the-art protective gear 24/7, your risks of developing any one or more of a variety of cancers, having neurological brain damage giving rise to any number of symptoms similar to PTSD, depression and mental impairment, and loss of reproductive function multiplies many fold as soon as you touch down in the Middle East. One soldier who was struggling with terminal colon cancer described the environment he was stationed as a toxic dump of "oil refineries, a cement factory, a chlorine factory and a sulfuric acid factory" all polluting the air.[28]

During the first Gulf War, at least 320 tons of DU were released across the deserts. According to Prof. Malcolm Hopper's calculations at the University of Sunderland in the UK, the actual death toll of American and British troops during the campaign, which saw only a tiny number of combat-related deaths, is now about 21,000. While these figures go unreported, Hopper contributes the cause of death "due not just to DU exposure but to the astounding amounts of organophosphate poisoning from various toxins (or supposedly anti-toxins) given to the troops as preventive medicine." [29] However, according to the last VA report in February 2008—the Gulf War Veterans Information System—the government lists the actual veteran death toll from Gulf War illness at over 75,000.[30]

Dr. Doug Rokke, a retired Major who served as the Director of the US Army Depleted Uranium Project in the mid-90s, and a specialist in uranium clean-up efforts, has been an advisor for DU science and health to the CDC, US Institute of Medicine, Congress and the DoD. Rokke has been at the forefront in efforts to alert health and military officials about DU's enormous health risks. After Operation Desert Storm, he was the officer in charge of cleaning up the mess and assessing environmental risks due to the invasion. During the course of his mission, Rokke said, he received an order, the Los Alamos Memorandum, "which was a direct order to lie in all the reports about the health and environmental effects from uranium munitions in order to sustain their use and avoid all liability." Throughout his months in Saudia Arabia in clean up efforts, Rokke and his team received "numerous orders to provide medical care and numerous orders to ignore them and numerous orders to lie, cheat, steal and do whatever you have to do." [31]

Dr. Rokke is now convinced that the DoD's own reports stating that almost 20 percent of active duty personnel in the current military campaigns in Afghanistan and Iraq are non-

deployable because of severe illness, is the direct result from prolonged exposure to the toxic swamp that has become the middle east. He has also observed in his research that with respect to the causes of death among OEF and OIF personnel for medical reasons, there is a surprising proportionality with the medical causes of death among veterans from the first Gulf War. What GIs from both campaigns share is their high exposure to chemical toxicity, multiple toxic vaccines, and in particular depleted uranium.[32]

During the Bush-Cheney freedom wars, depleted uranium tonnage used in Iraq increased 5-fold to over 1500 tons. Iraq's environment minister claims there are 350 sites contaminated with DU from bombing campaigns.[33] Once detonated, these highly toxic munitions radiate oxidized nano-size radioactive uranium particles in a gaseous state that infiltrate the lungs, digestion system and skin of anyone coming in contact with Iraq's environment.

The nuclear chemist Marion Falk was a member of the Manhattan Project. While employed at the National Laboratory at Livermore, he developed the "particle theory" about how DU affects human DNA and RNA. Based on Fulk's research of DU-related malignancies, and later research conducted by Dr. Alexandra Miller for the Armed Forces Radiobiology Research Institute in 2001, the Pentagon has known for almost 2 decades about DU's serious disease and reproductive risks, especially in its nano-form, which reacts differently in the human body and is far more toxic than in its natural isotope.[34]

The US Department of State's fact sheet for the health effects of depleted uranium continues to state that it "poses no serious health risks," that it "has not affected the health of Gulf War veterans," and that "depleted uranium does not cause birth defects." The US government wants us to believe that the epidemic in genetic deformities and still births among Iraqi children is due to "Iraqi military use of chemical and nerve agents in the 1980s and 1990s." [35] Per the question of whether or not DU causes cancer, the State Department reassures us by citing only a single study of uranium workers at Oak Ridge National Laboratory between 1943-1947 who showed no observable increase in cancer. Moreover, more recent clinical studies relied upon by the DoD to deny DU's health risks have been conducted in rat experiments and studies with soldiers injured by DU-containing shrapnel, rather than the more widespread form of oxidized DU as inhaled or swallowed atmospheric nano-particles.

Investigative journalist and scholar Robert Koehler notes there is a grave problem in the government's DU argument. Afghanistan is now experiencing a gradual and steady increase in abnormal birth defects, not dissimilar to those escalating throughout Iraq (infants and still births born without limbs, numerous tumors, deformed genitalia, etc.). Afghanistan has nothing to do with Sadaam's biological and chemical weaponry, but more likely has everything to do with the 600 tons of DU munitions the US and its British allies launched to destroy al-Qaeda strongholds and eradicate the Taliban. Although the US government continues to deny using DU munitions in its Afghanistan campaign, a classified manual to NATO was recovered by the Bundeswehr's Center for Communications in Germany in 2005 acknowledging that DU-core weapons were used in US aircraft and armor piercing incendiary weapons.[36]

Dr. Rokke draws attention to a little known physician guideline distributed by the US Department of Veteran Affairs known as the Commission's Guide to Veteran Specific Issues. The manual gives complete acknowledgement of the health problems related to depleted uranium exposure. Among the symptoms—some similar to those being diagnosed as PTSD and other mental illnesses—are "sleep problems, mood swings, symptoms in the upper and

lower respiratory system, neuropsychological symptoms including memory loss, chronic fatigue, immune dysfunction syndrome, skin rashes, unusual hair loss, aching joints, headaches, abdominal pains, sensitivity to light, blurred vision, all of the female problems related to menstrual disorders... explosive diarrhea and constipation, all the neurological system disorders such as numbness in limbs, multiple chemical sensitivity and birth defects.”[37] So, while there is unquestionable evidence that the government is fully aware that hundreds of pounds of DU tonnage used to ravish Afghanistan and Iraq is a leading cause for the numerous medical complaints and diseases erupting within our armed forces, its public face is to completely deny this very fact.

Dr. Asaf Durakovic, at the Uranium Medical Research Center in Canada, sent a team in 2002 to examine soil and urine samples for uranium among Afghani civilians. His findings were startling. “Without exception, every person donating urine specimens tested positive for uranium internal contamination” and results were 100-400 times greater than levels found in veterans from the first Gulf War. When BBC interviewed Dr. Durakovic, he stated that the most disturbing discovery is that in the absence of multiple oil fires and pesticide use, and no known experimental vaccines, such as the experimental squalene-laced anthrax vaccine given to Desert Storm personnel, the same symptoms were emerging among Afghans as were among veterans from the Gulf War.[38] In a further study testing deployed soldiers from the 442nd Military Police Company, Durakovic discovered several had traces of another uranium isotope, U-236, which is only produced in a nuclear reaction process.”[39] This is another highly dangerous form of uranium being used in the Middle East that the Pentagon has been hiding from American citizens and our troops.

In her testimony to the International Criminal Tribunal for Afghanistan, Leuren Moret, a former geologist for Livermore Laboratories and an expert on DU’s health and environmental impact, stated “It is estimated that one millionth of a gram [of DU] accumulating in a person’s body would be fatal. There are no known methods of treatment.”[40] According to radiation expert Dr. Rosalie Bertell, who has consulted for the DoD, “each tiny milligram [radioactive uranium] shoots about 1,251,000 powerful radioactive bullets a day with a range of about 20 cells of the human body for thousands or even billions of years.”[41] And let there be no mistake, depleted uranium is only “less than one half of 1 percent of the uranium isotope 235,” the isotope used for making a nuclear bomb.[42]

There are many independent studies about depleted uranium’s effects on the health of renal and liver functions, DNA mutagenesis leading to diverse cancers, and the skeletal, gastrointestinal, reproductive, cardiovascular and respiratory systems. Yet very few studies have been conducted on the human health dangers after depleted uranium has been ignited at high temperatures following explosion and vaporized into oxidized nanoparticles contaminating atmosphere, soil, water and penetrating the physical body. But what concerns us most for understanding the epidemic of mental illness among servicemen is uranium’s effects on the brain and central nervous system, and its impairment of the immune system that can lead to symptoms veterans often complain about, such as chronic fatigue. Our soldiers willingly admit they are experiencing symptoms of depression and traumatic stress. Their understanding of these mental disturbances follow the official rhetoric from military psychiatrists and health counselors who limit their causes to the shocking experiences and extended periods of duress soldiers encounter during deployment. A possible organic cause, such as chemical or radiological toxicity, is being completely ignored by military physicians and medical staff.

Prolonged exposure to depleted uranium can damage the brain's cerebellar vermis. Studies show vermis atrophy in over 40 percent of schizophrenics, as well as symptoms such as deep feelings of guilt, anxiety, and paranoia. The vermis is responsible primarily for determining spatial relations, the body's ability to sense itself in relationship to other people and objects.[43] When damaged or impaired, our sense of space, nearness and distance, becomes distorted. In addition to veterans experiencing flashbacks, reliving traumatic experiences in the war or re-witnessing a horrific event, another PTSD characteristic is hyper-vigilance, the state of constant alertness although the enemy terrorist or potential IED is spatially thousands of miles away. There are no specific studies investigating the vermis' relationship to abnormal states of hyper-vigilance, however, personal stories by vets reveal repeated patterns of a loss in their spatial reasoning and raises the serious question of DU poisoning.

In one of the most important peer-reviewed summaries on depleted and natural uranium's toxicological effects compiled by Duke University and published in the Journal of Toxicology and Environmental Health, uranium poisoning induces electrophysiological changes in the brain's hippocampus, the region of the brain partly responsible for memory.[44] When the hippocampus is damaged or undergoes biomolecular stress, one condition that arises can be amnesia; however, only new memories prior to injury are forgotten. Earlier memories nevertheless remain.

Retired Air Force Captain Joyce Riley is the spokesperson for the American Gulf War Veterans' Association. A career nurse, she flew missions in support of Operation Desert Storm. During an interview Riley shared her data after interviewing 8 veterans serving prison terms for killing members of their families. One vet serving a life sentence in Florida beheaded his wife and sliced up his 13 year old son. According to Riley's investigations, this vet, as well as the others, were respected citizens in their communities and there was no indication they did not love their wives and children dearly. She suspects the excessive number of mood altering and antipsychotic medications, especially when given in combination with a frequently prescribed statin drug results in transient periods of amnesia. What astonished Riley after her interviews is that each spoke about a period of 3-6 hours where they have no memory of the event.[45] While over medication can be one likely cause for the amnesiac states experienced by these veterans, DU effects upon their hippocampus could equally have contributed to their loss of memory at the time of the crimes.

A recent article in the Navy Times, "Study Links Weak Immune Systems, PTSD," notes that military personnel diagnosed with PTSD have more compromised immune systems and are "less likely to turn on immune system genes." [46] The researchers at the University of Michigan Department of Epidemiology simply assume it is a psychological condition that is giving rise to certain changes in biological function, whereas human studies in DU poisoning show consistently genetic mutagenesis associated with immune function impairment. This can lead to such conditions as flu-like illnesses, visual impairment, brain inflammation and hepatic disorders that are also appearing and more and more frequently in vets. This list of symptoms are the same biomarkers the Michigan scientists found among those vets enrolled in their study.

No End in Sight

As long as the White House continues to wage its wars, more radioactive munitions will be utilized and more soil, water, villages and cities will be doomed in a sea of toxicity for many

hundreds of years. And as long as the economy remains cowering like a wounded animal, the ready, willing and brave American men and women will embrace the promises and honors bestowed in serving the traditions of the armed forces esteemed past. But that that time when the government truly served and protected the nation's esteemed military legacy is history.

Today the agenda is to "take the finest and turn them into wretched, sick, pathetic human beings that have to beg for every single thing that they can get," says former Captain Joyce Riley. "They go in the strongest and they come out absolutely made to grovel on their knees to get anything from the federal government." [47]

Clearly there is a sadistic irony that we are implementing on our troops. We are asking our brave men and women in the United States, whether in the reserve, National Guard, or enlisted troops, to serve in dangerous environments including Afghanistan and Iraq. While there, we allow them to be exposed to biological and chemical agents, experimental vaccines, environmental toxins –ranging from the byproducts of air pollutants released from burning oil wells to depleted uranium –and then, we bring them home, and not only refuse to properly thank or treat them, but even go so far as to deny that their illnesses even exist. For 19.5 years we have denied that Gulf War Syndrome exists. As a result, many of our veterans have gone bankrupt because their conditions are not covered under any government programs for assistance. We are not referring to the rare case; we are referring to hundreds of thousands of human beings.

We achieve high marks for getting our men and women into battle; indeed, we are skilled at entering the conflict. We have failing grades getting them out and treating them for conditions that they suffer on our behalf. It is time to change and improve our grades. One suggestion would be that upon returning to the United States, veterans would stay at small 'Re-entry' centers, established and located in every state. These would be similar to those used to in combat zone, where our veterans would have access to hospitals, counseling centers, quality meals and living quarters. They would have to spend at least two weeks or more, not just going through various stress tests, but authentic, psychological behavioral modification to help them make a transition from a deadly combat zone mindset to a civilian, peaceful mindset. It would be, essentially, a half-way house to help our men and women transition back into society. For individuals suffering from physical or psychological conditions, or a combination of both, they would then be sent to private or public facilities paid for by the government so they do not fall into the current giant vortex and end up either depressed, homeless, living in a tent, sleeping under bridges, going to prison for hitting their spouses, contemplating suicide, and then being forgotten.

The American public has a responsibility to care for these people. Whether you are for or against the war is irrelevant. You must be for the people completely who risk their lives to defend us. We are not doing that, we have not done that, we have failed miserably. It is time to rectify this, to approach Republicans and Democrats alike, and demand that our veterans receive the care and appreciation they have valiantly earned. This is everyone's problem. They have protected us. It is now our duty to step up and protect them.

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