More questions on the deaths and illnesses of American soldiers

James Conachy
10 October 2003

There are growing reasons to doubt the veracity of an ongoing US Army Surgeon General's investigation into the pneumonia-like condition that has killed and sickened American military personnel involved in operations in Iraq.

The investigation has been running since July 17 and was initiated in response to the death of two soldiers and the hospitalisation of approximately 100 with what was diagnosed as pneumonia. The military has revealed that 10 of the 19 most severe cases, including the two fatalities, had the condition eosinophilia—a higher than normal level of the white blood cell eosinophil. Eosinophilia is commonly associated with an allergic reaction to either toxins or parasitic infection. In these cases, the military claims there is no evidence of toxins or an infectious variant of pneumonia.

At a September 9 press briefing, Army spokesmen highlighted that 9 of the 10 cases with eosinophilia had recently taken up smoking, suggesting that it was linked to their condition. Colonel Bob DeFraites told the press: "[T]obacco is a known lung irritant and we think what it is going on here is that it's playing a role in at least sensitizing the lungs and making them more susceptible to pneumonia... it may be a combination of desert deployment with the heat, the dust and everything else... but... it's an association." [1]

The Army investigation is supporting this thesis with references to clinical studies in Japan during which smoking appeared to induce patients with acute eosinophilic pneumonia. It is discounting as a cause "exposures unique to Iraq (e.g., abandoned buildings, unexploded ordnance, and war-damaged vehicles or equipment)" with references to a case in 1997 when two US soldiers on training in California contracted acute respiratory distress with eosinophilia. [2]

The WSWS is not in a position to determine whether cigarette smoke was a major factor in soldiers in Iraq and neighbouring countries contracting severe pneumonia.

The military, however, appears to be attempting to ignore public concerns about other possible causes.

Thousands of US personnel involved in the invasion of Iraq are likely to have been exposed to some degree to depleted uranium (DU), due to the military's extensive use of the substance in munitions and vehicle armor.

Studies appear on the Army's own medical website detailing how certain combat and post-combat scenarios can result in particles of uranium entering a soldier's body. The report notes: "The fate of the particles within the human body depends primarily on their physical and chemical properties and the physiological conditions of the lungs (for example, asthma or effects of smoking)." [3]

The World Health Organisation has specifically warned that "brief accidental exposure to high concentrations of uranium hexafluoride has caused acute respiratory illness, which may be fatal". The WHO report notes that "pulmonary edema [fluid in the lungs], haemorrhages, inflammation and emphysema" were observed in rats, mice and guinea pigs after 30 days of inhaling DU. Fatal kidney damage has also been induced in animals by several days of high exposure. [4]

While releasing information about the patients' smoking habits, the military has not released what levels of uranium 234, 235, and 238 were present in the soldiers' bodies, which, if independently verified, would establish whether and what degree of exposure occurred. DU was not even referred to at the September 9 press conference—by either the military doctors or by any of the journalists in attendance.

Moreover, the military appears to have arbitrarily excluded from its investigation a number of fatalities and serious illnesses involving pneumonia or pulmonary conditions, and a number of other deaths that have been reported only as "heart attacks" or "heat-related". While the Army specifically denied on September 9 there was any link between the pneumonia cases and anthrax and smallpox vaccines, a civilian coroners' report directly suggests vaccinations may be responsible for one of the deaths that the Army is ignoring.

On April 4, Specialist Rachael Lacy died from lung damage in Rochester, Minnesota, after being hospitalised with pneumonia while her unit prepared to deploy to the Middle East. Doctor Eric Pfeifer, the Minnesota coroner who performed the autopsy on Lacy, told the July 14 *Army Times* there may be a link between her death and the five vaccinations, including the anthrax and smallpox vaccines, she was administered on March 2. He stated: "It's just very suspicious in my mind... that's she healthy, gets the vaccinations and then dies a couple of weeks later".

Pfeifer recorded on Lacy's death certificate three possible

© World Socialist Web Site

causes: 1) heart inflammation with eosinophils, which is sometimes observed following smallpox vaccination; 2) an auto-immune disorder that Lacy had never been diagnosed with before; and 3) post-vaccine complications. He has suggested that "one of the theories is the vaccine... may have exacerbated this immune problem". [5]

Moses Lacy, Rachael's father, has insisted his daughter had no prior condition and that the auto-immune illness must have been caused by the vaccinations. There are medical grounds for his view. Doctor Meryl Nass told the *Army Times* that people vaccinated "are developing auto-immune diseases such as rheumatoid arthritis, reactive arthritis and lupus, which cause musculoskeletal pain". Others, she stated, "develop fibromyalgia and chronic fatigue syndrome whose causes are unknown but also may cause similar musculoskeletal pain and fatigue".

Nass's research into the sicknesses among first Gulf War veterans has led her to oppose mandatory anthrax vaccinations. A paper she co-authored in 2000 with two other researchers noted that "respiratory distress and a variety of pulmonary illnesses have also been reported". [6]

In a September 16 article, United Press International (UPI) journalist Mark Benjamin interviewed 43-year-old Air Force sergeant Neal Erickson, who claims he has been hospitalised twice this year with respiratory problems following anthrax shots. "I had severe chest pains, dizziness and shortness of breath," he told Benjamin. "They basically labeled it as a type of pneumonia". According to Erickson, another member of his squadron required hospitalisation and three others fell ill with similar symptoms.

Benjamin also interviewed 27-year-old Army private Dennis Drew, who claims he fell ill with pneumonia and swelling around his heart on April 27, three days after his anthrax vaccine. Drew told UPI: "I started to get a real sharp pain in my chest. I had a hard time breathing and every time I moved, my chest hurt." He alleges that he now suffers headaches, loss of peripheral vision and frequent respiratory ailments. Drew has written to the US House National Security Subcommittee condemning the anthrax vaccine.

Medical researcher Jeffrey Sartin told UPI: "They [the military] keep saying there is no common exposure, but every one of those soldiers got vaccinated. That is one definite common exposure that should not be dismissed out of hand." [7]

The sudden and unexpected deaths of 16 soldiers and one civilian deployed or preparing to deploy to the Middle East are not included in the military pneumonia investigation. Only limited information has been made available to the public, but five directly involved a respiratory or pulmonary condition, six were reported as heat-related, four due to heart attacks and one from a cerebral blood clot. (See the associated WSWS article: "17 deaths not included in the US military pneumonia investigation")

There are also a large number of illnesses for which no adequate public explanation has been given.

It is over a month since the military revealed to the *Washington Post* that thousands of military personnel have required evacuation from Iraq for medical reasons other than combat and non-combat injuries. According to an October 3 report by UPI's Mark Benjamin, the military admits there have been 3,915 medical evacuations. The Pentagon told UPI that 478 were for psychiatric problems, 387 for neurological conditions, 290 for gynecological reasons, 118 for orthopedic problems and 544 for general surgery.

That leaves 2,098 evacuations still unexplained and a great many questions the US military still has to answer.

Notes:

1. Teleconference Update on Southwest Asia Pneumonia Review, September 9, 2003, http://www.defenselink.mil/transcripts/2003/tr20030909-0657.html
2. Operation Iraqi Freedom Severe Acute Pneumonitis Epidemiology Group, U.S. Army Medical Command. National Center for Infectious Diseases; National Center for Environmental Health, CDC, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5236a1.htm
3. "Health Risk Assessment Consultation No. 26-MF-7555-00D" (September 2000) http://www.deploymentlink.osd.mil/du_library/reports/medical_us.shtml
4. "Depleted Uranium: Sources, Exposure and Health Effects", World Health Organization, Geneva 2001, http://www.who.int/ionizing_radiation/pub_meet/ir_pub/en/
5. Army Times, 14 July 2003, http://www.armytimes.com/archivepaper.php?f=0-ARMYPAPER-1992586.php
6. "Anthrax Vaccine: Controversy over Safety and Efficacy", http://www.immed.org/publications/gulf_war_illness/anthrax3-18-00.html
7. **"**Mystery pneumonia toll may be much higher", Mark Benjamin, 16 September 2003, http://www.upi.com/view.cfm?StoryID=20030915-014545-8114r

To contact the WSWS and the Socialist Equality Party visit:

wsws.org/contact

© World Socialist Web Site