The President’s Budget Does Not Provide a Large Increase in Funding for Veterans Programs, as it Claims.

"...by driving approximately 121,000 veterans away from the VA health care system by imposing upon them a $1,500 annual deductible..."

The President’s fiscal year (FY) 2003 budget for the Department of Veterans Affairs (VA) claims it provides $6.1 billion more for VA than in 2002, “the largest increase ever” for VA. In reality, the President’s budget provides far less than that and far less than what is needed just to maintain VA services at current levels.

The President’s budget is artificially inflated by money added to fund new obligations that would be transferred to VA’s budget from elsewhere, which do not involve benefits and services for veterans.

The study, combined with earlier related studies, contradict claims by the Pentagon since the Gulf War that low-level chemical agents were not common on battlefields, or, if they were evident, that they could not have been seriously harmful to veterans.

Many veterans have complained of persistent illnesses in the years since the war. “It basically penetrates the denials that they were not sick from Gulf War-related exposures,” said Dr. James L. Fleckenstein, a professor of radiology at the University of Texas and one of those responsible for the study.

Gulf War Illnesses ‘Real’ - By Thomas D. Williams

Brain scans of some Persian Gulf War soldiers show damage by exposure to wartime chemicals, a new Pentagon-sponsored study reveals.

Death ruling raises issue of Gulf War ills Syndrome called a contributing cause, By ALLAN TURNER
Copyright 2000 Houston Chronicle
http://www.gulfwarvets.com/death.htm

Officially, Ingram, 47, died of heart disease. But in a precedent-setting finding that buoyed Gulf War activists, Harris County pathologists found that Gulf War Syndrome contributed to the ex-soldier’s death.

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For example, in response to our publications and formal lectures at the DoD (1994 and 1996) and DVA (1995), the DoD stated in letters to various members of Congress and to the press that M. fermentans infections are commonly found, not dangerous and not even a human pathogen, and our results have not been duplicated by other laboratories. These statements were completely false. The Uniformed Services University of the Health Sciences taught its medical students for years that this type of infection is very dangerous and can progress to system-wide organ failure and death [63].

"...and it continues today with the denial that military vaccines could be a major source of G.W.I. (Gulf War Illness)"

Veterans’ Affairs and International Relations
UNITED STATES HOUSE OF REPRESENTATIVES
January 24, 2002
http://www.immed.org/testimony/gulf_war_illness/USCongTest.-02.1.3RTF.html

INADEQUATE RESPONSES OF THE DOD AND DVA TO GWI

In general, the response of the DoD and DVA to the GWI problem has been inadequate, and it continues to be inadequate. The response started with denial that there were illnesses associated with service in the Gulf War; it has continued with denial that what we (biological exposures) and others (chemical exposures) have found in GWI patients are important in the diagnosis and treatment of GWI, and it continues today with the denial that military vaccines could be a major source of GWI.

Chemical and Biological Agents Exposed, By Dennis Bernstein
http://mediafilter.org/caq/Caq53.gws.html

The Pentagon denies that U.S. soldiers were exposed to chemical and biological warfare agents during the Gulf war, but its own records contradict the official line.

(…) “To my mind, there is no more serious crime than an official military cover up of facts that could prevent more effective diagnosis and treatment of sick U.S. veterans.”

WHY DENY IT?

At first glance, it seems counterintuitive for the U.S. to downplay CBW exposure, especially if it can be blamed on Saddam Hussein. Yet there are good reasons for the U.S. government to stonewall. To admit that CBW exposures occurred means the government must address some uncomfortable issues, such as the military’s inability to protect U.S. forces from CBW agents. But with U.S. troops possibly facing lingering contaminants as they carry out training exercises in the region, silence could be deadly.

Equally embarrassing for the U.S. is the history of government and corporate cooperation with Iraq in the 1980s. With the active support of two presidents and many U.S. officials, U.S. and Western European companies sold the technology to Iraq that may now be making tens of thousands of soldiers and civilians ill.

(…) The Riegle committee found that some of the materials the Iraqis had in their storage dumps, and which they used to create their CBW capability, came from U.S. corporations.

(…) While it is at least theoretically possible to hold corporations accountable, the government and the military are legally immune from financial liability. But the potential political liabilities are enormous. Admitting that the U.S. role in arming Iraq eventually resulted in U.S. veterans suffering the torments of exposure to debilitating toxins is a prospect the Pentagon is so far unwilling to face.

Gulf War Veterans and Depleted Uranium (DU)

By Dr. Rosalie Bertell, Ph.D., G.N.S.H.
http://www.antenna.nl/wise-database/uranium/dhap993.html

There is no dispute of the fact that at least 320 tons of depleted uranium (DU) was “lost” in the Gulf war, and that much of that was converted at high temperature into an aerosol, that is, minute insoluble particles of uranium oxide, UO$_2$ or UO$_3$, in a mist or fog. It would have been impossible for ground troops to identify this exposure if or when it occurred in war, as this would require specialized detection equipment. However, veterans can identify situations in which they were likely to have been exposed to DU. Civilians working at military bases where live ammunition exercises are conducted may also have been exposed.