

A PHYSICIST'S VIEW OF Gulf War Syndrome and Systemic Corruption in the Federal Government

By Gary Wade, Physicist
Part I — Preview

Why is the DOD pretending it does not recognize the cause of the Gulf War Syndrome symptoms, just like the DOD pretended it did not know the Agent Orange (dioxin) poison symptoms?

- How did a contagious and deadly mycoplasma, which was possibly genetically engineered, get into the bodies of over 50,000 Gulf War veterans, their family members, and their pets?

- How did this mycoplasma fermentans (incognitus strain) become a rampant infectious disease in the Huntsville facility of the Texas Department of Corrections years before the Gulf War?

- Why are the Defense Department, the Veterans Administration, and the Center for Disease Control ignoring the existence and overwhelming

evidence that approximately half of the Gulf War Syndrome cases are caused by mycoplasma incognitus and the other half by organophosphate (nerve agent/gas) poisoning and the nerve agent pre-treatment pills?

- Why is the Defense Department knowingly allowing the general blood supply to be contaminated by mycoplasma incognitus carriers?

- Why are the Veterans Administration Hospitals not treating mycoplasma incognitus infected Gulf War Syndrome sufferers with doxycycline and other antibiotics known to kill mycoplasma incognitus?

- Why has the Department of Veterans Affairs, up until very recently, been claiming that these ailments are all in the veteran's head, just like they did with Agent Orange?

in developing and supplying the Iraqi government with chemical and biological weapons prior to the Gulf War. Kawaja was speaking from first hand knowledge. He and his security company, International Security Group (I.S.G.), had been providing security for some of the Iraqi principles at their PIT plant in Boca Raton, Florida where weapons grade cyanide (Prussian Blue) was being produced. The nearly unbelievable information which Peter Kawaja gave about our government's activities formed the starting point for this series of articles on Gulf War Syndrome and systemic corruption in the federal government.

In the fullness of time many historical events come to look quite different than they were portrayed at the time of their occurrence. Operations Desert Shield and Desert Storm are just such events. Who does not remember how suddenly that evil Saddam Houssein sent the Iraqi army into defenseless peace loving Kuwait? Who does not remember how the freedom loving government of the U.S. was so outraged by this evil act that it mobilized world opinion and both western and Arabic nations to form a coalition to remove the Iraqi army from Kuwait? Who does not remember how we were told that Iraq planned to invade Saudi Arabia next and that the West's oil supply was in danger?

Some months ago, I was listening to my favorite radio show on KPFFK, the Roy of Hollywood show. Roy was replaying an episode of another radio show by Jeff Rense, The End of the Line Show. Jeff was interviewing Peter Kawaja about our government's involvement



A PHYSICIST'S VIEW

I remember when Iraq invaded Kuwait and up until the end of the war, I pretty much believed most of the news provided to the media by our government. However, now over five years later, I have learned a lot of disturbing facts surrounding the Gulf War, which make me believe we need to take a whole new look at our government and our news media. In this series of articles, we are going to look at hidden motives for the War and hidden agendas for the U.S. population as a whole.



We are going to look at a hidden plague that the internal U.S. government has knowingly let Gulf War Veterans, their families, friends, and pets continue to suffer from and to be spread to the general population. We are going to look at the long term effects of "low" level exposure to organophosphates (insecticides/nerve gases), which the military has been well aware of since shortly after World War II. We are going to look at mass murder carried out by high government officials and military officers.

Let us start this story of mass murder, moral degeneracy of government officials and military officers and hidden plague with a quick restatement of pertinent historical facts prior to and during the Gulf War.

GULF WAR HISTORY IN A NUT SHELL

- During the Iran-Iraq war, Kuwait bought the Santa Fe Springs Drilling Company of Alhambra, California. This drilling company specialized in slant oil drilling. The Kuwait government moved their border markers from one to nine or more miles into Iraq during the Iran-Iraq War. This placed Kuwait close enough to one of Iraq's major oil reserves so that it could be tapped into by slant oil drilling. The Kuwait government then proceeded to remove some 2.4 billion or more dollars worth of Iraq crude oil without payment to Iraq.
- Following the Iran-Iraq War, Iraq tried through diplomatic means to have

Kuwait withdraw from its territory and make restitution for the stolen oil.

- After all peaceful diplomatic efforts had failed, Iraq asked the U.S. if the U.S. has any mutual military arrangements with Kuwait. The U.S. responded that we do not and that in essence the U.S. feels that the dispute is not our concern. Three weeks later Iraq invaded Kuwait. The Kuwait "royal" family escaped along with the ruling class to Saudi Arabia.
- U.S. demanded Iraqi withdrawal from Kuwait and began formation of a multi-national military force to force Iraq out of Kuwait. Massive military buildup began. U.S. made a deal with

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A PHYSICIST'S VIEW

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oil rich Arabic countries to supply all needed fuel and pay replacement cost for ordnance used during the air and ground war (\$60,000,000,000).

- A 43 day air war began and Iraqi industrial, transport, communications, and military infrastructures was effectively destroyed. The Iraqis retaliated with SCUD missile attacks on coalition force key staging areas. U.S. military officials claimed that the SCUDS had only conventional explosive war heads. This is a blatant lie, the chemical warfare detector alarms were going off all over the place. Chemical and Biological Warfare (CBW) decontamination teams detected chemical weapons use. Troops fall violently ill from chemical weapons exposure and hospitals were filled up with sick personnel.

- Coalition forces mounted an invasion into Kuwait and Iraq where they encountered chemical weapons usage from SCUD attacks, artillery attacks, and land mines.

- The Iraqi forces were devastated and surrendered. Iraq submitted to a UN supervised inspection/disarmament plan. Victory was declared and the bulk of coalition forces were sent home.

In part two, we will go into detail on chemical weapons used by Iraq and start looking at the biological weapons aspect of the war. (See letter on next page from Professor Garth L. Nicolson for a preview and wake up call.)

ABOUT THE AUTHOR

Gary Wade is a physicist who, for the last six years, has worked on retrieving and converting Dr. Royal Raymond Rife's work into modern technology. Currently, he is the Scientific Advisor to the National Health Federation and contributing writer to **Health Freedom News**.

He will be speaking at the Pasadena 1997 Natural Health Show on Saturday, January 11, at 4:15 p.m. in room 11 and on Sunday, January 12, at 4 p.m. in room 5. **HFN**

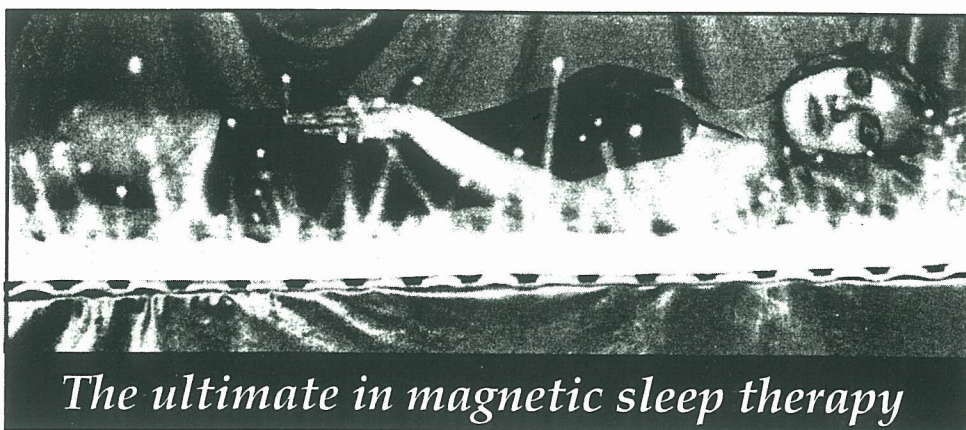
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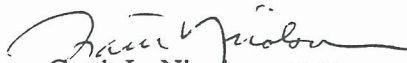
Dear Mr. Wade;

I have attached some information, reprints and preprints on GWI and the possible use of CBW during Operation Desert Storm. For your information, we have found so far that about one-half of the GWI patients (and 2/2 British ODS veterans) have an invasive mycoplasma infection that can be successfully treated with antibiotics, such as doxycycline (Nicolson, G.L. and Nicolson, N.L. Doxycycline treatment and Desert Storm *JAMA* 273: 618-619, 1995; Nicolson, G.L. and Nicolson, N.L. Diagnosis and treatment of mycoplasmal infections in Persian Gulf War Illness-CFIDS patients. *Int. J. Occup. Med. Immunol. Tox.* 5: 69-78, 1996) (200 mg/d for 6 wk per course; several courses are usually required, similar to Lyme Disease), Cipro (1,000-1,500 mg/d) or Zithromax (500 mg/d). We have developed new diagnostic procedures (Gene Tracking and forensic PCR) for analysis of the types of mycoplasmas found in GWI, and these may also be useful and informative for soldiers with GWI-CFIDS and some civilians with CFIDS (These diseases are essentially the same--(Nicolson, G.L. and Nicolson, N.L. Chronic fatigue illness and Operation Desert Storm. *J. Occup. Environ. Med.* 38: 14-16, 1996). I have included these reprints with this letter.

Currently we are using a test called Gene Tracking to identify unusual DNA sequences unique to mycoplasmas in blood leukocytes (Nicolson, N.L. and Nicolson, G.L. The isolation, purification and analysis of specific gene-containing nucleoproteins and nucleoprotein complexes. *Meth. Mol. Genet.* 5: 281-298, 1994). We have adapted forensic PCR procedures for the accurate determination of invasive mycoplasmic infections, and this may be useful for clinical labs that are struggling with antibody approaches for detecting mycoplasmas. What is interesting about these mycoplasmas is that they contain retroviral DNA sequences (such as the HIV-1 *env* gene but not other HIV genes), suggesting that they may have been modified to make them more pathogenic and more difficult to detect. It's also interesting that we have been working with a support group of Texas Department of Corrections employees that were apparently exposed to the same unusual mycoplasma before ODS, possibly during a Defense Department-supported vaccine testing program in selected state prisons here in Texas. One of the biotech companies involved in this TDC study (in Houston, TX) had US Army contracts to study mycoplasmas (this is indicated in their publications on the subject) and has been named in lawsuits as selling or supplying CBW to Iraq.

We have been able to assist thousands of soldiers recover from a life-threatening disease that is caused by invasive mycoplasma infections. We have learned that over 6,000 US soldiers have died of infectious diseases and chemical exposure in Operation Desert Storm. I suspect that this is being hidden from the American public for political, economic and legal reasons.

Sincerely,



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and
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EDITOR'S LEGEND

GW: Gulf War Illness Syndrome
CBW: Chemical and Biological Warfare
CFIDS: Chronic Fatigue Immune
Dysfunction Syndrome