



**315<sup>th</sup> Airlift Wing Alumni Association  
315<sup>th</sup> Airlift Wing Excellence over the  
Years Joint Base Charleston, South Carolina**

**3. Newsletter**

This is a special request news bulletin from 315AW Alumni member Lt Col (ret) Derek L. Duke, former pilot of the 300th Airlift Squadron.

Very important information about sarin gas effect during the Gulf War for 315th Aircrews. This is what he had to say in a message and telephone call I received today.

Del,

This is a very important 2022 study of the Gulf war syndrome and our aircrews. I was there and was greatly affected by this. I intend to pursue this on my own and on the behalf of others. I was wounded and injured. I am already 100% P & T, VA disabled, so perhaps no monetary congruence for me, but for many others that were in Desert Storm this could be very significant. Please consider sending this to all our members for FY1.

I was on the ground there after landing and under attack right after the war started. Several ground and flight line troops were killed and injured in the scud missile attack. The chemical alarms were all cleared.

I'm being represented by a major law firm. The pact act may be helping. We are pushing for purple heart status for all of us who are suffering from these symptoms forever. Injured in combat, friendly fire, but injured. I will not go into my CWT injuries. I am under continued heavy pain meds for the dysfunctional attacks within my body from GWI.

Del, thank you for all you do for us.

All the best,


Derek

(912) 541-2200

derek.duke@yahoo.com

Derek was an air combat pilot in the Vietnam with Lt Col (ret) Ed Hernandez 701/707AS, Group Commander, and the late Major Gen Bob Stevens, former 315th Wing Commander & Commander of the U. S. Central Command during 911.

Tomorrow is that Special Day for all those we love!!

Happy Valentines Day everyone. 

*Del Oxford, Communications*

Del inadvertently omitted This article About GWI (Gulf War Illness / Syndrome ) and you who served in THE STORM IN THEATER.

Note this appeared with THE PACT ACT approval.

I hope you contact the VA IF YOU served and believe you have been affected.

AND IF YOU ARE INTERESTED

My Law firm is HILL & PONTON of Orlando Fl They have many decades of exclusively helping Veterans deal with the challenges of a VA claim. Sarah Hill, the daughter of the firms founder is my specific lawyer and she is EXCELLENT.

AGAIN, her service is FREE until you WIN. If IF they interview you and TAKE YOUR CASE, they will ask you to sign an agreement that says you will owe them a ONE TIME small percentage of your settlement amount with the VA.

All of this is very fair and I was glad to pay them. They handled all of my case including the huge volumes of paperwork. And THAT INCLUDED REPRESENTING ME through the ALL the APPEALS PROCESS and finally at the FINAL VA LAW JUDGE HEARING.

That was WHERE the facts they had uncovered about my treatment by the VA as well as the facts of my case convinced the Judge to issue an immediate ruling in my favor.

The ruling was permanent and total 100% disability with the award going back several years to my time of initial visit to the VA asking for medical help.

It could not have been any better.

I could have never achieved this on my own. The amount of back disability award was what the percentage was based upon. I felt it very, very fair.

And one folinal point - just as in a criminal trial, when the judge rules, it's OVER. YOU CAN GO RIGHT TO JAIL.

Now in my case THE AWARD was FINAL AND IMMEDIATE. I was shocked by that After all my years of trying to get medical help and aid I was stunned by the IMMEDIATE CHANGE. So yes, the legal team was worth every Penny.

All the Best,

Derek  
912-541-2200/

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Statesboro, GA 30458

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On Feb 13, 2023, at 22:47, Del Oxford <ddoxford@aol.com> wrote:

Del,

THIS EXPERT MEDICAL RESEARCH on THE GULF WAR SYNDROME / ILLNESS (GWI)  
is HUGE ◆ !!!

Any of our aircrew that flew in the Gulf War should be interested in this report.  
It basically says we were all probably exposed to SOME AIR PARTICLES containing SARIN  
NERVE GAS.

That resulted from our bombing of WMD SITES that created a HUGE PLUME of smoke  
confirmed to contain SARIN GAS that drifted 300 miles to our combatants.  
The report lists the reported complications into classifications for veterans from the Gulf  
War. The individual items for each class are listed.  
Basically, the report states the SARIN CONTAMINATION explains ALL THE WEIRD  
ILLNESSES we have and are suffering. That report is below.

Since its publication the PACT ACT has made it A DEFINED PATH at the VA to apply for  
treatment and disability ratings.

Please spread the news of PACT ACT and this report.

All the Best,  
Derek  
912-541-2200

Derek L. Duke  
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Statesboro, GA 30458

Email. Derek.Duke@yahoo.com

Begin forwarded message:

**From:** D Duke <duke30458@yahoo.com>

**Date:** February 12, 2023 at 00:23:30 EST

**To:** Derek L Duke Sr <duke30458@outlook.com>, D Duke <duke30458@gmail.com>, Derek Duke <derek.duke@hotmail.com>, Derek L Duke Sr <derek.duke@yahoo.com>

**Subject:** GWI LINK SARIN GAS

## **GULF WAR ILLNESS SYMPTOMS BAFFLED SCIENTISTS. UNTIL NOW.**

**POSTED ON SEP 29, 2022 BY MATT SANITIZING**



The origins of Gulf War illness have eluded veterans and medical researchers for decades. But now, a new study seems to have cracked the case on how roughly 250,000 veterans were sickened during the 1991 Persian Gulf War: exposure to the chemical weapon sarin.

While combat lasted 43 days, the harmful health effects on some who served in the conflict have stretched for decades. Known as a cluster of once inexplicable symptoms, Gulf War illness — sometimes called Gulf War syndrome— can include muscle aches, joint pain, dizziness, memory lapses, headaches, fatigue and insomnia.

For more than 30 years, federal efforts have come up short in deciphering the root causes of these puzzling symptoms. To help solve the mystery, a team of researchers at the University of Texas Southwestern Medical School looked at the genes and surveys of those affected.

“Quite simply, our findings prove that Gulf War illness was caused by sarin, which was released when we bombed Iraqi chemical weapons storage and production facilities,” said Dr. Robert Haley, the [study’s](#) lead author and director of epidemiology in the internal medicine department at UT Southwestern.

“There are still more than 100,000 Gulf War veterans who are not getting help for this illness, and our hope is that these findings will accelerate the search for better treatment.”

The researchers included 1,016 veterans of the Persian Gulf War—about half of whom have Gulf War illness. They also tested for a pair of gene variants, one of which efficiently breaks down sarin and one that processes some pesticides but not sarin. Different combinations of these gene types can have varying impacts on developing Gulf War illness.

The study found that those with the least protective genotype, and who heard chemical alarms during the war, were nearly nine times more likely to develop symptoms.

Sarin was not only stored in Saddam Hussein’s Iraq but also used on the country’s citizens. In 1988, as the Iran–Iraq War was drawing to a close, Iraqi Kurds in Halabja, an Iraqi town about 9 miles from Iran, were targeted with a mixture of chemical weapons, one of which was sarin.

Armed with the knowledge of past use, American and coalition forces sought to eliminate the likelihood of sarin being deployed against them. However, little did they know it would result in American troops being unknowingly exposed to toxic substances once again.

“As is common with toxic exposures, we may not have immediate answers as to why groups of veterans develop certain symptoms or illnesses,” said National Commander Joe Parsetich. “But there is still a need to care for those who were made ill in service and to continue pressing for research that will help us better understand those connections

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Plus the DOCTORS ACTUAL REPORT

Derek L. Duke  
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**UTSW genetic study confirms sarin nerve gas as cause of Gulf War illness**

**Published on: May 11, 2022**

Troops who had genes that help metabolize sarin were less likely to develop symptoms

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DALLAS – May 11, 2022 – For three decades, scientists have debated the underlying cause of Gulf War illness (GWI), a collection of unexplained and chronic symptoms affecting veterans of the Persian Gulf War. Now researchers led by [Robert Haley, M.D.](#), Professor of Internal Medicine and Director of the Division of Epidemiology at UT Southwestern, have solved the mystery, showing through a detailed genetic study that the nerve gas sarin was largely responsible for the syndrome. The findings were [published in \*Environmental Health Perspectives\*](#), a peer-reviewed journal supported by the National Institute of Environmental Health Sciences, with an [accompanying editorial on the paper](#) by leading environmental epidemiologists.

Robert Haley, M.D.

Dr. Haley’s research group not only discovered that veterans with exposure to sarin were more likely to develop GWI, but also found that the risk was modulated by a gene that normally allows some people’s bodies to better break down the nerve gas. Gulf War veterans with a weak variant of the gene who were exposed to sarin were more likely to develop symptoms of GWI than other exposed veterans who had the strong form of the gene.

“Quite simply, our findings prove that Gulf War illness was caused by sarin, which was released when we bombed Iraqi chemical weapons storage and production facilities,” said Dr. Haley, a medical epidemiologist who has been investigating GWI for 28 years. “There are still more than 100,000 Gulf War veterans who are not getting help for this illness and our hope is that these findings will accelerate the search for better treatment.”

In the years immediately following the Gulf War, more than a quarter of the U.S. and coalition veterans who served in the war began reporting a range of chronic symptoms, including fatigue, fever, night sweats, memory and concentration problems, difficulty finding words, diarrhea, sexual dysfunction, and chronic body pain. Since then, both academic researchers and those within the military and Department of Veterans Affairs have studied a list of possible causes of GWI, ranging from stress, vaccinations, and burning oil wells to exposure to pesticides, nerve gas, anti-nerve gas medication, and depleted uranium.

Over the years, these studies have identified statistical associations with several of these, but no cause has been widely accepted. Most recently, Dr. Haley and a colleague reported a [large study](#) testing veterans’ urine for depleted uranium that would still be present if it had caused GWI and found none.

“As far back as 1995, when we first defined Gulf War illness, the evidence was pointing toward nerve agent exposure, but it has taken many years to build an irrefutable case,” said Dr. Haley, who holds the U.S. Armed Forces Veterans Distinguished Chair for Medical Research, Honoring Robert Haley, M.D., and America’s Gulf War Veterans.

Sarin is a toxic man-made nerve agent, first developed as a pesticide, that has been used in chemical warfare; its production was banned in 1997. When people are exposed to either the liquid or gas form, sarin enters the body through the skin or breathing and attacks the nervous system. High-level sarin often results in death, but studies on survivors have revealed that lower-level sarin exposure can lead to long-term impairment of brain function. The U.S. military has

confirmed that chemical agents, including sarin, were detected in Iraq during the Gulf War. In particular, satellite imagery documented a large debris cloud rising from an Iraqi chemical weapons storage site bombed by U.S. and coalition aircraft and transiting over U.S. ground troop positions where it set off thousands of nerve gas alarms and was confirmed to contain sarin. Previous studies have found an association between Gulf War veterans who self-reported exposure to sarin and GWI symptoms. However, critics have raised questions of recall bias, including whether veterans with GWI are simply more likely to remember and report exposure due to their assumption that it may be linked to their illness. “What makes this new study a game-changer is that it links GWI with a very strong gene-environment interaction that cannot be explained away by errors in recalling the environmental exposure or other biases in the data,” Dr. Haley said.

Dr. Robert Haley (left) visits with two longtime GWI research supporters, former Sen. Kay Bailey Hutchison and the late Ross Perot, at a campus event in 2006.

In the new paper, Dr. Haley and his colleagues studied 508 deployed veterans with GWI and 508 deployed veterans who did not develop any GWI symptoms, all randomly selected from more than 8,000 representative Gulf War-era veterans who completed the U.S. Military Health Survey. They not only gauged sarin exposure – by asking whether the veterans had heard chemical nerve gas alarms sound during their deployment – but also collected blood and DNA samples from each veteran.

The researchers tested the samples for variants of a gene called *PONI*. There are two versions of *PONI*: the Q variant generates a blood enzyme that efficiently breaks down sarin while the R variant helps the body break down other chemicals but is not efficient at destroying sarin.

Everyone carries two copies of *PONI*, giving them either a QQ, RR or QR genotype.

For Gulf War veterans with the QQ genotype, hearing nerve agent alarms – a proxy for chemical exposure – raised their chance of developing GWI by 3.75 times. For those with the QR genotype, the alarms raised their chance of GWI by 4.43 times. And for those with two copies of the R gene, inefficient at breaking down sarin, the chance of GWI increased by 8.91 times. Those soldiers with both the RR genotype and low-level sarin exposure were over seven times more likely to get GWI due to the interaction per se, over and above the increase in risk from both risk factors acting alone. For genetic epidemiologists, this number leads to a high degree of confidence that sarin is a causative agent of GWI.

“Your risk is going up step by step depending on your genotype, because those genes are mediating how well your body inactivates sarin,” said Dr. Haley. “It doesn’t mean you can’t get Gulf War illness if you have the QQ genotype, because even the highest-level genetic protection can be overwhelmed by higher intensity exposure.”

This kind of strong gene-environment interaction is considered a gold standard for showing that an illness like GWI was caused by a particular environmental toxic exposure, he added. The research doesn’t rule out that other chemical exposures could be responsible for a small number of cases of Gulf War illness. However, Dr. Haley and his team carried out additional genetic analyses on the new data, testing other factors that could be related, and found no other contributing causes.

Dr. Robert Haley, here reviewing brain scans of Gulf War veterans, has been studying the illness for 28 years.

“There’s no other risk factor coming anywhere close to having this level of causal evidence for Gulf War illness,” said Dr. Haley.

The team is continuing research on how GWI impacts the body, particularly the immune system, whether any of its effects are reversible, and whether there are biomarkers to detect prior sarin exposure or GWI.

Other UTSW researchers who contributed to this study include John Teiber, Gerald Kramer, and Junhui Xiao. The U.S. Military Health Survey was a collaborative effort of UTSW and a large survey research team at RTI International including Jill Dever, who also contributed to this paper. The study was funded by the U.S. Departments of Defense and Veterans Affairs.

Opinions, interpretations, conclusions, and recommendations are those of the authors and are not necessarily endorsed by the U.S. Departments of Defense or Veterans Affairs.

#### **About UT Southwestern Medical Center**

UT Southwestern, one of the nation's premier academic medical centers, integrates pioneering biomedical research with exceptional clinical care and education. The institution's faculty has received six Nobel Prizes, and includes 26 members of the National Academy of Sciences, 17 members of the National Academy of Medicine, and 14 Howard Hughes Medical Institute Investigators. The full-time faculty of more than 2,900 is responsible for groundbreaking medical advances and is committed to translating science-driven research quickly to new clinical treatments. UT Southwestern physicians provide care in more than 80 specialties to more than 100,000 hospitalized patients, more than 360,000 emergency room cases, and oversee nearly 4 million outpatient visits a year.

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