

4/21/2015

Statement: Marilyn McAllister Lieutenant Colonel US Army Retired US Paratrooper

Ref: Shawn T. Scott (6993)

I am writing to provide additional eyewitness testimony that Shawn Scott's unit 3d Armored Cav Regiment (3d ACR) was exposed to chemical agents and the dangerous SCUD chemical IRFNA, not just at Khamisayah, Iraq on or about, 10 March 91 but also as his unit moved through northern Saudi Arabia into Iraq at the beginning of the air war.

I was a school trained NBC staff officer, part of the XVIII Airborne Corps NBC testing team and War Plans Officer who provided communications to Shawn's unit. I was in fact the senior school trained NBC officer in the 35th Signal Brigade I was also from December 1990 - March 1991.

During this period 1SG Coleman and Our NBC monitoring teams obtained multiple positive CAM and M256 tests immediately following a series of SCUD attacks near Dhahran Saudi Arabia and at KKMC. Reports of positive readings continued through a. In addition to positive nerve and blister chemical agent tests, the compounds became engulfed in large yellow, red, orange and brown SCUD cloud that meet the description of SCUD Inhibited Red Fuming Nitric Acid, the SCUD oxidizer. The cloud formed during all SCUD/Patriot engagements. The IRFNA drifted to the ground from approximately 3,000 feet. It's flow first covered the eastern side of the compound, near the guard water tower across the street from the main gate. It gradually drifted from east to west engulfing the entire compound. It was thick and persistent, lasting well over an hour in the nearly calm night air. It remained in low lying areas near the ground even after the "All Clear" was given and everyone unmasked. Once soldiers unmasked, they were exposed to the IRFNA on their head, neck, face, and hands. Although most SCUD attacks were at night, the SCUD clouds were easy for me, the compound guards, and NBC team to see. Because it was When SCUD alerts sounded everyone other than site guards and NBC teams were indoors "buttoned up" for the attacks. I helped prepare NBC-1 reports of the positive chemical nerve and blister tests. An Intel officer picked up our M256 positive samples and the written reports. He did not want to identify himself and did not want to be seen by soldiers.

I contacted the deployment health group in the DOD office of the assistant secretary for health affairs as you suggested. I requested that they conduct an investigation of the incident so that injured veterans seeking VA medical care would have documentation. I received a long letter from them stating that the eyewitness information I provided them was not new and they were aware of other similar incidents. They provided no real assistance regarding additional documentation I am looking for that they may have about this specific incident. I need this information because a number of soldiers at the compound including myself were chemically wounded. Many of us became ill. It has been very difficult for many of us to obtain VA medical care and hard to get VA doctors to believe our exposures. I am now convinced that most of the estimated "200,000 seriously ill" Gulf War veterans are not sick, but chemically wounded by the SCUD IRFNA and chemical agents.

In late 2012, Dr. Robert Haley and James Tuit published two companion articles regarding long distance transmission of chemical agents as a result of deep bombing of Iraq chemical munitions sites during the first week of the war. The articles used US and allied automated chemical alarm and testing data, new meteorological information and improved modeling to show how chemical agents at the Muthanna State Facility and Fallujah I, II, and III were propelled high into the atmosphere and drifted more than 350 miles south. These chemicals precipitated as chemical fallout on areas that I know for a fact that hundreds of thousands of friendly troops were located. These chemical agents set off thousands of automated alarms throughout northern Saudi Arabia from Dhahran north to Rhafa. We were moving to contact when the alarms went off. The report states that gasses included sarin, mustard, tabun, and yperite based on tests performed by the US, along with the elite Czechoslovakian Chemical Detection Unit, UK, and French equipped with specialized detection equipment that used multiple detection methodologies.

The deep bombings of chemical sites occurred the same week as the SCUD attacks. This may explain why my NBC team and others obtained positive M256 tests for nerve and blister agents as far south as Dhahran immediately following SCUD attacks. It is possible that the SCUDs caused the fallout suspended aloft to precipitate because of the turbulence as the SCUDs re-entered the atmosphere. It is also possible that low levels of fallout were already present before the SCUD attacks at background levels too low to set off M8 alarms but high enough to be detected by M256s and CAMs used immediately after the attacks. Declassified CIA reports indicate that Iraq sarin was low grade, only 20-50% pure. The CIA called it "crude" sarin. At these low levels, it would usually be below the detection threshold of M-8 alarms, set to detect far more lethal chemical concentrations than the M256 kits. The low grade sarin would not be likely to produce death, but because exposure is cumulative, a week or more of low level exposure could cause permanent physical damage.

Troops who experienced nausea, runny nose, eye irritation, and shortness of breath disregarded the symptoms in many cases thinking the PB tablet were causing the symptoms. In my own case, I had no choice but go to the doctor on 25 January 91 because I had severe symptoms including inability to walk straight, the room spinning when I opened my eyes, sensitivity to light, and nausea. This was diagnosed by Dr. Theodore Miller of the XVIII Airborne Corps as probable anaphylaxis to PB tablets. The doctors were to Soldiers were ordered to begin taking PB experimental nerve agent pretreatment the night the Air War and deep bombings of Iraq's chemical sites began. SCUD attacks Began at the same time. So it was difficult, impossible really, to discern specific causes because of confounding events. There were hundreds, perhaps thousands, of soldier's clinical visits that Army doctors, who had no test equipment, attributed the reactions as possible anaphylaxis to PB tablets. The problem with the PB diagnosis is that the Israeli Army routinely trains with PB tablets, and only .003 percent had any significant reaction. A RAC study investigated the effects of PB combined with insecticide. Results showed Gulf War "like" symptoms in animals. The problem with this theory is that it was winter, very cold that week. The sand fleas were dormant so troops were not using insecticide at the time. U

It is far more likely that my symptoms and the symptoms of other troops in the Dhahran area were not PB but a combination of SCUD IRFNA and chemical fallout. My gas mask hood developed pin holes the night i performed chemical testing of the IRFNA SCUD cloud. I then developed large black sores on my head and back. These sores have never

completely healed. I still have my gas mask, and the holes are easily visible under flashlight inspection. A Chemical Center memorandum hypothesized that SCUD IRFNA would degrade the chemical suits. There was also a CIA warning that dusty mustard would penetrate the chemical protective garments. The charcoal lining in my suit degraded, leaving my skin black. I suspect that my gas mask filters still contain traces of IRFNA and chemical agents.

Your own investigations from 1997-2001 indicated that the M256 kits were accurate and produced low false positives. The only false positives your laboratory test teams obtained of M256s in the presence of SCUD fuel and IRFNA oxidizer was a very low number of blood agent false positives. Your teams got no laboratory false positives for nerve and blister agent. My real world combat tests 20/21 January did not result in any positives for blood agent. We only got positives for nerve and blister agent. The M256 kit results were confirmed by CAM tests. I know we performed the tests correctly. I had been a company and battalion level NBC officer for almost a decade. I and my team were well trained, and had conducted scores of rehearsals prior to the attack.

In 2007, the Army admitted that it ordered all records below brigade level destroyed before units left the Gulf. This included virtually all medical records. This order was in contravention to public laws mandating the retention of wartime records. The stated reason for the destruction order was that there was not enough room to transport the records back. This is sheer nonsense. Units went over with full CONEXes. Many of these containers came back nowhere near full, because supplies had been expended and damaged camouflaged nets, concertina, and field wire discarded in the desert. There was room for these records. These records contained direct eyewitness evidence of SCUD attacks and chemical alarms and exposures as documented by unit NBC teams and guards. The records would have provided strong evidence to service connect thousands of chemically wounded troops.

---

Signed/Date

Marilyn McAllister, [Mcallisterrmm@gmail.com](mailto:Mcallisterrmm@gmail.com)  
Lieutenant Colonel US Army Retired  
US Paratrooper  
Phone (256) 457-6537