



**EXTRACT FROM RECENT STATEMENT ON GULF WAR ILLNESSES BY
THE RT HON THE LORD MORRIS OF MANCHESTER AO QSO**

My involvement in parliamentary debates on medically unexplained illnesses among veterans of the 1990-91 Gulf War began 12 years ago; first in the House of Commons and, since 1997, in the House of Lords. It was as Honorary Parliamentary Advisor to The Royal British Legion that I was involved; and I was a founding member, in 1994, of the Legion's Inter-Parliamentary Gulf War Group.

The group comprises parliamentarians of the main political parties, distinguished medical specialists and researchers, legal experts and representatives of the ex-service charities, as well as service men and women who fought in the conflict. The Ministry of Defence (MoD) is also represented.

SCALE OF THE CONFLICT: PROTECTIVE MEASURES TAKEN

The Gulf conflict was on a scale bigger than any that British troops had been engaged in since the Korean War forty years before. It was also the first since 1918 against an enemy known to have chemical weapons readily available for deployment.

Thus the MoD had to prepare for the liberation of Kuwait on the assumption that such weapons would be used. Indeed millions of people, here and across the world, had seen for themselves in TV reporting the stark effects of Saddam Hussein's use of chemical weapons against the civilian population of a neighbouring Muslim country only months before his invasion of Kuwait.

On 9 November 2001, President George W Bush said of al-Qaeda:

“They are seeking chemical, biological and nuclear weapons.”

Eleven years before then, British troops deploying to the Gulf faced an enemy had not only been seen to possess but had *already used* some of these weapons, first for the massacre of Kurds in Halabja in 1988 and then against the civilian population of Iran in 1990.

Aware of the weapons facing our troops in the Gulf, the MoD gave high priority to doing all they could to safeguard them against the effects of their use. It correctly assessed the threat facing our troops, but not all the health risks of the measures taken to protect them could be assessed. These measures comprised a multiple immunisation programme of up to 14 inoculations – a veritable *blitzkrieg* on the immune system – that included protection against anthrax, then known to be stockpiled in Iraq; the first-ever issue of nerve agent pre-treatment sets (NAPS) tablets as antidote against chemical weapons; the deployment of toxic sensors; and a heavy use of pesticides – including organophosphates – to prevent fly-borne diseases.

While accepting that these measures were thought to be in their best interests, British Gulf veterans who are now in broken health – many with severely debilitating but still undiagnosed illnesses – trace some of the worst of their problems to the MoD’s efforts to protect them in facing the reality of living within range of Iraqi weapons believed to be capable of carrying chemical, biological and nuclear warheads.

To date over 5,000 of the British troops deployed, all of them medically A1 in 1990-91, have reported illnesses they attribute to service in the Gulf. They are mostly convinced, as are their medical consultants, that their illnesses are directly linked to gravely damaging effects of combining NAPS tablets – often indiscriminately taken – with an immunisation programme of unprecedented range and intensity. As of today all they (and the British Parliament) can be told officially is that studies on the “possible adverse health effects” of that combination are continuing at the Government’s science and technology research centre at Porton Down. Final results were due to be available at the beginning, middle and end of 2003, but today we are still waiting.

The jury has now been out for 14 years on this issue: one of deep concern to the ex-Service community and one, moreover, that begs important questions about the protection of troops engaged in later conflicts.

Like many others in our ex-service community, Field Marshal Lord Bramall – a former Chief of the Defence Staff and now my colleague in the House of Lords – is in no doubt about the importance of this issue in terms both of explaining many still undiagnosed illnesses among Gulf War veterans and safeguarding the well-being of troops now on active service.

Speaking in a debate on Gulf War illnesses I initiated in the House of Lords on 15 January 2001, Lord Bramall said that

“...one glaring question stands out above all others. Was the cocktail of inoculations... liable to cause, in some individuals, a harmful chemical or physiological reaction that would lead to loss of future immunity?” [Official Report, House of Lords, January 15 2001, col. 10014.]

In the same debate he went on to describe the combination of NAPS tablets and vaccines, all administered at the same time, as

“...by far the most likely common factor in causing subsequent indisposition or worse among Gulf veterans”.

More recently, the former Chief of the Defence Staff has spoken with feeling about his related concern for the health and safety of our troops now deployed or awaiting deployment in the war against terrorism. A defence costs study had, he said

“...knocked the stuffing out of the Defence Medical Services and led to a mass exodus of specialists.”

This pointed to the need for “very high priority improvements” and had to be put right, he said, as a matter of the greatest urgency:

“If not” said Lord Bramall “the Government can forget about the Armed Forces, in particular the Army, being used as a force for good, in what has been described as Britain’s now pivotal role. For without proper medical back-up, no extended deployment of military forces, even in a humanitarian role, let alone in warlike operations, can be safe or can even be contemplated.”

OTHER POSSIBLE CAUSES OF ILLNESS

The Gulf conflict - a short but ferocious one, aptly named *Desert Storm* – resulted in fewer fatalities than expected, but is still taking its toll on the health of those who returned. The adverse effects of vaccines interaction is but one possible cause. Others likely to have contributed to the incidence of “Gulf War illnesses” to a greater or lesser extent include:

Atmospheric pollution from fired oil wells

Among the most striking recollections of the Gulf conflict is that of Squadron Leader Philip Congdon of the Royal Air Force, who led the British training team sent to Saudi Arabia after the Iraqi invasion of Kuwait to train expatriate Saudi Arabian military and civil defence personnel in chemical and biological warfare defence

“We now know” he said “that after the oil fields were set on fire the atmosphere was saturated with pollutants of the most profoundly life-destroying type”.

He describes the result as

“...passive smoking of the most deadly type.”

It was passive smoking inflicted not only on US and British troops but also on the civilian population of Kuwait many of whom – as I was informed by ministers, including the Minister of Health, on a visit there in 1999 – succumbed to its deadly effects. My visit to Kuwait left me in no doubt that much of value to the study of Gulf War illnesses could have been gained from increasing our knowledge of the effects of the conflict on public health there, more especially those of firing its oil fields.

The destruction of Iraqi rockets containing nerve agents

In March 1991, US troops demolished 122-millimetre rockets stored adjacent to Iraqi ammunition bunkers at Khamisiyah in southern Iraq. UNSCOM inspectors later identified the site as an Iraqi chemical weapons storage plant and found there ammunition containing the nerve agents sarin and cyclosarin. Originally it was said that only one British serviceman could have been affected; but in the ministerial response to a recent parliamentary question from Paul Tyler MP, the House of Commons has now been told that the figure could be as high as 9000.

What is more, the MoD is aware that the US Secretary for Veterans Affairs has released statistics showing dramatically higher death rates among US veterans exposed to the release of nerve agents by the Khamisiyah explosions and now treats such deaths as Gulf War-related. This is still not conceded in the UK but in reply to a Parliamentary Question which I tabled in the House of Lords on 21 March, the Minister stated:

“...the statistics recently released by the US Veterans Benefits Administration are believed to be based on remodelling the theoretical plume of nerve agent which may have been released by the demolitions...”

The MoD is seeking to establish from the US authorities the full scientific basis for the remodelling. Once this has been obtained and analysed, I will write to The Lord Morris of Manchester and place a copy of my letter in the Library of the House.”

I still await the Minister’s letter.

Post traumatic stress disorder (PTSD)

This is also seen as a cause of Gulf War illnesses by British veterans and doctors. The general expectation of a high death toll, awareness of the range of weaponry available to the Iraqi forces and recollection of the effects of its use against the Kurds and in the war

between Iraq and Iran, made it probable from the outset that PTSD and other stress-related disorders would afflict at least some of our troops deployed to the Gulf.

Although in the event the number of fatal British casualties during the conflict was low, many of our troops witnessed events that were psychologically highly disturbing. The horrendous injuries sustained by Iraqi soldiers had a marked traumatic effect on some of those who came in close contact with them and particularly on service men and women responsible for treating their injuries. The relief of stress was not assisted when the civilian doctors of many of our troops, not least of Reservists, were inadequately briefed about their experiences in the conflict when they returned home.

The extent of suffering caused by PTSD was first brought home to me by the case of a young soldier – Gunner Tom Ford – from a locality close to my former constituency in Manchester who served in the Gulf with the Royal Artillery. Such was the deterioration in his health after the conflict that he became subject to severe depression, panic attacks and acute breathing difficulties. On two desperate occasions he tried to end his own life and, like many other Gulf veterans with PTSD, is now classified as permanently disabled.

The use of organophosphate substances in locally purchased pesticides

This was a further possible cause of still undiagnosed illnesses. Had we known then what we know now about the health hazards associated with organophosphates, our troops would certainly not have used them to the extent that they did in 1990-91.

The tented accommodation occupied by British forces in the Gulf was regularly sprayed with pesticides to prevent fly-borne diseases. Initially most of the pesticides used were free of organophosphates, but when it became necessary to make purchases from local suppliers there was widespread and substantial use of them.

Veterans employed in spraying speak of being soaked to the skin in organophosphates and undoubtedly that level of exposure has to be seen as a highly likely cause of some Gulf War illnesses.

The effects of Depleted Uranium

Gulf War illnesses are rarely discussed now without mention of the very heavy use of depleted uranium (DU) during the conflict. Notwithstanding all that has been said about the “minimal risk” posed by DU on the battlefield, there is widespread belief among veterans that the effect of spent DU munitions was the cause of their ill-health.

They believe that dust from the impact of DU shells, when inhaled, was the cause of illnesses, in particular among rescue workers and field staff involved in the clean-up and decommissioning of vehicles and sites attacked by DU weapons.

Responding to their concern the MoD is now undertaking a DU screening programme to establish whether exposure to its effects is linked to ill-health among veterans. But we shall not know the outcome until some indeterminate future date.

Meanwhile and disturbingly, even although there are very strong indications of incidences of lymphomas in Italian Peace Keepers in Bosnia and apparently a true cancer cluster has been discovered, there is no reported intention to undertake a similar study among our troops who served in the Balkans. And in the view of veterans' organisations – with their fears about the effects of the use of depleted uranium – this is a grave omission.

WHERE WE ARE NOW

The Royal British Legion describes veterans with still undiagnosed illnesses as having had “a long hard fight” to have them accepted as war-related. Although epidemiological studies initiated by the MoD confirmed that our troops who served in the Gulf were more likely to be unwell than their peers who did not, full official recognition of their needs has been – in the words of the Legion – “difficult to achieve”. And while they and other associations have had many successes in promoting veterans' interests, there is continuing concern in Britain's ex-service community that too many lessons of the first Gulf conflict have still to be learned.

In seeking a full Public Inquiry into the issues raised by Gulf War illnesses, the Legion recalled that:

“... in the United States a Presidential Commission was established very soon after the conclusion of the war”,

and that a Public Inquiry of comparable standing in Britain

“... would be providing our veterans and service people with no more than parity of treatment”.

With thousands of the men and women we deployed to the Gulf, then fit and well, now stricken by undiagnosed illnesses, no one could argue that the Legion acted precipitately in calling for a Public Inquiry. It did so in May 1997 – six years after the conflict ended – not only in fairness to those affected but to maximise public confidence that our troops “would be fully prepared and protected in future deployments”.

The reason given for rejecting a Public Inquiry was the traditional one: that nothing would be gained; but more recently, in words clearly chosen with clinical care, Parliament has been told that

“...the possibility that a Public Inquiry might become an appropriate mechanism is not excluded”.

This is seen as modest progress by an ex-service community that just cannot believe that if there had been a Public Inquiry work on, for example, the interactive effects of all the tablets and inoculations given to our Gulf War troops in 1990-91 would not have been completed before 2004. Again they think it inconceivable that a Public Inquiry would not have increased our knowledge of the effects of the Gulf conflict on public health in Kuwait; and that it would not have reported on complaints about the MoD’s Medical Assessment Programme and why veterans were not given copies of their medical records on discharge to assist their civilian doctors in early diagnosis of illnesses that could be attributable to their service.

Nor is the ex-service community in any doubt that a Public Inquiry would have looked very carefully at the relatively high prevalence of Motor Neurone Disease among Gulf War veterans. Among US veterans, the disease is twice as prevalent as in the population at large. The MoD is aware of this finding but has yet to accept it.

This is a double tragedy for the family of Gulf War veteran Nigel Thompson. He died of Motor Neurone Disease at the age of 44 having striven for 11 years to have his condition treated as Gulf War-related. Sadly, he died on the very day on which the American Veterans Affairs Department recognised the disease in US veterans as attributable to service in the Gulf.

In the House of Lords on 25 February, Lord Bach, for the MoD, said of Nigel that he was:

“... a man of remarkable courage, humanity and great cheerfulness in the face of considerable adversity. Our thoughts are with his widow, family and friends.”

He went on:

“The Government are aware of the recent US announcement regarding the prevalence of Motor Neurone Disease in US veterans of the Gulf conflict... The researcher’s findings have yet to be published in peer reviewed scientific journals; when they are we will consider carefully the implication for UK veterans.”

Samantha, Nigel’s widow, who gave moving evidence to the Congressional Inquiry Hearing held in the British Parliament, is rightly admired by the ex-service community as a whole for her constancy and abiding commitment to continuing the campaign for parity of treatment with the bereaved families of US Gulf War veterans.

The Legion acted in keeping with its highest traditions in calling for a Public Inquiry into all aspects of the handling of Gulf War illnesses; and there are those on all sides of both Houses of Parliament who believe it to have been profoundly wrong that an inquiry was so long resisted. They fully accept that mistakes made in 1990-91 were not deliberate. They know as well as anyone in executive government that decisions about protective measures often have to be made on a “needs must” basis; but they rightly insist – and believe that any Public Inquiry worthy of the name would strongly have insisted – that the nation as a whole must play its part in meeting the cost of such decisions.

None of us at Westminster, least of all Ministers, can want to see the afflicted and bereaved of the Gulf conflict made to suffer the strain and hurtful and demeaning indignities that protracted delay in dealing with their concerns can impose. Yet sadly many veterans feel that such delay has occurred and their public representatives must go on pressing for the truth about their illnesses.

Of all the duties it falls to parliamentarians to discharge, none is of more compelling priority than to act to justly to citizens who are prepared to lay down their lives for their country, and the dependants of those who do so. There was no delay in the response of our troops to the call of duty in 1990-91. Nor should there be any further delay now in discharging in full our debt of honour to them

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