

Major Points for Lord's Debate

1. The first Gulf War 1990-1, GW-1, was the most toxic war in western military history as a result of
 - a. The clear threat that Saddam Hussein would might use chemical (nerve agents, mustard gas particularly) and/or biological weapons (anthrax) against coalition troops.
 - b. This required the rapid development of countermeasures that were experimental. In particular anthrax, and the case of UK service personnel, plague vaccines. Plague was not recognised by the USA as a possible threat and their troops were not vaccinated against plague. This shows the uncertainty among the coalition forces about the reliability of intelligence information.

The experimental nature of the countermeasures used has never been recognised in the UK whereas in the USA anthrax vaccine(s) and pyridostigmine bromide, used to protect against possible exposure to the nerve agent soman, were classified as investigational new drugs, INDs.

The most important of these agents were

- Anthrax, pertussis and plague vaccines- the anthrax vaccine was never fully assessed for efficacy against airborne anthrax spores whilst the plague vaccine was admitted as experimental in a newspaper article. The use of pertussis vaccine as an adjuvant was clearly experimental, contraindicated in the medical literature, particularly in young men, and illegal. There is evidence that both the UK and USA provided raw materials to support the production of anthrax spore aerosol weapons.
- Pyridostigmine bromide, PB, (NAPS tablets) was also used without the necessary extensive studies to validate their safe use under battlefield conditions.
- Organophosphate pesticides, OPs, thought essential to control possible infection from flies, particularly sand flies that carry leishmaniasis, a virulent tropical disease that is difficult to treat, and mosquitoes carrying malaria. There was ample evidence that OPs were associated with concerns about long term chronic neurological sequelae in susceptible shepherds and farmers. Initially the UK government denied that OPs were used in theatre but later, following an apology in Parliament by Nicholas Soames, it became clear that large quantities of OPs were used with some from local sources that could not be fully characterised.
- Nerve agents, particularly sarin, were known to have been developed as battlefield weapons by Saddam Hussein aided and supported by the USA and UK. The original bombing campaign, Jan 1991, and subsequent demolition of stockpiles after the ground war released toxic plumes over the battlefield area and beyond.
- Since OPs, PB, and nerve agents act at the same biological sites they represent a sustained and extensive assault on the same key enzyme systems including those important in protecting the cardiovascular system, the central, autonomic and peripheral nervous systems, and respiratory system- a cholinergic triple whammy.
- Depleted uranium, DU, used in munitions for the first time in battles involving western allies ground troops was known to be a major hazard that was the subject of strict protective measures in existing military manuals going back to 1974.

Our troops (and USA troops) were subject to experiments in which they were exposed to toxic chemical and biological agents.

2. The persistent denial of all these hazards by the MOD and UK authorities fully merits the description of the initial official USA attitude towards sick Gulf War Veterans, **“a tin ear, cold heart, and closed mind.”** **Burton Report, 1997**

3. The Americans responded vigorously to this damning judgement; recognised the plight of sick veterans, initiated extensive research into their sickness resulting in two major reports, the Binns reports of 2004 and 2008. The latter finally concluding that exposure to OPs and PB were causally related Gulf War Illness and low level exposure to sarin may also have been important. They finally identified Gulf War Syndrome, GWS, as a single coherent multi-system illness which they have now named Gulf War Illness, GWI, to avoid sterile debates about the semantics of syndrome and illness. GWI affects almost 1/3 of UK and USA deployed veterans from GW-1.

4. The UK, in contrast, has

- **not listened** to or responded to the Binns reports – **the tin ear.**
- displayed a **callous disregard** for sick veterans and their families. Insisted on the protracted use of all legal procedures to frustrate the award of benefits and pensions to sick veterans and their families demanding frequent reviews of veterans and sometimes reducing pensions and benefits that had been awarded - **the cold heart.**
- shown a **profound incuriosity** about the nature and origins of their sickness, initiated very little research into consequences of the biological effects of these toxic exposures on veterans and their families, and denied the results of successive Binns reports – **closed mind.**
- Refused to acknowledge the use of GWS as a valid illness descriptor when almost 1/3 of GW-1 veterans are ill with this condition; reducing it to an umbrella term which has been equated with signs and symptoms of ill-defined conditions, SSIDCs, and sometimes illegally modifying medical records to that effect.
- Committed to an **ideological understanding** of GWS/I as a mental and behavioural disorder with no organic basis in the toxic biological and chemical exposures suffered in GW-1. The result has been the offer of cognitive behavioural therapy, CBT, and graded exercise therapy, GET, (both highly controversial) coupled with antidepressant drugs – euphemistically called rehabilitation.
- Relied upon the 2003 MRC research report that was **seriously flawed**, omitted a great deal of scientific and medical information, and recommended no effective action. It is now even more out of date (Hooper, 2003).
- Refused repeated calls for an Independent Inquiry into GW-1 (1990-1) when an Inquiry into GW-2 (2003) is now underway.
- Failed to come before the Independent Lloyd Inquiry, 2004, when this was inaugurated.
- All independent research that addresses the sickness of UK veterans has been funded, without any support from the MoD/Government/MRC, by the veterans themselves who have been shown to be severely ill-with SF-36 scores around 20-25 (Spence et al, in Dundee); contaminated by DU (Durakovic et al. USA and Croatia); with consequent chromosomal aberrations (Schott et al,

Germany), and very rare hypopituitarism (Atkin et al Hull & York). All this work has been ignored.

- The Depleted Uranium Oversight Board, DUOB, was inaugurated in 2000 and obtained some debatable urine analysis data in 2002, 12 years after GW-1. It allowed no further biological testing, e.g. chromosomal aberration tests. It refused to consider any epidemiological data emerging from Iraq about the impact of DU on that community - see Minority Report that expressed the veterans' views.

5. The reports and results of numerous tribunals, appeals (some up to the House of Lords) and inquests have found in favour of sick veterans and their families but Government has remained obdurate and stubborn despite increasing amounts of scientific, medical and legal evidence.

- Inquests on Ian Hill, Michael Kozak, Terry Walker, and Stuart Dyson have ruled that exposures in the GW-1 contributed to their deaths.
- In the case of Terry Walker his pension/benefits were reduced to 40% at a hearing that occurred 1 week before his death. An apology was subsequently issued in Parliament for this callous and uninformed action.
- The Jury in the inquest on Stuart Dyson found that his untimely death was hastened by or a direct result of exposure to DU munitions. A copy of the proceedings was sent to the Lord Chancellor by the Coroner in the light of the concerns arising from this case. The MoD was not present at the hearing, a fact commented on by the Coroner, and which many regard as typical of the pusillanimous responses of the MoD that can produce no supporting evidence for its views when challenged. Dr Busby, the expert witness, destroyed a written submission by the MoD's expert and used recently published data that identified a new mechanism which enhances the toxicity of internally absorbed uranium isotopes. This emerging evidence was ignored by the DUOB.
- In the case of Michael Kozak his widow, Sandra, used the 2008 Binns report to win an appeal, 6 years after the initial Inquest. The Appeal ruled that death was due to or hastened by an injury or wound or disease, namely (a) dissection of the aorta; (b) systemic (and irreversible) hypertension that occurred during an operation on 8th October 2003. Cardiovascular dysfunction and damage has been highlighted in the both the Binns' reports, 2004 and 2008.
- The NGVFA commented that if proper attention to the early work of Dr Goran Jamal, 1996, it would have been obvious that systemic illnesses affecting the cardiovascular and nervous systems are real and similar to the problems faced by sick farmers exposed to OPs.

6. The NGVFA has records of many tribunals and appeals from sick veterans including

- Appeals over 13 years that finally resulted in the acknowledgement that **a single veteran** had suffered from DU exposure, autoimmune disease, autonomic nervous system damage, and osteoporosis all related to service in GW-1.
- Another veteran, Murray Lomax, has attended 11 Medical Boards, 29 claims and reviews and lodged 6 appeals for brain damage resulting from GW-1 exposures compounded by a breech explosion. Finally, despite significant clinical evidence of neurological damage he was offered CBT and GET with antidepressants after a re-examination by a Medical Assessment Panel, MAP,

psychiatrist. This is typical of the experience of sick veterans who are simply not listened to by official people and bodies but labelled repeatedly with a mental and behavioural disorder with evidence of biological damage repeatedly ignored.

- A tribunal awarded another veteran, Kenny Duncan, 2004, a pension for the damage arising from exposure to DU. Although his children have been affected there has been no consideration of any compensation for their obvious clinical and developmental needs.

The MoD, Government, VA, DWP response to GWS/I has been characterised by ignorance, denial, procrastination, prevarication, and protracted legal procedures linked to an ideological commitment to a demonstrably false view of GWS/I as a mental and behavioural disorder.

GWS/I is a result of prolonged exposure to known biological and chemical toxins that occurred in GW-1. It is not stress related or a psychiatric condition but is a result of organic brain damage.

Most of this damage is attributable to actions taken by our own Government and military authorities who have in effect injured our troops by “friendly fire” arising from the reckless implementation of countermeasures based on inadequate science and medicine.

Although intended to protect the troops these measures have resulted in the complex, chronic, multi-system illness that has led to so much disability, suffering and despair, and early death for these sick soldiers and their families.

Failure to face this truth has led to the abandonment of these troops who whilst being lauded to the skies by successive politicians, suffered denigration of their character as soldiers and been opposed by the very leaders both political and military who sent them to GW-1.

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18th January 2010

See attached information from Prof Haley’s latest work available at

http://www.sciencenews.org/view/generic/id/57073/title/Science_%2B_the_Public__Scientists_offer_compelling_images_of_Gulf_War_illness