

Question for Short Debate

3.31 pm

Tabled By Lord Morris of Manchester

To ask Her Majesty's Government what further consideration the Ministry of Defence has given to the implications for British veterans of the 1990-91 Gulf War of the findings of the congressionally mandated and funded United States Research Advisory Committee on Gulf War illnesses on the toxic effects of exposure to organophosphates and of the nerve agent pre-treatment sets (NAPS) tablets given to British troops deployed to the conflict.

Lord Morris of Manchester: My Lords, we are met to debate the importance of the landmark findings of US congressionally-mandated research on Gulf War illnesses for many thousands of British veterans of the conflict now in broken health, many of them terminally ill, who were prepared to lay down their lives in the most toxic war in western military history, and the bereaved families of those who did so.

I have interests to declare, not pecuniary, as honorary parliamentary adviser to the Royal British Legion, the authentic voice of the ex-service community; as vice-president of the War Widows' Association; and, uniquely for a non-American, as a co-opted member of the United States Congressional Committee of Inquiry into Gulf War Illnesses, whose deliberations led to federal funding of the Research Advisory Committee whose findings we are here to debate.

I want also at the outset today to thank most warmly the noble Lords who will follow me in this debate. I know that they share my deep sadness at the passing of Lady Park of Monmouth, who spoke in almost all our debates on Gulf War illnesses before today. We have lost a valiant and much loved friend.

The House knows of my regard for my noble friend Lord Tunnicliffe and for my noble friend Lady Taylor, who would be here but for a ministerial commitment abroad. She was described by veterans as the first Defence Minister ever to make an unreserved apology

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for unacceptable treatment of a Gulf War veteran after I had put it to her on 10 December 2007:

"Is it not shaming that wrangling with veterans over pensions still drags on, 17 years after the conflict, and that it has now engulfed so grievously Terry Walker, who had his pension cut from 100 per cent to 40 per cent shortly before he died, leaving his two orphaned children in poverty? How can any apology ameliorate the depth of distress caused by the handling of his case?"

My noble friend's response was immediate and forthright. She said,

"no apology can make amends for what happened. Great distress was caused to the family"-[Official Report, 10/12/07; cols. 5-6.]- and she went on to speak of interim help the family could be given, including payment for Terry's funeral expenses.

Yet the anguish and often anger of Gulf War veterans trying to cope with medically unexplained illnesses was not assuaged. A great many of them backed the remonstrance of Flight Lieutenant John Nicol, whose bravery under torture in Iraq in 1991 was seen on TV screens across the world when he protested,

"we weren't the enemy but that's exactly how Gulf veterans have been made to feel by the MoD".

Samantha Thompson, the widow of a Gulf War veteran was no less pointed in stating that she and her seven year-old daughter would have been,

"far better treated had her husband been in the United States and not the British Armed Forces",

and she was strongly backed by Brigadier Ian Townsend, the then secretary-general of the Royal British Legion, who told the Legion's annual conference in 2004 that,

"14 years on Gulf veterans with medically unexplained illnesses and the dependants of those who have died are still cruelly locked in a long hard battle with the MoD". Just as British troops now serving with such valour in Afghanistan knew before they were deployed of the hazards that they would face, so too their predecessors in the Gulf War were aware of dangers facing them in 1990-91. They were the first British troops since 1918 to confront an enemy known not only to possess but to have used chemical weapons, as Saddam Hussein had done both in Iran and against many thousands of his own citizens in the massacre at Halabja.

What our troops deploying to the Gulf did not know was that many thousands of them would be exposed to sarin from the fall-out when Hussein's chemical weapons storage plant at Khamisiyah in southern Iraq was totally destroyed by US bombing in March 1991. Nor did they know the health consequences of the pyridostigmine bromide used in the NAPS tablets they were given as an antidote to biological agents; or of the heavy use of organophosphates in spraying their tents to prevent fly-borne diseases.

Professor Malcolm Cooper, president of the National Gulf Veterans and Families Association, set out in a recent paper hazards faced by our troops deploying to the first Gulf conflict. Time restriction makes it impossible for me to refer to all of them in this debate, but I will copy the paper to my noble friend for a reply in writing to points not addressed this afternoon.

Nor is there time now to quote all the ministerial replies to questions tabled by noble Lords about the MoD's refusal to consider the implications of the RAC's report for British veterans, even its damning

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findings on the real, serious and potentially deadly effects of neurotoxic exposures. What all the replies amounted to was a claim that in November 2008, the then US Secretary of Veterans Affairs referred the RAC's report to the US Institute of Medicine for peer review; that the IoM would be publishing the outcome of the review in February 2010; and a repetitive insistence that the MoD could not consider any possible implications of the RAC's findings until then.

This was the constant refrain despite my having quoted to Defence Ministers a letter sent to me last June by Roberta Wedge, the IoM's senior programs officer, stating that the Secretary of Veterans Affairs had not referred the RAC's report to the IoM. She has since made this utterly clear also in evidence on the record to the US Congressional Subcommittee on Oversight and Investigations, chaired by Congressman Harry Mitchell, with whom I have corresponded directly.

Roberta Wedge's letter also stated categorically that the IoM had not been, and would not be, peer-reviewing the RAC's report; and that it was grossly misleading to contradict this and to claim that the IoM would be publishing the outcome in February 2010.

What in fact happened in November 2008 was that, while the then Secretary of Veterans Affairs in the Bush Administration announced that he was referring the RAC's report to the IoM for peer review, he did no such thing. In any case, it would have been both absurd and constitutionally highly questionable for the IoM to review a report from the congressionally-mandated committee described on high medical authority as,

"packed with eminent medical scientists, all leaders in their fields, and based on 1,840 scientific communications, the vast majority of which had appeared in peer-reviewed journals, most of the remainder having been included because of the high repute and eminence of their authors".

What is hard for veterans to forgive now is the repetition of errors that a single telephone call could have corrected. Of course, February 2010 has come and gone, and time has falsified the replies given to noble Lords over the 18 months since the RAC's report was published. This is why there is such determination now, all across the ex-service community, to prevent further delay in addressing the implications of the RAC's report for British veterans. Thus, it would be helpful if my noble friend could make a start today by providing the MoD's figures for the number of British veterans exposed to organophosphates and to Sarin from the fall-out at Khamisiyah; how many were given NAPS tablets, and how many in each case have still undiagnosed illnesses.

In sharp contrast to how British veterans fared in striving to have the RAC's findings considered, the new US Administration have taken major initiatives to start giving them effect. General Eric Shinseki, the new Secretary of Veterans Affairs, ordered an urgent review of the files of thousands of Gulf War veterans to see whether their claims for

disability pensions were wrongfully decided. He published a statement entitled Comprehensive Approach to Delivering Care and Benefits for Veterans and spoke of, "challenging all the assumptions made for 20 years".

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More recently, he announced recognition by the Department of Veterans Affairs of presumptive illnesses and said:

"This will be the beginning of historic change for how the VA considers Gulf War veterans' illnesses".

In an authoritative message from Washington yesterday, I was told that while the IoM will release a comment on 9 April, it will not review the RAC's report, and Secretary Shinseki has made clear that he has not been and is not waiting for any comments from the IoM. Rather, he has carefully studied the RAC's findings and has acted. So must we.

None of us here, least of all my noble friend, wants to see the afflicted and bereaved of the first Gulf conflict made to suffer the strain and hurtful and demeaning indignities of still further delay in reaching closure on their anxious concerns. Of all the duties that fall to parliamentarians, their priority of priorities must be to act justly to those who, alone in this country, contract with the state to lay down their lives in its service. There was no delay in the response of our troops to the call of duty in 1991, nor must there be any further delay now, in this 20th year since the conflict, in discharging in full our debt of honour to them.

No one has done more to honour that debt than James Binns, who chaired the RAC with such humanity, excelling integrity and unswerving dedication. He deserves well of service and ex-service communities everywhere and stands high in my gallery of heroes and heroines, among them my noble and learned friend Lord Lloyd, my noble and gallant friend Lord Craig, and the late Daphne Park.

3.43 pm

Lord Craig of Radley: My Lords, I congratulate the noble Lord, Lord Morris, on obtaining this debate, and I apologise for my momentary absence at the beginning.

The noble Lord, Lord Morris, has been a fine champion of the Armed Forces and a real force for good in their interest. He and I co-chaired a well attended meeting in the Robing Room in March last year, when we were privileged to hear at first hand from the chairman and members of the Research Advisory Committee set up by the United States Congress to examine scientifically the issues of Gulf War illness and the present and future health of affected Gulf War veterans.

Under the inspired leadership of Colonel Binns, this committee of experts established beyond peradventure why so many US and UK service personnel who fought in Gulf

War I returned with unexplainable illnesses. That work did much to shed a clear, bright, penetrating light on these issues. When I spoke at that gathering, I had hoped to note and welcome the presence of representatives from the Ministry of Defence, but it seemed that invitations had regrettably arrived too late for any Minister. However, it should still have been possible for one or more officials to attend on Ministers' behalf. That would have helped underline Prime Minister Gordon Brown's personal and explicit promise to treat fairly those who had been prepared to put their lives on the line, as directed by their Government, and who have suffered as a result.

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We should never forget that we are concerned about the care and fair treatment of individuals whose illnesses were triggered almost 20 years ago. At various times in the course of this long period attempts have been concentrated on reaching conclusions and closure. It is in no one's interest that it still drags on, causing difficulties on all sides, confrontation and disillusionment rather than co-operation and satisfaction.

In spite of efforts over the years by this Government going back to when they first entered office in 1997, the unfortunate impression has been left with Gulf veterans and their families that while the Government may be fulsome with their praises for veterans, they are unwilling or unable to give greater practical help to those who suffer. The Government's claim is that all who have a recognised incapacity or illness are compensated, but this does not seem to reach over satisfactorily to the many individuals who are clearly unwell but do not have a classified condition of illness.

The fine work of the Research Advisory Committee opens a new door on these poorly defined conditions, so it was a bitter blow when the Government's reaction to the RAC report was to inform this House that, although they had examined the report following its publication on 17 November 2008 because the United States Department of Veterans Affairs had sent the report to the highly respected Institute of Medicine (IoM) for review, Her Majesty's Government would await the outcome of this process before reaching any conclusions on the report. The noble Baroness, Lady Taylor, wrote a letter to me dated 20 May 2009. A copy of the letter is also in the Library. It states:

"The IOM are committed to updating their 2006 report by reviewing newly published research and taking into account the Report submitted by James Binns as chair of the Research Advisory Council".

But has any such reference taken place? Indeed, the noble Lord, Lord Morris, has dealt with that point. The information that I, too, had from Colonel Binns months ago was that no such reference would take place. Has there been any further statement or action on the RAC report from the Government that I may have missed? It seems extraordinary that it takes a further Question for debate in your Lordships' House to get further comment or commitment from the Government even after their deadline of February 2010 had passed. Surely, this is not the sort of treatment that ill veterans should bear.

I finish by quoting from the executive conclusions of the Research Advisory Committee's report. It is a very heavy and thick report, so I have reproduced it in my notes. It states:

"The extensive body of scientific research now available consistently indicates that Gulf War Illness is real, that it is the result of neuro-toxic exposures during Gulf War deployment, and that few veterans have recovered or substantially improved with time. Addressing the persistent health problems affecting Gulf War veterans remains the obligation of government, and all who are indebted to the military men and women who risked their lives in Iraq, Kuwait and Saudi Arabia 17 [now 19] years ago. This obligation is made more urgent by the length of time that Veterans have waited for answers and assistance".

Does that not say it all? I hope that we hear some good news from the Minister when he replies.

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3.48 pm

Lord Lloyd of Berwick: My Lords, I put my name down to speak in this debate because Gulf War illness is a subject in which I have had a close interest for a long time. Having heard what the noble Lord, Lord Morris of Manchester, and the noble and gallant Lord, Lord Craig, have said, there is very little, if anything, that I can usefully add. I agree with everything that they have said. Like them, I regard the report of the Research Advisory Committee in the United States as providing the answer for which the Government have been looking for so long-namely, the causes of Gulf War illness of 19 years ago.

That report establishes that there were two causes: NAPS tablets and organophosphates. As for NAPS tablets, they were taken by our forces at the insistence of the Government. As for organophosphates, that was what their tents were sprayed with-again, organophosphates purchased by the Government. These are the facts established by the Research Advisory Committee report, and in my view it is high time that the Government accepted those facts and acted accordingly.

3.50 pm

Lord Tyler: My Lords, I, too, pay tribute to the noble Lord, Lord Morris of Manchester, who has, in his characteristically indomitable way, managed to make sure that this House and, indeed, the wider public have been constantly reminded of the way in which the nation effectively let down those who served on our behalf in the first Gulf War. I pay tribute to him; like him, I have been a member for some years of the Royal British Legion Gulf War group. I pay tribute to the work that the RBL, too, has done over the years to make sure that the veterans, particularly those who have suffered ill health, have been kept constantly in the mind of the Government and of the nation.

Unlike the noble and gallant Lord, Lord Craig, I cannot claim any military expertise, and unlike the noble and learned Lord, Lord Lloyd, I cannot claim any legal expertise. I am the layman-the man of the street-in this issue, but my long-term commitment stems from

the fact that I was brought to realise how dangerous organophosphates were many years ago, when I was first elected to the Commons, by sheep farmers in my constituency in Cornwall and more widely throughout Wales and the south-west of England.

It became apparent soon after the invasion in the Gulf War, in 1991-92, that organophosphates had played a role in the problems that subsequently resulted in ill health for our troops. Soon after that war, I questioned the Minister for the Armed Forces, Mr Nicholas Soames-obviously, this was under the previous Government-on what use had been made of OPs. I was told it was minimal. A few Iraqi prisoners of war had been sprayed to delouse them, but that was it. It subsequently became apparent that the Minister had been misinformed. The Ministry of Defence had to admit-and the Minister had to apologise to the House, to me and to other Members of Parliament-that OPs had been very widely used among the Armed Forces who had gone to the Gulf. Indeed, their equipment had been extensively sprayed with OPs obtained

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locally, without proper protection either for those operatives given that responsibility or for the troops themselves.

As has been made apparent this afternoon, and has so often been made apparent, the cocktail of vaccination against the various diseases and infections that were anticipated in the Gulf, with the use of OPs for that extensive delousing operation, has undoubtedly caused a huge problem among our serving personnel. It is estimated that up to a third of those who were deployed into the active area of engagement during those hostilities have suffered from ill health of various types since then. The cocktail of pyridostigmine, the so-called NAPS tablets and the exposure to organophosphates-themselves extremely dangerous chemicals whose origin is in the chemical warfare attempts of the Second World War-clearly has had a very damaging effect on the health of a number of individuals.

That came out strongly in the investigation that was undertaken by an independent tribunal, chaired by the noble and learned Lord, Lord Lloyd of Berwick, which has been the only effective, comprehensive analysis of what went wrong to have taken place in this country. No proper, independent inquiry has covered the whole field, as has happened in the United States.

What is apparent not just from the speech of the noble Lord, Lord Morris, today but from successive exchanges in the House is that we have lagged behind dangerously in the work undertaken both by the US Government and on their behalf. Sadly, we have also not seen an effective response to the 2008 Binns report, which has already been referred to in the debate. Had we done so by now, surely we would have been able to see that the causal connection between the NAPS tablets and OPs was at the root of a considerable number of those suffering with very serious ill health. The latest study, from the American Society of Toxicology, which reported just a few weeks ago, has also been given remarkably little attention in this country, not least by the Government, so far as I can

see. It shows indisputably that sick veterans are suffering from organic brain disease as a result of this particular concoction. It is also significant that troops from other nations who were deployed at the same time and did not undergo this programme of vaccinations combined with OPs have not had anything like our levels of ill health thereafter.

The critical issue is that while we understand perfectly well that Ministers are anxious not to replicate the work of US organisations, let alone the government-sponsored research activity that has taken place over the past 15 years, surely that puts a responsibility on the United Kingdom Government to take full advantage of that research. It is the worst of all worlds to say that we will not undertake the research because someone else is doing it, and then not take advantage of the results. That, sadly, has been the long-term complaint of our troops who have been made chronically ill by, as it were, the worst friendly fire incident of modern times. It is not that no research has been done, and not that the Government have attempted to duplicate it, but that they simply have not taken advantage of it. It is also true, sadly, that monitoring the ill health of those who have been the most badly affected has not

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been as substantial as we would like. Only deaths are recorded, which ignores all the morbidity problems that so many face on a daily basis as a result of their service for their country during the Gulf War.

We still await a reaction—perhaps we will get one from the Minister today—to the question of why we have not seen a full response to the United States Research Advisory Committee report. It is not good enough simply to say, "We are still waiting for the Institute of Medicine review". It has been made only too apparent that that is like waiting for Godot. I believe that the constant experience of those who have been badly affected is that their Government—the Ministry of Defence in particular but more generally as well—have not been as assiduous as the Government of the United States in respect of their ill health. For a whole period, too much emphasis was placed on trying to dispel the idea that there is just one Gulf War syndrome when we all know that a number of specific illnesses seemed to derive from this unfortunate episode.

Nobody is asking for huge sums in compensation at this stage. What we are asking for is for the Government to be as upfront as we can and should expect them to be in taking full advantage of the United States research, making it available to those who are the worst affected, and in the process trying to restore trust among these veterans. Surely it is the prime responsibility of any Government that those who serve the nation in the frontline should expect every consideration and respect. The Government must obtain at least the trust of those who in this particular case have been so badly affected through their service to this country.

3.59 pm

Lord Luke: My Lords, I congratulate the noble Lord, Lord Morris, on securing a debate on this difficult subject, on which we all acknowledge he is an expert.

As we all know, Gulf War syndrome refers to the complex of symptoms which particularly affects the veterans of the 1990-91 Gulf War at significantly excess rates. These symptoms are not explained by established medical diagnoses or standard laboratory tests, but typically include a combination of: memory and concentration problems, persistent headache, unexplained fatigue, widespread pain, and can also include chronic digestive difficulties, respiratory symptoms and skin rashes.

Around 6,000 British service personnel, out of some 55,000 mobilised for the conflict, are still reported to be suffering from the symptoms of Gulf War syndrome. In 1998-as we heard from the noble Lord, Lord Morris, and the noble and gallant Lord, Lord Craig-the US Congress mandated the appointment of a public advisory panel of independent scientists and veterans to advise on federal research studies and programs to address the health consequences of the Gulf War. The panel was directed to evaluate the effectiveness of US government research in addressing central questions on the nature, causes and treatments of Gulf War-related illnesses. This committee published a report in November 2008, which we have heard about this afternoon. The report provides a comprehensive review of information and evidence on topics reviewed by the committee

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since its previous, interim report published in 2004, as well as additional information on topics considered in the 2004 report.

In brief, the committee found that veterans who took pyridostigmine bromide-which was used by our soldiers and our allies as a protective measure against possible nerve gas exposure-for longer periods of time, have higher illness rates than veterans who took less PB. The report establishes that the widespread use of multiple types of pesticides and insect repellents-often, as we have heard, containing organophosphates-in the Gulf War theatre supports a consistent and compelling link of being associated with Gulf War illness; that veterans of the Gulf War have developed amyotrophic lateral sclerosis at twice the rate of non-deployed veterans of the same era; and that veterans who were downwind from nerve agent releases resulting from weapons demolitions at Khamisiyah, Iraq, in March 1991 have been found to have twice the rate of death due to brain cancer as other veterans in theatre.

Although studies of Gulf War veterans do not provide consistent evidence that exposure to oil fire smoke is a risk factor for Gulf War illness for most veterans, questions remain about effects for personnel located in close proximity to the burning wells for an extended period. Limited findings from epidemiologic studies indicate that higher-level exposures to smoke from the Kuwaiti oil-well fires may be associated with increased rates of asthma in Gulf War veterans, and that an association with other Gulf War symptoms cannot be ruled out.

These are extremely serious, often sadly fatal, side effects our soldiers and veterans are still suffering from and will have to contend with for as long as they live. They come as a

direct result of defending our country, we are for ever indebted to them; therefore it is the least we can do to investigate these illnesses fully and make the lives of these brave people as comfortable as we possibly can.

I have some questions that I would like to put to the Minister. Will he inform the Grand Committee what, if any, purposeful research the Government have commissioned since the publication of the American Research Advisory Committee on Gulf War Veterans' Illnesses report in November 2008? It was published 18 months ago and surely now requires some proper answers. Can he also say whether Her Majesty's Government have any immediate plans to conduct research into the health of veteran's children, and does he agree with me that there is still considerable scope for research into that particular issue?

What consultations have the Government had with their US counterparts relating to the findings of their latest report? Will the Minister inform the Committee what consultations he has had with his ministerial colleagues relating to the findings of the latest report, and what assessment he has made of the cost of compensating those who are suffering illnesses symptomatic of Gulf War syndrome? What assessment has the Minister made of the possible health implications of prolonged exposure to Kuwaiti oil-well fires during the Gulf conflict? Finally, will he give the Committee the Government's assessment of the number of British Gulf war veterans who are said to be suffering from

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Gulf War syndrome? It is vital that assessments of claims made by veterans of the first Gulf War who have subsequently become ill should continue to be made on a case-by-case basis; and that where a causal link to service can be established, they should then be compensated.

We on these Benches urge the Government to make a Statement without further delay, detailing the action that they will take in the light of the congressional report, since British veterans of the first Gulf War were exposed to the same agents that have been implicated in the US, and many have become ill. I look forward to the Minister's response.

4.06 pm

Lord Tunnicliffe: My Lords, I, too, thank the noble Lord, Lord Morris, for maintaining the Government's alertness to this issue. He has raised it on every possible occasion. He certainly maintains the pressure-particularly on me, since it always seems to come up on my watch. That is a good process, for which we thank him. We thank him also for the tremendous work that he has done on behalf of veterans and the wider disabled community, and for his roles in the Royal British Legion, the Inter-Parliamentary Gulf War Group and as vice-president of the War Widows' Association. I thank other noble Lords-in one case, a noble and gallant Lord-who have taken an interest in this. We, too, miss the noble Baroness, Lady Park.

Many questions have been raised, particularly by the noble Lord, Lord Morris, who was good enough to say that he will give me a series of written questions so that I can complete the spectrum of answers. I shall touch on some of the questions now, and start with the sarin incident which the noble Lord mentioned in his speech. In general, we do not think that it is appropriate to comment on individual cases. However, as he knows, in the case of Terry Walker, the Government have acknowledged the distress that Mr Walker's next of kin have suffered on the issue of his war pension, and have apologised for it. The Government have taken appropriate corrective action.

The noble and gallant Lord, Lord Craig, said something that he has said a number of times before—that he craves closure. The implication is that we have somehow failed to provide appropriate closure. I and the Government cannot see that. Any Government must look at how we treat veterans who suffer as a result of serving their country. This Government—and, I believe, all Governments—have sought to make sure that proper schemes are in place to compensate individuals who suffer as a result of their exposure on behalf of the nation.

It is not about classifications but about compensating for specific disablement. That is the thread that runs through our system, and that is the thread on which the Gulf War veterans are being considered. It is difficult to see what more the Government can do than meet the standards of that scheme. We believe that we have met those standards. We have acknowledged our poor handling early on—at least two Ministers have apologised to the House for our early mishandling—but we go back to the essence of the scheme. The

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essence of the scheme is not about its title or its classification; it is about the impact that it has on the individuals.

Another question concerned the way in which the Institute of Medicine's report will involve the RAC report. My noble friend Lady Taylor answered a Question on that subject on 27 July. I cannot do better than cite her reply because it clearly states the Government's position. She stated:

"The RAC report represents a body of work whose key findings are inconsistent with numerous previous studies on this subject by the US IOM. It is for this reason that the Department of Veterans Affairs asked the IOM committee to engage with the RAC and to consider the same scientific literature that the RAC used to come to its conclusions.

The IOM committee is expected to report in February 2010".

We expect the report on 8 April. She continued:

"The IOM is an independent scientific body, and the degree to which it will consider the findings of the RAC report remains uncertain at this stage. The British Government's

position is that we will not comment on the RAC report until the IOM issues its own report".-[Official Report, 21/7/09; col. WA 337.]

The noble and learned Lord, Lord Lloyd, said that he had nothing new to add; I thank him for that. He said that the RAC provides the answers. That is not, and consistently has not been, the Government's view. The noble Lord, Lord Tyler, said that, as a layman, it is self-evident. As a layman, I have read at least the executive summary, and it did not seem at all self-evident to me. It is not the Government's view that it is self-evident that there is something in the RAC report that should cause us to take a different view. We believe that our view is sound.

The noble Lord, Lord Tyler, touched on a number of points. He wanted us to hold a public inquiry. We have said that we have not ruled out the possibility of looking at the matter again. However, in the present circumstances, it is research, not any form of public inquiry, that will best allow us to understand and help the veterans. I think that it was the noble Lord who touched on the issue of brain damage. We announced that, based on advice received from the Medical Research Council, we would not pursue neuroimaging studies. However, it was made clear that the MoD would not close off the possibility of looking at that again once ongoing US studies have reported.

On organophosphates, in 1996, the MoD carried out a thorough investigation into the use of OP pesticides in the 1990-91 Gulf conflict. The report found that, in the main, OP pesticides were properly used by personnel who had been carefully trained in the safe use of such products, including the wearing of personal protective equipment. On the vaccine interaction research programme, much has been made of the fact that it is not the one vaccine or the other, it is the interaction of the two. We carried out research into that. The vaccine interaction research was an in-depth examination of the potential adverse effects of the combination of medical countermeasures administered to troops in the 1990-91 Gulf conflict. The overwhelming evidence from the programme was that the combination of vaccine and tablets offered to UK forces at the time would not have had an adverse health effect.

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Lord Tyler: I am grateful to the Minister. On that specific point, will he confirm that, as a result of the experience in 1991, there was no repeat of the administration of that cocktail combination when it came to preparing our troops for the invasion of Iraq in 2003?

Lord Tunnicliffe: I can assure the noble Lord that we did learn from the events of 1991, one lesson being the importance of much better record-keeping. I can confirm that Gulf War syndrome inasmuch as it exists—that is, the higher propensity which we acknowledge of the occurrence of a certain range of symptoms—did not recur in subsequent engagements.

There has been a general statement that we have done little research. The MRC has undertaken a lot of research, about £9 million-worth. I was asked if we have done any

since the publication of the RAC. No, we have not, because we reached a position where we felt that the only useful ongoing research was that which related to rehabilitation. The suggestion that we have not been concerned to learn from what has been happening in this community is simply not true. The medical assessment programme based at St Thomas's Hospital was open to all service men and women who took part in the Gulf War, and some 3,000 veterans were seen by the MAP as a result. We have been very sensitive to the importance of learning from that and ensuring that any symptoms were tracked.

I was also asked about the number of past cases. In 2007 the Government conducted an exercise looking at some 1,375 claimants of a war pension or a gratuity. The total number of veterans in receipt of disability benefit that is not necessarily anything to do with Gulf War syndrome per se is some 4,600.

The Government's position on Gulf War veterans has been stated on many occasions. Please be assured that we do not ignore our veterans, but I regret that I am unable to comment on the report from the Institute of Medicine because it has not yet been released. However, I understand that work has been concluded and the findings will be published on 8 April. MoD officials will consider any findings carefully. One of the first things that the Government initiated on coming to power was to commission new research into Gulf War-related illness. As I said, we have to date spent some £9 million on that research. This research has arrived at the same conclusions as the independent Medical Research Council report in 2003; namely, that there is no evidence from the UK or international research that a single syndrome is related specifically to service in the Gulf. The anticipated US report is expected to summarise and report on peer-reviewed scientific literature published since the institute's last report in 2006. The Research Advisory Committee report on Gulf veterans' illnesses, which was published in 2008, falls within this time-frame.

Noble Lords will be aware that the Vaccines Interaction Research Programme was an in-depth examination of the potential adverse effects of the combination of medical countermeasures administered to troops during the 1991 Gulf conflict. The overwhelming evidence from the programme was that the combination of vaccines and tablets offered to UK forces would not have had an adverse health effect. I know that exposure

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to organophosphate pesticides and the use of nerve agent pre-treatment tablets during the Gulf conflict is of concern to some veterans, and the MoD continues to monitor ongoing research in these areas. However, the overwhelming evidence from scientific literature shows that there were no adverse effects following the administration of NAPS tablets or any evidence of acute exposure to OP pesticides during the deployment of UK troops in the Gulf in 1991.

I turn to the events in Khamisiyah. The accidental release of nerve agents provides clear evidence of why it was so important that the Ministry of Defence provided UK service

personnel with NAPS tablets prior to the start of the operation in the Gulf. In January 2005, the Ministry of Defence announced the publication of a paper entitled Review of Modelling of the Demolitions at Khamisiyah in March 1991 and Implications for UK Personnel. The purpose of the paper was to evaluate work undertaken by the US Department of Defense which modelled the distribution of nerve agents released by the US demolition of Iraqi chemical weapons at the end of the Gulf conflict and discussed its implications for UK personnel. Approximately 9,000 UK service personnel may have been within the area of possible exposure, with the closest some 130 miles from Khamisiyah. However, the level of nerve agent would have been too low to have any biologically detectable effect.

We are always willing to consider credible new evidence. The overwhelming consensus of the scientific and medical community is that there are too many symptoms for the ill health reported by veterans to be characterised as a syndrome according to the strict medical definition. However, we acknowledge that that the phrase "Gulf War syndrome" has become widespread. We reviewed our position and accepted it as an umbrella term.

Lord Morris of Manchester: It is good of my noble friend to give way, and I am most grateful to all noble Lords who have spoken in the debate. Before the Minister concludes, I must again make it utterly clear that the senior programme officer of the Institute of Medicine in the United States has stated categorically that the RAC's report was not referred to the IoM for peer review, that it has not peer-reviewed the report and that it will not be doing so. There will be no report on 8 April. There will be a statement from the IoM on 9 April, and I cited Secretary Shinseki to the effect that he has not awaited the outcome of the IoM's comments to take his decisions. I hope that noble Lords will look at the statements I made this afternoon because it is important that we should not misrepresent American organisations of high standing. Secretary Shinseki has made important statements about the future and his change of policy. They are easily checkable by telephone and must be heeded in any steps taken here as a result of this debate.

Lord Tunnicliffe: I thank my noble friend for his intervention. As I said, we will always be sensitive to any information that comes forward. A report will be published on, we believe, 8 April. We will then see the extent to which it comments on the RAC and to which that improves our understanding. If it improves our understanding, we will act accordingly.

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Veterans experiencing ill health as a result of their service should rightly expect our support, and we remain committed to delivering it. Veterans have access to a range of support services, including the medical assessment programme that I mentioned, which has been used by 3,500 veterans. Data from that programme continue to support the results of previous research. Gulf veterans seen as part of the programme complain of symptoms similar to those complained of by the general veteran population. No unusual pattern of disease emerged, nor is there any evidence of unusual neurological or other disorders among Gulf veterans. The same high standards of medical care and treatment

under the National Health Service is therefore appropriate for them, as it is for other veterans.

One area where we are looking specifically at the needs of Gulf War veterans is rehabilitation. We have initiated specific research into rehabilitation therapies for those with persistent symptoms. This work is being conducted by Cardiff University and is expected to conclude in 2012. There is no doubt that very real progress has been made since 1997. I am pleased to say that our depth of knowledge about ill health reported by Gulf veterans is now much greater and our delivery is good.

I touch on one or two of the comments that the noble Lord, Lord Luke, made. He felt that the RAC report was compelling. Much professional opinion does not regard it as quite so compelling, but we will have time to reflect on it in the light of whatever is published. He said that we are talking about fatalities. That is clearly a very important issue. Each year-the document is dated 31 March, though I am not sure when it is published, but shortly thereafter-we look at all the people who have served in the Gulf. We look at a sample of service personnel and a matched sample of the general population. The fatality rate among the two populations of service personnel-those who went to the Gulf and those who did not-is slightly less for those who have served in the Gulf. However, there is not a major statistical difference. The figures are substantially the same. The rate is, of course, significantly less than for the general population because service personnel are generally healthier. This study has not as yet led to any statistical conclusions on fatalities. We will repeat the study every year so that we can assure society that we believe that this information continues to be valid and true.

The noble Lord spoke about costs. It is difficult to see how the Government would incur more costs because the essence of our reaction is to ask how much disablement has occurred. If we find a different relationship in this regard, that may of course change things, and we never close our minds to this; but the essence of our reaction is not what the label is but the extent to which the citizen cannot manage in their day-to-day life. That is what our system is based on.

I hope that noble Lords will forgive me for speaking for so long. This is a very important issue and I assure noble Lords that we take it seriously. I thank noble Lords for their concerns and their representations on these matters, which affect people to whom we owe a great deal. I assure noble Lords and the people concerned that the Government remain committed to helping

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them. We await with anticipation the report of the Institute of Medicine. I assure all noble Lords that we will consider its findings carefully.

The Deputy Chairman of Committees: The Committee will adjourn until 4.30 pm.

4.27 pm

Sitting suspended.