

'I want my life back'

It is 15 years since the end of the first Gulf War. As evidence mounts of Gulf War Syndrome, Professor Malcolm Hooper calls for an end to the 'obscene neglect' of the suffering veterans.

' IN a report to the defence committee of the House of Commons published in 2000, I described the first Gulf War as the "most toxic war in western military history". The troops were used as experimental animals in the preparations for and prosecution of the war.

It involved the administration of multiple vaccines, including unproven vaccines against the known biological war agents anthrax, plague and botulinum toxin. It saw the use of counter measures against chemical weapons, particularly nerve agents such as sarin and soman. Nerve agent protection sets (NAPS) were described by the Americans as an investigative new drug.

Protective nuclear, biological and chemical suits were also issued, together with a variety of alarm systems. There was also exposure to depleted uranium from munitions used for the first time in a war involving western forces.

High casualty rates were expected with the US sending 150,000 body bags while the Brits sent 25,000 bin liners. Mercifully, the number of deaths in combat, 49 British, was very small.

The Research Advisory Committee on Gulf War Illnesses in America published a major report in 2004 which transformed the official view of Gulf War Syndrome and Gulf War Illnesses. It summarised many studies in Britain and the US, which had found that 28 to 32 per cent of Gulf War veterans are now ill.

The report made clear that any psychiatric "stress" theories of Gulf War Illnesses were now dead. It provided clear evidence of significant brain damage in sick veterans. Advanced brain imaging techniques were used in the US studies, but no UK study has been initiated.

The major toxin responsible is the nerve agent sarin, although organophosphate pesticides and pyridostigmine bromide would contribute to this kind of damage. The US Congress has fully endorsed the report and completely altered its understanding of Gulf War Illnesses.

It is known that the nerve agent alarms were sounded repeatedly after the start of the air war on January 16/17, 1991, with 14,000 alarms going off two to three times a day. The UK said that all the alarms were false and should be disabled.

An extensive inquiry about the release of sarin and other chemicals at the time of the initial bombings and demolition of stores of chemical weapons declared that the alarms were "reliable" and that exposure to sarin was probably universal across the battlefield.

But the MOD continues to give assurances that there was no use of chemical weapons against UK troops. These are weasel words since "use" suggests that no exposures took place.

The reality is that, potentially, all UK troops were exposed as a consequence of the release of chemical agents by the initial bombings and subsequent demolition of storage, supply, and production targets involving these agents.

The attitude of the DOD and MOD and their persistent obfuscations and denials has resulted in large scale misclassification of these hazards and the troop numbers affected by chemical nerve agents.

In the UK, studies at King's College London, described as providing "spuriously negative conclusions", have been used to justify inaction and offer complacent and bland assurances to Ministers, Parliament, and veterans.

The US has committed at least \$15m a year for the next five years for the study of Gulf War Illnesses. A disturbing aspect of sarin exposure is that low levels of exposure give rise to delayed chronic damage to the brain.

In contrast, the MOD has continued to promulgate the now discredited "stress" theory of Gulf War Syndrome and deny any exposure to sarin, having earlier denied any use of organophosphate pesticides. While claiming to "mirror American studies", the MOD has done nothing to address this new research. At the same time, information sent to GPs in the UK has made no mention of the US studies.

The incidence of motor neurone disease among American Gulf veterans is two to three times that in the control population, but no study has been mounted in the UK. Parkinson's Disease is also more prevalent among the veterans and osteoporosis has been found to be more common among male Gulf War veterans.

Consent for vaccinations was not sought from the troops. Too many vaccines were given and were too close together - anywhere between six and 12 in a single day and in defiance of established protocols.

This is particularly true of the use of pertussis (whooping cough vaccine) that was given with anthrax vaccine. Pertussis is considered unsuitable for adults.

The anthrax vaccine had not been fully investigated for efficacy against aerosolised anthrax spores. In the field, troops were used to test plague vaccine in defiance of the Nuremberg Convention. In the last 12 months, clinical tests have shown extensive damage to the pituitary gland in three Gulf War veterans.

A further act of betrayal by the UK government against our troops was the use of depleted uranium munitions without any information being sent to the front line who were then placed in an environment contaminated by radioactive aerosols of uranium oxide released when the weapons hit a hard target.

Only in 2000 did the MOD act to address any questions about depleted uranium and establish the Depleted Uranium Oversight Board and even here only urine analysis has been approved.

Massive rises in childhood cancers and birth defects in Iraq have gone unreported. Studies in the US have found evidence of birth defects among children born to US veterans but, in this country, such studies involving smaller numbers have been inconclusive. Nevertheless, birth defects and developmental problems among children born to UK veterans are well known in the veterans' community.

Since coming fresh to these issues in 1997, I have been appalled by the duplicity of the Government and military towards veterans and the public.

Recent disclosures about the testing of nerve agents and LSD on volunteers from the Forces who were deceived into taking part in these experiments simply confirm that this is not a single and unacceptable event, but one in keeping with the attitude of officialdom towards troops who have willingly laid their lives on the line for their country only to be abandoned and neglected later.

For the common good, these attitudes have to be exposed and changed. The Government, and the MOD in particular, must now fulfil the duty of care so obscenely neglected and denied towards these men and women who served in the Gulf War from 1990-1. Fifteen years is too long - justice delayed is justice denied."

* Malcolm Cooper is emeritus professor of medicinal chemistry at Sunderland University and chief scientific advisor to the Gulf Veterans' Association.