

Comments from Professor Malcolm Hooper on the Gresham College lecture by Professor Simon Wessely entitled: “Something old, something new, something borrowed, something blue: The true story of Gulf War Syndrome” (delivered on 25th January 2006)

This lecture purporting to tell the true story of Gulf War Syndrome (GWS) was a travesty of the truth.

No real consideration was given to any other studies but those of Wessely and his group, with his 1999 Lancet paper providing most of the information, together with his notorious paper on War Syndromes (BMJ Jones et al, 2002; Hooper, BMJ 2002).

The Lancet paper (Unwin et al 1999) found a 2-3 times greater incidence of multiple symptoms among Gulf War Veterans than reference groups, and an association with vaccines. There was only passing reference to the Cherry study that found an association with vaccines and pesticides (Cherry et al OEM 2001). Only one slide included Professor Haley’s name but none of his work was discussed.

There was no mention at all of the massive report of the Research Advisory Committee on Gulf War Illnesses (RACGWI, 2004) which led to a change of heart and mind by the American Administration that now recognises the reality of these illnesses and provides medical and other support for sick veterans.

Furthermore, this report rejected the “stress theory” of Gulf War Syndrome and recommended that no further funding should be provided to support any continuation of psychiatric studies into GWS.

Nor was there any recognition of the conclusions of the Lloyd Inquiry that endorsed the RACGWI report and validated the use of the term Gulf War Syndrome.

The lecture was woefully out of date and repeated the ludicrous assertion that the first Gulf war was both a military and medical success. Nothing could be further from the truth.

Studies indicate that between 28-32% of all veterans are now ill (a figure Wessely did not give, but see RACGWI 2004 and Steele, 2000, 2002) and some 253,000 of the 696,000 American veterans are on permanent medical benefits.

The current situation in Iraq shows how the first Gulf war has turned into the nightmare currently being experienced by military personnel, at all levels, their families, and the people of Iraq since 1990-1.

The only epidemiology presented involved Wessely’s own study (Lancet, 1999), with passing reference to other studies in the USA that adopted a similar approach by taking a random sample of veterans that were claimed to be representative of the whole deployed cohort. This approach has been heavily criticised as it lacks any case definition(s), a *sine qua non* for an epidemiological study. All studies using this approach are designed to lead to the conclusion that there will be no significant differences between such a group and any control group(s). This has proved to be the case and “has caused all studies from the King’s College London group to reach spuriously negative conclusions” (Haley, submission to the Lloyd Inquiry, November 2004).

Professor Robert Haley used a classical epidemiological approach in which he developed case definitions that identified sick veterans whom he studied extensively using medical investigations and advanced neuroimaging studies. These batteries of tests identified extensive damage to the peripheral, central, and autonomic nervous systems. None of this was mentioned by Wessely, so again the truth was not being told. His assertion that there were no peripheral neuropathies found among veterans is consistent with the sampling procedures he used. However, Wessely's finding is contradicted by the work of Haley et al (1997), and in the UK by Spence et al (2004), and Jamal et al (1996). Again, there was no consideration by Wessely of the data that conflict with his own findings.

His statement that there was no evidence of brain damage was clearly wrong in the light of the neuroimaging studies of Haley et al, Weiner et al, and Menon et al, as in the 2004 RACGWI report.

The failure to pursue imaging studies in the UK was recognised by Wessely, but there was no mention of the refusal by the MRC to carry out such studies despite extensive replication of the initial study by Professor Haley (RACGWI, 2004). Since Professor Wessely is a key advisor to the MOD and the MRC regarding GWS, this was a startling and surprising omission.

The assertion that GWS equally affected all ranks and all services does not accord with the work of Steele who found that the proportion of sick personnel was greatest in those who were furthest forward (ie. location dependent) and stayed longest (ie. time dependent). This evidence was ignored by (or apparently unknown to) Professor Wessely.

The vaccine story was described using Wessely's own papers, which showed an increased incidence of adverse effects with multiple vaccines, given simultaneously, from two vaccines upwards. A glib statement on the practice of vaccinating medical students was used to discount these effects. There was no mention of the experimental nature of the anthrax-pertussis, and plague vaccines, nor of the failure regarding informed consent.

Vacuous comments about the use of NAPS (pyridostigmine bromide, or PB) failed to admit its use as an IND (investigational new drug) that represented a further experiment on the troops. The massive survey of Beatrice Golomb (published as a Rand Report, 1999) and extended in the interim RACGWI report (2002), and the final report 2004, were all ignored.

The problematic use of pyridostigmine bromide was not considered at all by Wessely:

- PB cannot be ruled out as a possible contributor to the development of unexplained or undiagnosed illness in some PGW (Persian Gulf War) veterans.....
- Uncertainties remain concerning the effectiveness of PB in protection of humans against nerve agents.....
- The use of PB may reduce somewhat the effectiveness of post-exposure treatment for NON-SOMAN nerve agents [such as sarin]...
- The issue is a complex one, involving trading off uncertain health risks- but risks now shown to be biologically plausible- against uncertain gains from the use of PB in the warfare setting

Such key factors as these were clearly too complex for Professor Wessely to mention.

There was passing mention of pesticides, but no acknowledgement of the work of Abou-Donia that demonstrated very significant synergism between organophosphates, pyridostigmine and the insect repellent, DEET- work that commenced in 1996 long before Wessely's Lancet paper was published.

The important studies by Mackness et al (2002, 2003) on the PON1 genetic susceptibilities of sheep farmers to organophosphates was ignored, although Wessely subsequently published with Mackness et al a similar paper examining the PON1 levels in Gulf war veterans, 2003, which was a follow-up to a previous paper by Mackness et al on Gulf War Veterans (2000).

The fact that one of Wessely's own papers points to a chemical basis for GWS simply reflects his confusion of mind and unwillingness to face the truth on this subject.

Neither Wessely nor the MOD can any longer sustain a coherent psychiatric theory of GWS.

There was no mention at all of the conclusions of Haley's studies that low dose exposure to sarin was a principal cause of GWS, nor of the very disturbing reports of chronic multi-system and multi-organ damage found following low dose exposure to sarin (RACGWI, 2004). Only in response to a question did Wessely address the question of low dose sarin exposure, and then only with anodyne and unconvincing comments expressing an opinion, with no reference to the published data. His comments on exposures to sarin were limited to the Khamisyah incident and ignored the devastating criticism of plume modelling, dispersion, and exposure claimed by the MOD that used only the flawed studies of the DOD in the USA (GAO report 2004). There was no consideration of the release of sarin from the initial air war that commenced on Jan 16th 1991.

Depleted uranium was claimed to act only as a toxic heavy metal, with no contribution from emitted radiation. Here again, Wessely was wrong. The literature clearly points to synergy between the radiological and toxicological properties of uranium (Baverstock et al, 2001), and see also Busby et al at www.llrc.org

There was no mention of the plight of Iraqi civilians, particularly children, as a result of the use of DU in the first Gulf war: <http://www.pandoraproject.org/> .

The statement that the health of veterans remains unchanged over the years is heartless and cruel in the light of the progressive deterioration found in many sick veterans whose condition has clearly worsened. Morbidity among sick veterans is high, with the inquest on one veteran speaking of global illness syndrome in which all the body's systems progressively collapsed.

There was no mention of clearly defined illnesses that are found in excess among veterans, particularly motor neurone disease, osteoporosis, autoimmune illnesses and possibly Parkinson's disease. Failure to investigate these issues is symptomatic of the attitude of the MOD: "tin ear, cold heart, closed mind" (Burton report 1997).

The identification of the possible use of growth hormone to address many problems of GW Veterans appears unknown to Professor Wessely, yet American studies are now focused on providing new treatments that may restore or ameliorate the health of GW Veterans.

Wessely referred to Robert Lake, a GWV, but any signs of hope were totally lacking, because Wessely did not complete the Robert Lake story in his lecture.

Robert Lake, supported by funds from the Gulf fund, was taken to the USA in a wheelchair to receive extensive treatment from Dr William Rea, who practices in environmental medicine.

Following a prolonged detoxification regimen Lake was returned to health; subsequently he entered higher education, gained employment, and married.

This treatment is appropriate for severe environmental poisoning – not for depression or other psychiatric illnesses.

Wessely's lecture was noticeable for the lack of any reference to somatisation (a process espoused by Wessely and some like-minded colleagues in an attempt to label GWS and similar multiple symptom, multi-system and multi-organ illnesses as a psychiatric illness requiring psychiatric treatments). Rather, Wessely seemed to be suggesting that depression was the basis of these illnesses -- a view not consistent with the evidence.


Wessely was forcibly reminded in the question time that ME was a neurological illness with a WHO classification at G. 93.3 and that fibromyalgia was also not a psychiatric illness.

My overall impression was of a man talking about a condition in which he is no longer interested and in which he has no abiding concerns -- a man bankrupt of any ideas.

The attempt by the American Government, strongly supported by the UK Government, to claim that there is no such thing as GWS (as given in evidence to the Lloyd Inquiry, Haley, 2004) has been exposed as a calculated deception pursued by poor science and medicine, entailing the waste of huge amounts of public research funds.

The truth is that multiple chemical and biological exposures in the Gulf war have given rise to multiple symptoms and multi-system, multi-organ illnesses in susceptible individuals numbering about one third of the personnel involved.

Sick veterans have been woefully and criminally neglected and their families left to suffer the consequences. It is time for the truth to be told and for justice to be done.



28th January 2006

Most references will be found in the RACGWI report at http://www1.va.gov/rac-gwvi/docs/ReportandRecommendations_2004.pdf and in the transcripts of the Lloyd Inquiry at <http://www.lloyd-gwii.com/>