

## REPORT RÉSUMÉ

### Independent Public Inquiry on Gulf War Illnesses

Wednesday 17 November 2004

The report of The Lloyd Inquiry was published today. These are the main findings:-

1. We are in no doubt that many veterans returning from the first Gulf War are ill; some are very ill indeed, and some have died. The question is whether these illnesses are due to their service in the first Gulf War. Some 6,000 of those who are ill are being paid war pensions or have received lump sum gratuities. But the Ministry of Defence (MOD) has never admitted that their illnesses are due to their service in the Gulf. The war pensions are being paid because the MOD is under a legal obligation to do so. For it cannot prove that the veterans' illnesses are not due to their service in the Gulf.
2. What the veterans now want above all else is a clear recognition by the MOD that they are ill because they served in the Gulf. Are they entitled to that recognition? In our view they are. In December 1996, nearly six years after the veterans returned home, the MOD commissioned two epidemiological studies to determine, not before time, whether the veterans were suffering more ill health than they would have done if they had not been deployed. Other studies had already been commissioned by the US Government. All the studies agree that the Gulf veterans were twice as likely to suffer ill health as they would be, if, for example, they had been deployed to Bosnia, or had remained in the UK. Thus what Professor Simon Wessely calls

*“the Gulf War health effect”* is indisputable. It follows that the MOD ought not only to admit that the veterans are ill, but also that their illnesses are due to their service in the Gulf.

3. The next question is what is the nature of these illnesses? In the years after the war many veterans were told, both here and in the US, that they were not physically ill. Their illnesses were all in the mind. It is now clear that this was not so. A small proportion of those who are ill have the classic symptoms of post traumatic stress disorder. But this could not account for the great majority of those who are ill. If there were ever any doubt about this, it has been removed by the Report of the **Research Advisory Committee on Gulf War Veterans’ Illnesses** published in the US on 12 November 2004, a prestigious Committee established by the Department of Veterans Affairs. With one possible difference we are in complete agreement with that Report. Yes, there was a very high level of stress. For it was known that the Iraqis had chemical and biological weapons, and it was thought likely that they would be used. But stress alone could not explain the illnesses. There was something else as well. Once again we see no reason why the MOD should not admit that fact.
  
4. What was that something else? There are four or five possibilities. One possibility is the multiple injection of vaccines, including anthrax and plague. Some veterans received as many as twelve or fourteen injections in two days. This is the most likely explanation for those few service personnel who were prepared for the Gulf, but never in fact deployed. Next there is the indiscriminate spraying of tents with organophosphate pesticides – the so called sheep dip effect. Thirdly

there is the low level exposure to nerve gas, including sarin. Fourthly there is the inhalation of Depleted Uranium dust.

5. As between these causes different views are held. The jury is still out. The most likely explanation may be a combination of more than one cause against a background of stress, since at least some of the causes are thought to have a potentiating effect on each other. But all these causes are directly related to the veterans' service in the Gulf, in what was on any view a very toxic environment. No other possible causes have been proposed. In these circumstances it is not acceptable for the MOD to say:-

*“Yes, you are ill; but since we do not know which of the possible causes has caused your particular illness we are not going to admit that your illness is due to your service”.*

Research must go on if we are going to find the correct treatment. But continuing research is not a reason for not admitting now that the veterans are ill because they served in the Gulf.

6. The next question is what should the illness be called? The veterans have always called it Gulf War Syndrome. That is the name under which they have made 1,388 claims for war pensions. That is the name by which the illness is known to the public. But although the name is just a label, the MOD seem unable to accept it. Thus Mr Rusling made a claim under the name Gulf War Syndrome. His claim was rejected. But he was awarded 80% disability pension under the name *“Symptoms and Signs of Ill Defined Conditions”*. We are unable to see why the MOD should prefer one *“umbrella”* label to another. It may be said that the word *“syndrome”* is

medically incorrect. But the definition which we have given at paragraph 201 is:-

*“A collection of symptoms and signs which tend to occur together, and form a characteristic pattern, but which may not necessarily always be due to the same pathological cause”.*

7. So even if more than one cause is operative here, there is no medical reason why the symptoms should not be described as a syndrome; and even if there were we cannot see what the MOD has got to lose by accepting the term which the veterans prefer. People who are ill like to have a name for their illnesses. Rather than tell a child that his father died of *“Symptoms and Signs of Ill Defined Conditions”* it is surely better to tell him that he died of Gulf War Syndrome.
  
8. Are the ill veterans satisfied with the way they have been treated by the MOD since their return from the Gulf? The answer is No. They feel let down and rejected – to use the word used by Lord Craig and others. We have set out some of the reasons for this feeling in Chapter 8. We have quoted extensively from the relevant reports of the House of Commons Defence Committee. Thus in relation to the MOD’s delay in commissioning epidemiological research they say:-

*“In responding to the allegations of a Gulf War Syndrome, the MOD have been quick to deny but slow to investigate.....In the Committee’s view the MOD’s response had been reactive rather than proactive and characterised throughout by scepticism and defensiveness and general torpor”* (para 241).

In relation to the organophosphate pesticide saga they referred to:-

*“the culture of resistance that pervades much of the MOD. There seems to be a deep-seated reluctance to respond positively to external stimuli... despite all the outside signals, parliamentary questions, press articles, letters from veterans, etc, the MOD continued to assume blithely that everyone else was wrong”* (para 253).

9. We single out only one ground of complaint on which many veterans commented, namely, the failure of the MOD to take any part in this Inquiry. Paul Tyler MP told us that it was extremely important for a Minister to discuss with us what might be done.

*“The symbolism would be very powerful indeed in restoring some confidence”.*

Accordingly we wrote to the Minister on the 24 October 2004 asking him to reconsider his original decision. But he still declined, saying that there was no need to restore trust between the Ministry and the vast majority of the veterans; see Annex E letter dated 4 November. The MOD thus lost a valuable opportunity to start the process of reconciliation with the ill veterans, an opportunity which would have cost them nothing. Having listened to the evidence of thirty-five veterans or their families, and much other evidence besides, we consider that their complaints are justified.

10. We come last to the question of compensation. This did not figure largely in the evidence of the veterans themselves. But it figured in the evidence of Lord Craig, Major General Craig, Paul Tyler MP,

Michael Mates MP, Colonel Terence English and others. Lord Craig said that the absence of closure after so many years was now indefensible. *“A little magnanimity”* was called for, and an *“imaginative one-off approach”*. Mr Mates told us that what was needed was a political act of will.

*“A minister has to say ‘this will be done’ and then it is done”.*

We hope that the MOD will pay heed to these views. The veterans deserve no less.

## **RECOMMENDATIONS**

It seems to us that with the termination of any legal proceedings against the MOD, and with the report of the US Research Advisory Committee published last week, now is the time to reach agreement with the veterans. This was the strong thrust of Lord Craig’s evidence. The MOD could initiate the process by taking the following steps:-

- (1) The MOD should acknowledge publicly that the veterans who have made claims (other than the 272 who have had their claims rejected) are indeed suffering injury or disease as a result of their service in the Gulf.
- (2) Since the name of the injury or disease is only a label for wrapping the symptoms from which the veterans are undoubtedly suffering, the Ministry of Defence should accept the name favoured by the veterans, i.e. Gulf War Syndrome, as the most convenient label.

- (3) The MOD should set up a fund out of which ex gratia payments should be made on a pro-rata basis to all those who have made successful claims.
- (4) The 272 Claimants who have had their claims rejected should have those claims reviewed in the light of this report.