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Defence Committee.**

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## DEFENCE COMMITTEE

## GULF WAR ILLNESSES

## MINUTES OF EVIDENCE

Tuesday 29 July 1997

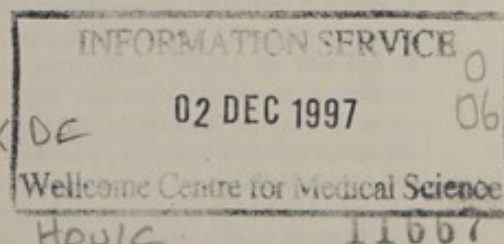
MINISTRY OF DEFENCE

*Dr John Reid, MP, Dr Edgar Buckley and Mr Michael Tonnison*

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TUESDAY 29 JULY 1997

Members present:

Mr Bruce George, in the Chair

Mr Crispin Blunt  
Mr John McWilliamMrs Laura Moffatt  
Ms Dari Taylor

## Examination of witnesses

DR JOHN REID, a Member of the House, Minister of State for the Armed Forces, DR EDGAR BUCKLEY, Assistant Under-Secretary of State (Home and Overseas) and MR MICHAEL TONNISON, Head of the Gulf Veterans' illnesses Unit, Ministry of Defence, were examined.

## Chairman

189. I would like to welcome Dr Reid and his team, whom I will ask him to introduce shortly. We do recognise one stalwart of our hearings, Group Captain Coker, who I can see at a safe distance from the firing line, but we do welcome him to our proceedings. I apologise to the veterans that we called the meeting at rather short notice because we have only just been constituted as a Committee. Had we been able to contact them, I would have thought their interest would certainly have been sustained. Dr Reid, you lead the first MoD team to appear before our newly-constituted Committee. I am sorry our numbers are rather down, I suspect it is Scottish holidays, so Harry McCohen was unable to be here, and our former chairman, Mr McColvin is away as well! I am glad to see you and the Secretary of State have ignored the tradition of Scottish holidays by appearing before us today and tomorrow. Our interest as a Committee goes back to 1993, which is about the same time that your interest was generated. We produced two reports. The first was the 11th Report of 1994-5, described by your predecessor as "unhelpful" and our criticisms were thought "unjustified and unsupported by the facts", but we notice that all but a few of our recommendations were actually accepted and implemented; in fact I think ten of our recommendations were accepted, one was partly accepted and one was rejected despite our recommendations being "unjustified and unsupported by the facts". Our second report, the 6th Report of 1996/97, to which we have just had your reply, got a very different response and I am delighted that you have used the phrase frequently "a new beginning" in dealing with this vexed subject of what your predecessor called the "alleged Gulf War Syndrome". I would like you please to introduce your team and perhaps you would like to make some introductory remarks before we commence questioning?

(Dr Reid) Thank you very much indeed, Chairman. Can I first of all congratulate you on taking over the chairmanship which, if I may say so, is an indication of the stalwart role you have played on defence matters over many years, sometimes almost in splendid isolation.

190. Thank you.

(Dr Reid) Mr Edgar Buckley is here to assist me and Mr Mike Tonnison, both of whom are heavily involved in our handling now of the whole issue of illnesses arising among Gulf War veterans. You said, Mr Chairman, that we have used the phrase "a new beginning" and I genuinely think there has been an attempt to start afresh on this, both in our approach to it and in the practical application of suggestions emanating from this Committee in its two previous reports and indeed from the veterans themselves as well as from a wider audience. I think that approach contrasts with some of the circumstances which gave rise to a great deal of distrust between the veterans and the Ministry of Defence. I do not expect that distrust and suspicion to be allayed immediately and I would not expect that, but I do hope that the manner in which we approach this over a period of time will begin to create a new atmosphere of constructive investigation towards what is an extremely complex subject. In doing that I wanted to make plain to the veterans, as I have done when I have met representatives of the veterans and individual groups, and I make plain to this Committee today, there are three things which I cannot do even if I wanted to do them. The first is, I cannot tell the veterans or this Committee what it is that links, if there is a link, the range of illnesses which veterans have exhibited. Secondly, I cannot say what is the cause, if there is such a link, of these illnesses. Thirdly, because I cannot do the first and second, I cannot allocate blame, if indeed there be blame to be allocated. So, thus far, I have put it negatively. I would now like to put it positively and deal with those three issues. Although I do not know, nor do my officials know, what it is that may link these illnesses, I do know that people are suffering and that people are ill. Therefore the duty of honour which I mentioned on the 12th May, within a week of coming into office, obliges the Ministry of Defence and myself and the Government to address those illnesses in terms of medical care and in terms of assessment. Secondly, although I do not know the potential cause of what may be a link between the illnesses, the duty that we owe is to investigate as far as is possible all possible causes of it or to make sure they are all being investigated by some mechanism. The third point I would make is although I am not in



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and MR MICHAEL TONNISON

[Continued]

**[Chairman Cont]**

a position, because I do not know the nature of what we are handling (only scientists and doctors can ultimately tell us that) nor the cause, therefore I do not know whether there is negligence or blame, it is a duty of Government, I believe, to give the Service men and women who serve their country the maximum amount of information so they can make the decision, a decision which may ultimately have to be taken by judges, arbiters or members of the legal profession in the same way the decision on the medical side may have to be made by scientists or by doctors. Having said that, I repeat, this is an extremely difficult and complex issue. Nevertheless that should not be, in my view, viewed as an excuse for doing nothing. I do not say that we would say: Yes, yes, yes, to everything; but I do say that we will say: "Yes, we will discharge our responsibility of investigation and fair treatment." The approach which we have taken from the first week of the new Government is one of maximum openness and dialogue. We have nothing to hide. We will put anything that is accurate and relevant into the public domain. Of course, we will try always to put that in context since one piece of information in itself, though accurate, could be misleading: so we will try and put it out in a context which is meaningful. We have set out a series of practical proposals, which the Committee will be aware of—on 14 July, twenty specific points to mark the practical programme—which we think will be of immediate assistance to the veterans, who made it plain that while they welcome the change of attitude and they welcomed fine words, that ultimately anyone else in their position wanted some practical action upon it. I will not go through those twenty proposals but merely say that they cover a number of areas. First of all, the nature of the dialogue which takes place. I welcome the assistance that we have been given by this Committee over the period. I think it has kept the flag flying on this issue when it might have been buried. I welcome also the suggestions put up by the veterans. I have found them to be putting forward very reasonable questions and for the most part very reasonable—I will not call them demands—but suggestions. So there has been an openness of dialogue. Towards that end I have met with the veterans, as a group, twice. Of course, it is not possible to meet every veteran of the Gulf War, but at random we have chosen a selection running through from the British Legion to various veterans groups. I have also tried to be as open as possible on some of the issues on which they had suspicions. You welcomed, at the beginning, Group Captain Coker to a meeting here today. There was a feeling among the veterans—I put it no stronger than that—that Group Captain Coker had exhibited a sympathetic and constructive approach to these issues. When I took over as Minister he was attached to the US Forces and had settled down in the United States, but at my request Group Captain Coker agreed that he would form part of my advisory circle, which also includes Mike Tonnison and Edgar Buckley, the Surgeon General and one or two others. I have spoken to him on several occasions, putting forward suggestions to him and taking advice. I am glad to say that he will be coming over on a regular basis to take part in

discussions with my officials. He will be involved in completing a diagnostic survey of those who have gone through the Medical Assessment Programme and, indeed, had a meeting with the officials yesterday and with myself. I am glad to see that he could join us today to see the proceedings going on. I hope that is another signal to the veterans and to the Committee that we are being as open and constructive as possible on that. That was the first area. The second area was to say, in terms of the discharge of our responsibility of care, is the Medical Assessment Programme resourced well enough? Is it advertised well enough? Are we doing enough in clinical diagnosis, in putting the results of analysis together? The answer to all of those questions, when I asked him was: "No, not really," so we have put in more resources there. I said when I came in, that on 12 May I wanted the then-backlog of people seen within three months. I am glad to say that by 11 August everyone, with some exceptions who were on holiday and could not make appointments, will have been seen. Naturally the publicity has meant that more people are coming forward and I welcome that. We have now had about 1,500 people through the Medical Assessment Programme. The diagnostic element has been tabulated and the records are being brought up-to-date. A paper setting out the main findings of that is scheduled to be completed this year. Therefore, we hope that the resources—while they are limited by the nature of all Ministry of Defence resource limitations and also by the availability of specialists—nevertheless, it is an advance on what went before. Every veteran who applies should now be getting an appointment within five days and be seen within six weeks. This compares pretty well with the National Health Service. The third area is in the whole area of investigations into research. I will not go into that in great detail other than to say that it seemed to me when I looked at it, that of all the speculative causes—and, as you know, everyone who is involved in this has their own idea of what might have caused, what might be a link between these illnesses—it seemed to me that the one which was obviously missing was investigations into the vaccines themselves, and the combination of vaccines and the NAPS tablets. That has been instituted and is being proceeded with. Finally, I have given the most detailed consideration to the suggestion that the Committee made on no-fault compensation. I will be willing to answer questions on that. I will merely make two points. I think what is available in this country—which includes a relatively free National Health Service, despite the chipping at the edges; and a no-fault war pension, despite some of the bureaucratic problems of having that assessed—compares well with what is offered in the United States. I would merely say secondly that a no-fault compensation scheme—whether it is a war pension or a lump sum—is one thing; but I would ask the Committee to remember that it has never been given previously, when there is no identifiable cause. In other words, there have been no-fault schemes paid before, but with an identifiable medical cause. You have a bit of a problem having a no-fault, no-cause scheme and in any way ring-fencing that for anyone who might ask. Those are the four



29 July 1997]

Dr JOHN REID, MP, Dr EDGAR BUCKLEY  
and Mr MICHAEL TONNISON

[Continued]

**[Chairman Cont]**

main areas. I will leave it at that, if that is all right, Chairman. I will be more than happy to try and answer any of your questions. The final comment is: I think that for the first time in many years, I cannot claim that we know the solutions but I think we are slightly ahead of the game in this sense that we are doing things. We are taking a positive approach to it. We are doing that basically because the men and women who are prepared to sacrifice—even to the loss of life—for this country, have a right to expect that the Government, on behalf of the people of this country, respond positively when they come back wounded; and some of these people are wounded.

191. Thank you very much. That is a very comprehensive introduction. I think we can all leave early! The questions have been answered. What I appreciate, Dr Reid, (and some may disagree), was that you did not use your opening statement for settling political scores. You began in the very spirit of compromise and in a non-vitriolic way. Frankly, if I had been on the Opposition front bench, I would not have been as decent about that as you are being. This is a new approach and that new approach is obviously a very responsible one that you are taking. Could I ask you, in a way, to rework the material that you gave to us earlier in a very helpful manner, and tell us something about your knowledge and interest in the subject prior to your current position. When you entered the Department, one of the very first decisions emanating from the Department, very shortly after you entered office, was on the Gulf War Syndrome. Can you say how the process, by which you set about hitting the ground, came up and running. Did you call in specific civil servants? Did you establish a group and say: "Look, I want this a high priority. I want some action pretty soon." It would be very helpful if you could give us something of the decision-making process. Then, having done that, we will all be in a far better position, and the public record will contain information which will be helpful for people assessing where the new Government is on the subject.

(Dr Reid) In Opposition, I did not have specific responsibility for this because although it fell within my remit, it was felt by the Opposition Defence team that it was such an important issue that it should be taken on by the Shadow Secretary of State. I will give credit to Dr David Clark, who was the Shadow Secretary of State, for having raised this to such a high level of priority within my own Party. When we went into Government it was quite clear that the Secretary of State, George Robertson, gave it the same priority. I felt that it was one of the things which, in a sense, would symbolise a number of things which we are trying to do, as well as be of practical assistance to the veterans themselves. One of those things, I suppose, is openness, one of them is responsiveness, and one of them I hope also is consensus. I do not regard this as a party political issue, and I think people in the country would not regard it that way either. When you go to the Gulf nobody asks whether you are a Tory or Liberal or Labour supporter, they say, "Are you fit, are you trained, are you willing to serve your country?" I think that is a widely shared attitude. So far as the actual procedures are concerned, I adopted the

approach on a number of issues that I went in as a minister with prejudices, preconceptions, beliefs that things should be effective, things should be done, but I also made it plain to my officials that I wanted to listen to what they had to say because it is the job of officials not to stifle the dynamism of ministers but to point out their impetuosities, I suppose is the word, which lead them down alleys which they have not given full consideration to. Therefore within the first week, my officials, including Edgar Buckley and Mike Tonnison and my private office, had a major meeting on the subject, which went through an exploration of where we were, perhaps what we had failed to do, avenues where we could take approaches, and out of that developed on 9th May four areas, and they are the four I outlined which informed our discussions. We decided that with whatever misgivings we would make them public on 11th May, three days later, which would then say, "We are bound by these and now let's do it, the decision has been taken." I must say that I found the officials then, as I have since then, whole heartedly supportive. It is their job to point out legal, financial, medical and other implications, and they have done that; but they have never done that in a spirit of saying, "Look, we cannot do anything or we will lose face, or this is a U-turn" or anything of that nature. So I have nothing but support and praise for the officials. Indeed at that meeting of 9th May, among the things which they told me, was that they had discovered during April that in 1990 some anxieties had been expressed about the vaccines and that—

192. What date was that?

(Dr Reid) That was 1990.

193. As early as that?

(Dr Reid) As early as that. They advised me that while there were certain areas I could not ask questions about, I was of course entitled to ask for a scientific explanation of the basis on which those decisions had been taken. That was announced three days later and was reinforced in the paper you have in front of you of 14th July. That investigation is going on, that whole scientific explanation, including any anxieties, will be made public and I hope it will be made public before you come back at the beginning of next session and you may wish to take it up again. So what I am trying to say is that although the new Government may have given this an impetus, certainly there was no resistance from officials other than to point out, as you would legitimately expect them to do, the various implications of the decisions I was taking. I want to place that on the record lest there are lingering suspicions, not among you but among the veterans.

194. This is the internal workings of your Department and you perhaps would not want to answer this, but was there another response to the Defence Committee before this one was drafted, which looks rather different from the previous response. Was there a draft which you had to alter? If you do not want to answer that, I understand.

(Dr Reid) I can answer it. This draft was done not when I went in on 8th May, this draft was done fairly late after we had met the veterans, after we had considered a whole lot of things. What we did do was



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and MR MICHAEL TONNISON

[Continued]

**[Chairman Cont]**

a practical programme because I had asked my officials to draft up the list of recommendations which your Committee had put forward, Mr George, and a list of suggestions coming out of the first meeting with the veterans. We then put them together, I passed them to Mike Tonnison to see what practically we could do in all of these in a constructive manner, and in a sense we were able, arising out of this and the interchange with Edgar and with Mike Tonnison, to give a response to the particular points that you had raised but also helpfully that was used as a platform along with the veterans to construct the much larger document of the 20 proposals which have gone out. So in a sense, perhaps for the first time, the House of Commons Select Committee, the Ministry of Defence, ministers and officials, and the veterans were all working together.

195. That is a fairly unique experience, I might say!

(Dr Reid) Yes, but it shows it can be constructive.

**Mr McWilliam**

196. Thank you, Minister. I am delighted to see you sitting there. Can I ask you to clarify—I know what they are—those areas to which you were not entitled to have access?

(Dr Reid) I, like any minister, am not entitled to ask for the political advice which underlay the decisions of ministers of a previous Government.

197. Whether they were advised correctly or not, as the case turned out?

(Dr Reid) That is right. This is not unique, as you know, to the Ministry of Defence. There may be one or two contentious issues which come up and I would want to make it plain that I have no reason to believe that ministers acted anything other than honourably on any of those issues.

**Mr McWilliam:** The Committee is on record as accepting that anyway, it was the officials who unfortunately took a bit of a roasting from us last time.

**Chairman:** We will come on to that later.

**Mr McWilliam**

198. Can you give us a little more detail about the outcome of the meeting between you and your officials and the veterans, welcome as the finding was?

(Dr Reid) Yes. I wanted to invite the veterans in, I suppose I felt it was an omission, to put it no stronger than that, that no one had invited the veterans into the Ministry of Defence, to my knowledge, as a group. It is not my Ministry of Defence or even, as you know, your Ministry of Defence, Mr McWilliam, it is the Ministry of Defence of the United Kingdom and all of those people who fight for the United Kingdom, and I felt it might be (a) a symbolic gesture to say come in and (b) I genuinely thought that if we could cut out some of the arguing through the media and say to them, "Let me get a handle on what it is you want us to do" that would be a constructive approach to take, and I must say it has been. At that first meeting I was pleasantly surprised. I think the veterans would have been entitled to come along and do nothing but moan

and rake over old coals, and there was a certain amount of that as you would expect, but the vast majority of that meeting and indeed the second meeting with the veterans was constructive and they put forward proposals. For instance, one of the proposals we adopted was the simple suggestion or made to overcome the difficulties faced when you go along to a doctor who has never heard about the Medical Assessment Programme and is very suspicious of it, and they asked, would we try and get some vehicle for putting out to GPs notification that the Medical Assessment Programme was there and that the Government welcomed GPs sending people to it. That is now in hand and I think is going out in the next quarterly bulletin from the Chief Medical Officer who will actually highlight this for GPs. So I found that very constructive. There is, naturally, a lingering distrust. I think one of the difficulties when we are dealing with so many people is that sometimes things you say can be interpreted and put in quotations which are slightly different from what you actually do say, and I think that is partly a product of the disparate nature geographically of where people are and partly a product of press comment and so on. But I hope that it is accepted that although we cannot do everything and have not done everything, at least we are making an effort now to get to the bottom of this and give people the treatment they deserve. I have certainly found these meetings very helpful indeed.

**Mr Blunt**

199. I think the point about consensus is well made and I highlight the fact your predecessor, as stated by this Committee and by you, acted honourably and with integrity towards the veterans. Obviously you have not seen the advice that was given to the previous Minister of State for the Armed Forces who had to deal with this problem as it developed since 1993 but is there anything in what you saw in opposition and what you have seen now to suggest in any way the Minister of State for the Armed Forces, your predecessor, did not discharge his responsibilities properly to the veterans?

(Dr Reid) You are tempting me down a road I do not want to go down. I have already said that I think that Ministers previously acted with honour. If you asked me whether under the last Government the culture of the Ministry of Defence in general was as receptive as it might have been on a whole range of issues, then—

200. The point I would like to make is that I welcome this openness with the veterans which has characterised your role in office. That engagement with them is to be thoroughly welcomed and has taken things forward in terms of transparency. But in terms of the practical policy, in terms of the Medical Assessment Programme, the treatment towards the veterans, I want to establish that you believe your predecessors have acted with honour and integrity in trying to protect the interests of veterans, as they saw it, in the same way as you are now trying to discharge those responsibilities.

(Dr Reid) I have not questioned either of those.



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and MR MICHAEL TONNISON

[Continued]

**[Mr Blunt Cont]**

**Chairman:** I would prefer not to pursue that line too far, otherwise you might get something pretty hard, if not from Dr Reid from myself. If he acted honourably does not mean to say he acted sensibly, but we will probably move away from that.

**Ms Taylor**

201. Dr Reid, I hear from what you are saying that there is a confident expression that the veterans are supporting the policy statement made by you, the twenty points made in the new beginning. Is this the case? Are the veterans now satisfied that we are beginning to grapple, in their terms, with this issue? Were there additional things that they wanted the MoD to take up? If there were, may we hear of the additional issues that are concerning them. I believe it is very crucial now—we are at a very important point—to say to people out there that we are not just stating that they are important, but we mean what we say.

(Dr Reid) I accept that. I have outlined, at the beginning, three things that every veteran would want but which I cannot deliver. If I was a veteran I would want to know what is wrong with me; what caused it; and was somebody to blame? I have said, right from the beginning to them, that I cannot answer those three questions. In terms of the practical measures that have been put forward, yes, I think the veterans would be satisfied with them as far as they go. I think some veterans would want to go further. They would want, for instance, no-fault compensation, as they see it, and I have given my response to that in the medium; although I have to say that although there are 1,400 people who have intimated possible legal action against the Ministry of Defence, no-one has taken out cases yet, possibly because there is no known cause. But if legal action were to be taken against us, of course we would deal with that in terms of looking at compensation, the same way we would with any other legal action that was taken. So there is that area where they might want us to go further, because they do know that people are suffering out there. One person who is ill could, for instance, have a private income of some sort. Another person who is ill may lose his business or be in terrible financial straits. I recognise that there is some suffering going on out there. The second area they would wish to be convinced about is that as much as possible is being done in research and fact-finding. On the research side, you will know that different people have different views on what might have caused this: organophosphates; depleted uranium; wild and dead cats and camels lying in the desert; chemical weapons being used; chemical fall-out from explosions. We saw something on this from the Americans last week. Vaccines; combinations of vaccines; the whooping cough pertussis vaccine. We could go on—not quite indefinitely—but there is a whole range of them. What I have done is to try and set up an investigation into the vaccines area, which people have not previously been covered. Secondly, I have tried to say that if any other research comes up, which is regarded as being legitimate by the Medical Research Council, we will view very sympathetically support for that. So I think that most veterans—and I cannot speak for them—but my impression is that most

veterans think that we have made an advance from where we were; but that there is a lingering distrust caused by events in the past, which will mean that they will wish to continue to be satisfied that we are doing what we can. What I intend is having the veterans in again on occasions. That is why, on the research, which is being carried out for speed and experience at Porton Down, I have made sure that there will be an independent scrutiny body and that the veterans will have at least one person upon that. That is why I invited Group Captain Coker back. I can only try by what I do—rather than what I see—to win back that confidence.

**Mrs Moffatt:** I wonder if I may raise one issue. We get plenty of letters from people who are raising new aspects of the very thing that Ms Taylor was talking about, new types of research. If I can ask the Chairman if we may forward one such letter, that really is laying out a new avenue of research, that may be useful.

**Chairman**

202. It is our document J14 so we will pass it on, which is a proposal for an area of research.

(Dr Reid) What area is it?

**Mrs Moffatt:** The letter says: "As you may or may not know, a research programme by specialists on veterans is set up and waiting to go ahead. I would implore the present Government to part-fund this programme. If they are as concerned as they say they are, then please ask the Minister why funding of £80,000 cannot be provided."

**Chairman**

203. We will give you full details.

(Dr Reid) Right. What we cannot obviously do is to agree to fund everybody who writes to us. It has to be legitimised. We ask for it to go to the Medical Research Council. There is one, for instance, at the moment, on TH 1 and TH 2, which you may have read about.<sup>1</sup> My officials have spoken to the people who put forward that hypothesis. We have urged them, as we would do anyway, to go to the Medical Research Council. If it is legitimised there, we will look sympathetically at providing some funding for it.

204. We will come on to research later. The Medical Research Council has an obligation to accept your advice. If you come across something which you think should be researched and they say that you do not offer advice on that, you can add that to the list.

(Dr Reid) We are between a rock and a hard place, Chairman! Because of the distrust for the Ministry of Defence, (which did exist, I think), officials were very much aware that if they decided to proceed without the validation and the legitimisation of the Medical Research Council, people would immediately point fingers and say: "The Ministry of Defence is skewing it their way." So they have to have the MRC to

<sup>1</sup> "Gulf War Syndrome: is it due to a systematic shift in cytokine balance towards TH 2 profile?" *The Lancet*, Vol. 349, June 21 1997, pp. 1831-33.



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and MR MICHAEL TONNISON

[Continued]

**[Chairman Cont]**

legitimise it. Of course, the MRC can reach extremely objective conclusions on these issues. My understanding is that the first time it was suggested that they carry out investigations into the vaccines, that in a perfectly scientific fashion it was explained to officials that if you did not have a defined effect, i.e. if you did not know what this illness was, it was thoroughly unscientific to start to carry out research into the cause of an effect which had not been defined. This was one of the reasons why vaccine research had not been carried out previously. I fully understood the philosophical nuances and the scientific objectivity by which such a decision could be reached, but doubt it very much whether you could convince a bus queue of it. It seemed to me that if we were sticking vaccinations into people (and may do in the future), that this in itself was a good enough reason for carrying out the research. Therefore, you did not need to legitimise it as causal research. The objections against investigating a cause, which had no effect or no defined effect, need not stop you investigating it. That was one of the reasons why we proceeded with the vaccination research, which had not previously been proceeded with. So I merely make the point there are great advantages in going through the Medical Research Council. They have been extremely helpful to the Ministry of Defence and given the suspicions of the Ministry of Defence which, rightly or wrongly, had arisen, I think the MoD was trying to ensure anything we did was legitimised and validated by an outside body, and it was done with the best of motives.

205. Despite that explanation, you can add to the list if you wish?

(Dr Reid) I did, on the vaccines.

206. In future you will do so but not every day of the week? You would not wish to give the impression to the Medical Research Council that you were just using them to provide a legitimacy for their position?

(Dr Reid) Not at all. I would wish to give the Medical Research Council the place and respect they are due. I would wish to admit that any research validated by the Medical Research Council obviously has a status and standing because of their position, but of course I would not give to anyone I think, other than Parliament, the right to veto anything which, if I could get it through Parliament, I thought should be done to help the veterans.

207. This Committee has not a great deal of contact with the Medical Research Council. You would have no objections if some of us went along and chatted to them about their methodology and the research being undertaken?

(Dr Reid) Not at all.

208. The Medical Assessment Programme was probably the first point of contact between the Committee and the Ministry of Defence, where we were very, very angry in the early days and in our report, 11th Report 1994/95, we said amongst other things that we were astonished to learn Group Captain Coker was the only consultant conducting assessments and he had been devoting only two days a week to the programme. So the issue of the Medical Assessment

Programme has from the beginning been very contentious and one where the Committee has got very, very angry. We have previously expressed concern at the slow pace of the Medical Assessment Programme in assessing Gulf veterans' health, and the Government has set new targets for waiting lists and has promised additional resources to assist the production of diagnostic data. The MoD told the Committee that a copy of the report on the Medical Assessment Programme by Group Captain Coker, who as we all know was the original consultant physician, would be published when it was completed. I would like to ask, has Group Captain Coker's report on the Medical Assessment Programme been completed and published and, if not, when is it expected?

(Dr Reid) I cannot give you accurate dates for this but when 284 patients had been seen—I think that is the figure—there was a paper published by Group Captain Coker. He then started on a second paper which was never completed. A draft was completed, it was seen internally, suggestions for improvement and corrections were put forward. It was never then revised and put forward. In the course of that, for various reasons which I can go into if you want to ask me, Group Captain Coker departed from the Medical Assessment Programme and went on detachment to the United States Military. So the paper has lain fallow in an incomplete state, and I am not keen to put an incomplete paper out. You will be glad to know what I am trying to do is better than that. Rather than do the second paper again on the then 500 patients, I have asked Group Captain Coker to become involved in the production of an up-to-date paper dealing with as many as possible of the 1,500 people who have gone through the Medical Assessment Programme and I am confident that this work will be finished certainly this year. It will be a diagnostic analysis of almost five times as many people as his first paper was. So that is where we are on that.

209. And that will be published in due course?

(Dr Reid) That will be published, yes. Anything that I can put into the public domain, Mr George, which is in context will be published. What I am not keen on doing is putting one item out without perhaps other items that relate to it being put out, or putting out things which are half finished or not complete.

210. In the course of my contact with the veterans and with those in the Services there was especially a guy from my constituency who was really intimidated by the system. If he sought assessment this would jeopardise his remaining within the Service; once the Service realised he had limitations, as we were in the midst of Options for Change, he felt he was threatened. New guidance about this is being issued to Service units, will this include a commitment that the careers of Service personnel will in no way be affected by their coming forward to be assessed?

(Dr Reid) I want to encourage people to come forward. I want people to know if they come forward they will not have an impaired career. However, on what you are asking me, and I am sure you realise this, if someone is suffering dreadfully from a debilitating illness which they have successfully kept quiet and then come and say to the Armed Forces, "I am



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and MR MICHAEL TONNISON

[Continued]

**[Chairman Cont]**

suffering from a debilitating illness but I am a man using a gun", I cannot give you a guarantee we would not have to take that into consideration. So my inclination is to say yes to you but I do not want to in any way mislead the Committee. The basis from which we start is that if there are soldiers who have suffered as a result of being in the Gulf, we want to identify that for the future for our statistical analysis, we want more importantly to help to treat the individual. If the seriousness of that individual's illness was such as to make it dangerous, for instance, for them to be carrying a gun or whatever (and it is difficult to quote circumstances) I cannot say, "Yes, he would be left in post" and I do not think you would expect me to do so.

211. I appreciate that.

(Dr Reid) The general approach should be that if there are members of the Defence Medical Service who are there, they ought to know that I want sympathetic treatment and the best treatment we can give for anyone who is still in service and is suffering and they think their suffering is a result of their action in the Gulf.

212. You are behaving absolutely like a Minister and very responsibly! In the light of the question, and I do not expect you to make policy sitting there—it would be nice if sometimes you would—could you look at the issue and perhaps clarify it? I know the instance you gave was pretty obvious but there must be a lot of cases short of somebody having a debilitating illness, which must be impossible to conceive, where the Service men would need to be given the reassurance there will not be witch hunts and they will be treated sympathetically. If it is possible to refine your answer upon discussion and have that included in any communication to the Service men and women, this might encourage people to come forward.

(Dr Reid) At the risk of making policy, yes. You have just made policy, Mr George!

213. I am glad, at last! You said in your excellent document, *Gulf Veterans' Illnesses: A New Beginning* that a new MoD internal advisory group on veterans' health concerns, including Group Captain Coker (and I am sorry to keep mentioning him but he is central to all we have been doing over the years) has been set up. Will its proceedings and conclusions be published, as I hope and am sure they will, or be made available to the Committee?

(Dr Reid) I do not quite know what that question means. For instance, the 20 points have arisen and the report has been published. That basically is the output from the advisory group who have been around me, including discussions, when I was about to put them out, on the telephone with Group Captain Coker in the United States and we went over some of these things. Edgar Buckley and Mike Tonnison have been heavily involved as well as the Surgeon General—

214. Which one? The present one?

(Dr Reid) Yes, the present Surgeon General.

215. Sorry, I promised I would not make any snide political comments!

(Dr Reid) A new beginning, Mr George!

216. I shall ask for that remark to be struck from the record!

(Dr Reid) The present Surgeon General has been involved in this and in that sense, yes, we are putting it out. We would not any more publish minutes of these meetings than we would any other meeting, and there is no reason to think that therefore there is something mysterious going on. I would repeat what I have said, everybody has been pretty helpful on this. I can assure you that over some of these decisions, though we have not been able to go as far as perhaps the Committee would have liked us, nevertheless there has been a lot of anguish and a lot of burning of midnight oil and a lot of deep investigation, for instance on no-fault compensation. Officials have applied themselves to that well.

217. Has the composition of this advisory group been published?

(Dr Reid) No, it has not. I know you would expect me to work in a completely orthodox and bureaucratic Civil Service way. That is not always and entirely my method. Sometimes, when I raise this: "Let's have an advisory group," my officials say: "This also raises all sorts of issues, Minister. Who is going to be on it? What is the remit?" I tend to be quite simple. I say: "The people who are going to be on it are the people I want on it, the people who want to help the Gulf veterans. Let's meet tomorrow."

218. Can you tell us who.

(Dr Reid) Yes, I will tell you exactly who is on it: Mike Tonnison and Edgar Buckley. Mike is on it, who is in day-to-day running and responsible to me for everything that goes wrong. He must wish I had never come through the door because every day I am on the phone to him saying: "Let's do this, let's do that." Edgar is on it, who is Mike's line manager, and also has responsibility for a whole range of things, including the economic side of things. The present Surgeon General is on it. Group Captain Coker will be on it. We have a legal representative on it.

(Dr Buckley) A person from pensions.

219. Who is legal?

(Dr Buckley) We have a pensions representative from our Pensions Department. Also, we have a representative from our Legal Advisors Department.

(Dr Reid) Do we know their names, Edgar?

(Dr Buckley) No.

220. Perhaps in Parliamentary Questions someone will put something down.

(Dr Reid) Yes, this is all open. It will be published. It is just trying to find a vehicle to take this forward; cynics would say, to cut through the bureaucracy that sometimes naturally in a huge organisation can operate. I find all the people very helpful in the advice they have given. They have gone beyond the call of duty on this.

**Ms Taylor**

221. All the time I am searching for: are we asking the right questions and are we getting answers which are making sense to all of us? This might be a question which is more geared to the research we are doing, rather than this Committee which is looking at health concerns. There seems to be a vast amount of



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and MR MICHAEL TONNISON

[Continued]

[Ms Taylor Cont]

experience that is amassed by the Americans and the French. Do we actually include them at this stage? I know that any analysis done by the French seems to be being sidelined. I wondered, Minister, at what stage—whether it was at the research stage or whether it was at this point where we were looking at health concerns—we would actually draw in the experience of these other two groups.

(Dr Reid) I will pass you to Mike in a moment on the specifics of that but I would like to make a couple of general comments on that.

#### Chairman

222. If we could have the generalities and come on to research later. If we could have a general response to the question.

(Dr Reid) What I did was to look at all the possible causes and see what was the research going on into them. For instance, there is stuff on organophosphate pesticides being done by the Ministry of Agriculture, Fisheries and Food. Chemical weapons is being pursued by the Americans. We are liaising with both of those, getting the footprints of this latest cloud and all the rest of it. But the obvious area, it seemed to me, where there was not, was the vaccines. That is why I instituted research in that direction. As far as the French are concerned, this is one of these great questions: why do not the French have anyone appearing to claim that they have the Gulf War Syndrome? I do not know.

223. You say claiming not to have. You accept that they do not?

(Dr Reid) My understanding is—and I am putting this as diplomatically as possible—that they have not always been as encouraging as they might have been to contacts from those others who wish to investigate what they are doing on it and whether they have people and so forth. I think a cynic could gain the impression that perhaps they have not got a problem and they do not want it, and they do not want us and the Americans importing it by asking questions and attempting liaison.

(Mr Tonnison) It is a very different position. With the Americans we have a long-term liaison on research issues. Representatives of MoD sit on the working group that the Americans have overseeing their research programme; so we are very well aware of what they are doing, what they plan to do, and the processes whereby they choose research. In that sense we are very much aware of the whole of the American experience. We are using that to feed into our thinking. They also appreciate the ability to get access to our thinking in forming their programme. Clearly they are spending a great deal of money on research which will be to the benefit of all veterans, whether American or not. The French are not researching Gulf War illnesses because their position is that they have none to research. We have asked them questions about specific things which they are quite happy to answer, but they do not regard the subject the way this Committee is addressing it. It has not been a subject which they are particularly interested in discussing, so they have not done the research. Therefore, any research we are doing is not informed by French thinking.

224. In our response to your last report we said: "We are still curious as to why French forces in the Gulf were apparently avoiding any long-term medical after-effect." Our mistake in that recommendation was saying that perhaps they should be included in some form of formal evaluation. The response was that it would not be appropriate to include them as a control group. I can understand that. But the fact that the French did not apparently have Gulf War syndrome and we did, if you would accept the set of illnesses as being related to the Gulf, it is very important to know why. Even if the French are not going to be co-operative, it is a fundamental question as to why some countries have a lot of soldiers suffering and other countries do not. Have you, in any way, been able to build into the experience, other than the United States and ourselves? Would this be useful? (Dr Reid) The difficulty is like proving a negative. Even supposing the French were most co-operative and wanted to discuss and have meetings with us and highlight it in the press, which I suspect they do not—precisely because they do not have people coming forward claiming it—assuming they did, I do not know what questions you would ask. How do you prove or research why somebody has not got something? You can ask yourself the obvious speculative questions. You can say: why is it the French do not seem to have this? What did we do that the French did not do?

225. What did we take?

(Dr Reid) Yes. You can say: "Ah, we took the vaccines and the whooping cough, pertussis, but then, the Americans did not take the vaccine and they have Gulf War Syndrome." So you start to get into a very complicated speculative series of elimination in arriving at a conclusion by that means. It does intrigue me.

226. Have you tried to approach them since our new Government and the French new Government? Is it possible to have a more co-operative response?

(Mr Tonnison) We have not approached the French Government since the change of British government. We know the Americans are attempting to engage in a series of meetings in Europe with various people, who have aspects of the Gulf War illnesses on this which they would like to discuss. My understanding is—and it is only my understanding—that they have not had much success in setting up meetings yet. We will continue to pursue this.

227. Perhaps the Committee could try to seek information. It seems to be pivotally important to have proper answers as to how the French avoided apparently the Gulf War Syndrome.

(Mr Tonnison) I would not wish to mislead the Committee. If we ask the French authorities specific questions they give specific answers. It is the kind of dialogue which we have with the Americans, kicking the idea around, which we do not get.

228. Have the French public asked the question: how many of our young men (and not so young men), who served in the Gulf, are suffering from unexplained illnesses?

(Mr Tonnison) I am not conscious of any debate in the French media.



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and MR MICHAEL TONNISON

[Continued]

**[Chairman Cont]**

(Dr Reid) Which is precisely our assumption as to why the French do not want to raise the debate, because they do not have the problem. From their point of view, if they do not have the problem why raise the whole issue of should we be looking at it? I can see that. What I would say is, if you can give us information which is useful on any area, we have no monopoly of wisdom at all on this subject and we would welcome it.

229. We know that, Dr Reid.

(Dr Reid) I wish somebody could answer me the simple question, why have the French not got anybody claiming as we have, I have heard all sorts of weird speculation that it is to do with the culture and so on but I have no idea, I wish I had.

**Chairman:** Perhaps I shall write to my opposite number in the National Assembly.

**Ms Taylor**

230. I am sure it is not wine and garlic but it might be! I think it would be very valuable in research terms to look at the medical history and what was prescribed and how it was prescribed in France and if there are any differences because we would be beginning then to see two different groups, and maybe out of that comparative analysis we would begin to see the specificity of the problem which relates to Britain.

(Dr Reid) Yes.

**Mr Blunt**

231. Relating to the issue of research going on in the United States, how much money have the United States put into research into Gulf War Syndrome?

(Mr Tonnison) I could not give you the total figure but many millions of dollars.

(Dr Buckley) They have about 70 research projects running.

232. Do they have an epidemiological programme which is more advanced than ours?

(Dr Reid) No. We have two. They have got studies and they have got various organisations, as Edgar said they have 70 running and they are under different auspices and different authorities. But we have two epidemiological surveys running and ultimately the scientific basis on which you would carry things forward in a major direction will be based on epidemiological surveys.

233. But the Americans are not doing that?

(Dr Buckley) They are funding one epidemiological survey in the United Kingdom which is being conducted by Professor Wessely. One of the problems the Americans have had in conducting these epidemiological studies is getting access to data which is more easily available in the United Kingdom through the National Health Service than it is in the United States where they do not have a national health service.

**Chairman:** We will be coming on in a moment to research.

**Mr McWilliam**

234. While we are talking about the French, I do not know what the medical discharge arrangements are for members of the French Légion Étrangère, but it

strikes me that veterans from that suffering from Gulf War Syndrome who had been discharged by and large would not be living in France because they would not have completed their commitment to the Legion. So it is not their young men and women, it is our young men and women. Moving on to Thursday 24th July, the Pentagon announced that up to 100,000 US troops in the Gulf may have been exposed to low levels of sarin nerve gas. That was as a result of the destruction of a weapons depot at Khamisiyah at the end of the war and it is about five times the earlier estimate of the personnel investigated. I am told this is due to new computer modelling of the cloud and the path of the cloud. Previously all British units were thought to have been outside the area of exposure but the US Department of Defense is writing to all US veterans possibly exposed to encourage them to join in its comprehensive clinical evaluation program. Were you notified of the Pentagon's announcement on the extent of exposure to nerve gas? Had the Government been kept informed of the ongoing research (started in June 1996 by the Pentagon and the CIA) into this exposure?

(Dr Reid) I have just checked and the answer is yes. We obviously knew about it when it came out, we were notified officially about this. As you know, this is the result of many months of work and it is only a week since they publicly announced this. Nevertheless, you would have expected us to take some steps to make initial enquiries, which of course we have done. You may recall that when they issued the first statement from the United States, saying that around 20,000 of the troops had been affected and giving the, let us call it, footprint (which is rather peculiar since it is up there in the sky) the cloud if you like, the area which the footprint had covered, we studied this quite closely and it did not cover any British troops. We are now studying in a mechanical form, without the computerised data having arrived yet, the footprint by day as it extends, and attempting to superimpose this upon Ordnance Survey maps of the area and the location of British troops in the area and cross-checking that against the log books for the various units' headquarters. So we are already doing that although it is only a week since the Americans gave it. You may know last time we actually produced maps and put them in the Library of the House of Commons, and ultimately we would want to do the same again but we do not want to issue maps and conclusions before we have got the full computerised data from the United States which we can feed into the system. In other words, we can do an *ad hoc* thing at present and are working on it to give us a rough indication, but the worst thing would be issuing information which is then thoroughly inaccurate because it does not relate to the up-to-date data. But we are already working on that and it does look as though there will be some units involved in it; I could go as far as saying that but I would not want to get into the details of units at this stage. Whereas previously the footprint had not covered British units, it looks highly likely the new footprint will cover British units but we will not know the extent of that until we have the computerised data and put it in.



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and MR MICHAEL TONNISON

[Continued]

[Mr McWilliam Cont]

235. When we know who has been affected, do you intend to invite them to enrol in the medical assessment programme?

(Dr Reid) I think we take this by stages. The first thing is, let us get the data and see where the footprint went. Secondly, let us identify which units we think may have been covered by the new footprint. Thirdly, let us confirm that information is accurate. Fourthly, let us assess the numbers of people involved. Fifthly, let us then decide what action is necessary and of course at that fifth stage one of the things we would give full consideration to is actually contacting the people in the units and saying, I suppose, "Have you felt you are suffering from anything, do you wish to come forward for an assessment?"

(Dr Buckley) Could I add one point, if I may? Although there were no British units within the original footprint, there was one British soldier who we discovered was on attachment to an American unit. We contacted this man and he reported himself to be well.

(Dr Reid) But he has been alerted and if he finds he is unwell from something, he will come back to us.

236. What information is available on the possible effects to health of low-level exposure to sarin gas?

(Mr Tonnison) Most of the research done on classic nerve agents, of course, is at the end of the spectrum where dosages might be lethal. The American research programme has now included a request for proposals to investigate the possible effects of low level exposure to small doses. We are involved in that process and I have described the American working group on that research. When they have decided which proposal to take forward, the work will be done and we will be aware of the results. So we are not proposing independently any research into that area because it appears the American research programme will address that quicker than we could.

#### Chairman

237. Did we not have devices which could ascertain whether our forces were being subjected to chemical and biological attack? I seem to recall, perhaps Dr Buckley could remind me although in fairness he came in late on the scene and received a lot of criticism after he took over his job, the Government denying our troops had been exposed. Is it not rather strange that now the Americans have said these chemical agents were flying around, we are rather surprised that in fact maybe our troops might have been affected?

(Dr Reid) If I can give a general response and then obviously Dr Buckley would wish to respond on his own. First of all, yes, we did have methods of detecting the presence of chemical weapons however they have arrived, whether they have actually gone off or have been destroyed. There are three basic levels of detection, none of which is infallible and some of which seem to have gone off, quite apart from this Czech detection, with amazing regulatory with false alarms, which then raises the question, just how effective are these things. Of course, in the early stages there is every possibility that people who perhaps have

not been taking the tablets as assiduously as possible, when an alarm went off, started slugging back the tablets. This is the sort of thing which may well happen in a war situation. That is one of the reasons why I have, apart from the research, asked that as soon I come back from holiday we have a fact-finding group whose job it will be to find out, as far as it is possible, how the vaccines and tablets were administered and taken in-theatre during that period. So we did have those things. I think it is probably fair to say that as regards chemical weapons, initially when that question is asked the mind is concentrating on the question, did others use chemical weapons against you, and therefore the response might well have been no, there is no evidence of that, a complete denial. Then we find out that some of the things the Americans were blowing up may have been chemical weapons and the cloud may have carried them, and the Czechs may have picked up things, but we are to some extent dependent on the Americans themselves to say (a) they were blowing them up and (b) they were doing computerised models of the footprint. Of course if they come back and say that the footprint was all wrong, we find ourselves in the position where all we can say is, we will look at the new footprint and see if we were there.

(Dr Buckley) To clarify one point, Chairman, our line on exposure to chemical weapons has always acknowledged that the Americans may have exploded some chemical munitions at Khamisiyah but the assessment, based on the American advice that the footprint was limited to 50 km, was that no British troops were exposed. We never denied Khamisiyah took place. If the Americans now tell us that the exposure could have extended beyond 50 km, based on work which they have been doing in the meantime, then of course we would recognise that and we would recognise there could have been very low level exposure to these agents. What the medical implications of that are currently, we do not know, and this would be something which would be looked at in the research which we were discussing just now.

238. In the early medical assessment programme, and perhaps you could ask Group Captain Coker to nod affirmatively or negatively, did the people coming before him believe they had been exposed to chemical and biological attack?

(Dr Reid) You are asking questions that may not necessarily have been recorded. When you record the clinical diagnosis, you record the diagnosis on a clinical basis, you tend not to record, "So-and-so felt he had been exposed to this" or whatever. I do not know. It would be impressionistic if any such records exist but I will of course ask.

239. Can I ask Mr Tonnison?

(Mr Tonnison) I have asked Group Captain Coker what his recollection of the patients was and he says that patients recalled the alarms going off and were therefore concerned they could have been exposed to a chemical agent.

240. But nothing beyond hearing the alarm going off?

(Mr Tonnison) They expressed anxiety they may have been exposed.



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and MR MICHAEL TONNISON

[Continued]

**[Chairman Cont]**

(Dr Buckley) That would not have been related to Kamisiyah.

(Mr Tonnison) Can I just record that the alarms that people were reporting were in the third and fourth weeks of January 1991.

(Dr Reid) Not March.

(Mr Tonnison) We have never received any reports of alarms going off in March after the war was over.

**Chairman:** We will now move on to research.

**Mrs Moffatt**

241. I am afraid the nurse in me is coming out here and there are certain aspects of the things you are telling us that I would like to explore. I completely accept that the research needs focus and direction to have any value. I can certainly see you need to do that and you just cannot make all sorts of assumptions in all directions. I understand that preliminary work on those studies is currently being undertaken and we expect the full research to start in September on the combination of vaccines and tablets given to troops. Can you tell us about the research that is going to be undertaken on those particular things and, secondly, will the preliminary results of the current epidemiological studies be available before the final results which I think will be available in the year 2000?

(Dr Reid) Yes. We are hoping there will be sufficient scientifically valid results in a preliminary fashion to be regarded as legitimately scientific, and if there are we will put them out. So there should be preliminary results before the year 2000, certainly we hope there will be. We are going to be looking at the vaccines which were used and the tablets. It is going to be scrutinised by an independent group and we have asked the veterans through the British Legion to nominate one of the three people, and if they wish to come back and say, "We want more than one, let's make it four" or whatever, we are more than willing to discuss that.<sup>1</sup> The reason we did that incidentally was that we chose Porton Down because of their expertise and because we can avoid going out to the market and having a competition and its associated delays and so on, but we recognise that since it was Porton Down the veterans themselves might not feel too happy because it is part of the MoD, therefore we will have an independent scrutiny body. We will look at the range of vaccines themselves and the interaction with each other. We will also look specifically at anthrax and the pertussis, the whooping cough vaccine which was used as an adjuvant to accelerate the anthrax vaccine which you would normally have been given over a period of months and would take months to take effect. And also the effect of the vaccines and the tablets. I would point out that for those who would criticise this research, it does seem to me legitimate in its own right anyway because if the same circumstances as the Gulf War were to arise tomorrow

there would be people saying, quite correctly, if we anticipate biological or chemical weapons being used against our troops then we must do all we can to protect them, and all we know from inherited experience is that this is what is available. So if we are going to use that sort of stuff, free-standing from the whole question of the Gulf War, then we ought to be testing them and carrying out research on them.

242. Thank you for that but that must bring me on to my next question. That aside, and of course we must protect our troops, we were told that the Department of Health had expressed anxiety about the use of the combination vaccine and that was back in 1990 before they were administered.

(Dr Reid) Yes.

243. Why did we have such a huge time lapse? Was that anxiety taken seriously then? You have re-expressed that anxiety of late and I wonder what happened in the meantime and what made you raise the issue again?

(Dr Reid) I raised the issue again because I thought the veterans and the public were entitled to know anxieties had been expressed. Therefore when it was brought to my attention on the 9th May I made it plain that I wanted to make it public, and I announced on the 11th May the form in which I would make it public, which is a scientific explanation. What I did not want to do was to take that piece of information on its own and say, "Here it is, anxieties were expressed" which may have been just as misleading as not saying anything. So what I asked was that we carry out an investigation into those anxieties and the way in which they were expressed, what happened, what consideration was given, what judgments were made, were counter-views expressed at the time, is that in writing, who took part in the discussions, what was the inherited view on these vaccines, what was the scientific basis on which the decisions were made, and I said when that has been prepared I will put that into the public domain, including the anxieties. I have to say it has taken a bit longer than I thought it would. It has not proved as easy to find out exactly what weight was given to these things. You will understand that some of the people involved have now left the Ministry of Defence. Mike, among others, has been chasing people up and putting certain questions to them. But I certainly hope it will be in the public domain and for you by the time we come back in October and I hope a bit before that.

**Chairman**

244. Did they find this under the carpet or when somebody cleared their office out?

(Dr Reid) It was discovered on 9th April, it was specifically brought to my attention on 9th May, it was decided by me the same day there would be such an investigation and it was made public that there would be such an investigation on 12th May. The reason I delayed two days was because the 10th was a Saturday and the 11th was a Sunday, so it was effectively done the next working day.

245. So we will know in due course?

<sup>1</sup> *Note by Witness:* As part of the process of establishing the new research programme, it has now been decided that a panel of around a dozen experts is likely to be required to cover the range of scientific disciplines which should be represented.



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and MR MICHAEL TONNISON

[Continued]

**[Chairman Cont]***(Dr Reid)* You will.

*(Dr Buckley)* Just a reference to your "was it found under the carpet", Mr Chairman. No, it was brought to our attention in discussions which we were having with the Department of Health on the background to the vaccination programme. They drew our attention to it and that is how it came to light.

**Mrs Moffatt**

246. I am quite worried there was such a huge time lapse. I am very pleased, Minister, you took it seriously and published it. I personally would like to explore why that anxiety re-emerged so many years later as something that appeared a little more serious?

*(Dr Buckley)* The point I would make to you, Mrs Moffatt, is that the people who were dealing with this at the time were aware of the anxiety. The anxiety was transmitted from the Department of Health to the Ministry of Defence; we know that happened. So the information was received in the Ministry of Defence. The knowledge that that had happened was not with officials who were dealing with this subject in, for example, 1995, 1996 or 1997. We did not have that in our, as it were, corporate memory because we were not the officials who were dealing with it in 1990. But in April of this year, as the Minister has just explained, the Department of Health drew it to our attention and we looked into our files and found this had indeed occurred.

247. In that new spirit of openness when do we expect the explanation of the basis on which the medical counter-measures were used, including any reservations expressed at the time? Would that, as I say in the spirit of openness, be available on the Internet so that any Gulf War veterans may have access to that published research?

*(Dr Buckley)* The Minister has already said that we expect to make this explanation available during the recess or by the time—

*(Dr Reid)* By the time Parliament comes back that will be out, or I will want to know why it is not out, as you will. All I would say is that there are two elements to this. One is, what is the scientific basis of the explanation, and the other one is, what happened to this advice, what judgments were made, what were the counter-views and so on. That second element cannot just be obtained through reading papers, in other words some of my officials have to contact people and prod memories and ask questions and chase them around and so on, and it is not as easy as we thought it might be at first. So we are not unduly delaying it, but we want to make sure we have pursued every legitimate avenue before we put that out to you. As far as the Internet is concerned, did we put the rest on the Internet, the 20 points on the Internet? We have not done so, no. I will look at the expense involved, if it is felt that this is a dreadfully important thing to put on the Internet, I will do, but I would not want to just put one piece on the Internet when lots of other things are not going on. Can I say, as background, you will understand that I am not entitled to ask about political judgments made in the past and about advice given to

ministers, I am, however, entitled to ask for the scientific explanation on which decisions were taken.

**Mr Blunt**

248. Directly on this point and it is a question to Mr Tonnison, in 1990 there was some evidence from the Department of Health that there may have been some link, that evidence appears to have been lost until, we understand, you were reminded of it on 8th May 1997. On 7th July 1995 you told this Committee that there was included in the package of research being done by CBDE "an element which is trying to identify any possible interactions between the preparations used." Had you asked any soldier who served in the Gulf to postulate a reason for Gulf War Syndrome the first thing they would have come out with was everything they had been injected with, or the pills they were being invited to take. What explanation is there for the fact that this research was not underway?

*(Mr Tonnison)* We attempted to identify the basis on which that statement was put into the memorandum submitted to the Committee, and we were unable to do so. The other prong was to go through with Porton Down what they had done as part of their defence counter-measures research and see whether anything matched the description given in the memorandum, and we were able to establish that no such research had taken place. Beyond that, I cannot add any information because I have no information.

*(Dr Buckley)* Perhaps I could add that the anxiety that was expressed by the Department of Health was on the narrow issue of administering petussis as an adjuvant for the anthrax vaccine.

249. I understand that, but anyone who had been invited or virtually ordered to have those injections and take those pills would have been saying, "A likely explanation as to why a number of us may be sick may be the fact that none of these things have been tested together before".

*(Dr Reid)* That is a very good point and it is the first question I asked at the first meeting I attended. I think the answer to your question, why did not somebody do this before, is that when it was considered I think—and I cannot get at what advice ministers got previously—certainly the impression at the time was that since you did not have a defined effect you could not carry out legitimate scientific research into a cause. In other words, you did not know there was such a thing as the Gulf War Illness; you could not carry out research into what might be the cause of something that you did not know existed.

250. And we still do not.

*(Dr Reid)* That seemed to me both scientifically legitimate and a piece of pure sophistry, which is why I did not accept that view and instructed that such research be carried out.

**Chairman**

251. Why, Minister, I am particularly pleased with your document, *Gulf Veterans' Illnesses: A New Beginning*, is that in our first report (less in our second



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and Mr MICHAEL TONNISON

[Continued]

**[Chairman Cont]**

report) we were greatly irritated by the absence seemingly of any research. The policy appeared to be to leech off the United States, we were just monitoring what anybody else was doing without actually contributing ourselves. So I hope we will now get some feed-back that the Americans are not the only ones largely researching into all aspects of the Gulf War Syndrome. Looking again at our first report we produced, as far back as 1995, we recommended that information on the health of children born to Gulf veterans after the conflict be collected as part of that epidemiological study. So we have already advocated something like this and I am delighted to see some research actually being done on the children. We were fobbed off with one of the more spectacularly arrogant interventions in our proceedings, "Well, the Americans are spending a lot of money on research, much of which is nonsense", and we were told the American research based on illnesses allegedly in some of the Mid-Western National Guard Units was "faulty and inconsequential". So I feel it is very good that some research is being done on this and we very much welcome it and very much welcome the whole range of research that is being undertaken. We very much welcome the fact we are now having again this document and there is going to be somebody specifically designated in Washington who will be largely responsible for this liaison. When we went a few years ago there was a senior male nurse who performed this task as part of his duties, how will the new liaison officer differ from the previous embassy officials who were responsible for monitoring what was going on in the US?

(Dr Reid) I am glad you welcome the research and I think it has a particular British element in it as well because, as Edgar Buckley pointed out, the pertussis and anthrax, the whooping cough and anthrax, together is something we are looking at and I think the British are the only people who specifically had that combination. So it would not necessarily explain the alleged Gulf War Syndrome because the Americans did not have it, nevertheless we can always think of a thousand reasons for not doing something and it seemed to me there were legitimate reasons for doing this on the vaccines for troops in the future, whatever the causal relationship which existed was.

(Mr Tonnison) A colonel from the Royal Army Medical Corps is the Gulf Health Liason Officer in Washington and he works out of the British Embassy but also has been given office space with the American teams who are dealing with this issue. His job is as wide-ranging as he can make it. The Americans are doing a great deal across a number of different departments and we are encouraging him to get into what is going on and learn as much as he possibly can.

252. He will send all reports—

(Mr Tonnison) He reports back to us.

253. — and hopefully you will put many of them, or most of them, in the House of Commons Library and on the Web Site, if MoD's cut-backs, Minister, permit them to go on public display, or maybe they are in the States—

(Mr Tonnison) We have committed ourselves to providing the full list of papers and we will certainly

provide you with copies of the more important papers. The full list I have recently seen was about that thick, and that is only the titles of papers, so I do not suppose you are particularly interested in seeing all of those in full text.

254. My ears prick up when you say that you will send the more important ones. I am reminded of the famous Sidney and Beatrice Webb comment when Sidney said, "I make the big decisions in our family but Beatrice decides which are the big decisions and which are the little decisions"! Will you guarantee that what you think is important we will perceive as important?

(Mr Tonnison) Clearly we will provide you with anything you are interested in and anything we think you might be interested in.

255. So there will be quite a lot of paper, hopefully, coming over via the US?

(Mr Tonnison) Yes.

(Dr Reid) What we might do is send all the detailed papers to the Chairman of the Select Committee—

256. No! The Clerk!

(Dr Reid) —and then he can decide which he thinks are important! I would only say, Mr George, that I would not be too optimistic about the capacity to put everything on the Web. I find that I have a television in my room which does marvellous things in the Ministry of Defence—apparently I can launch invasions of various parts of the world—but it cannot get me Channel 4! So there are some limitations on E-mail.

**Mr McWilliam**

257. Before we leave the research, it strikes me that we may be able to help if you are having difficulty chasing or getting former members of the Armed Forces or civil servants to see you because we have the power to send for persons. So if they are being awkward, just tell us. The question I wanted to ask was that it was not clear to me, but it may be that I missed it, what the MoD is doing about the research which is taking place in the UK and the US about the examination of NAPS tablets and organophosphates? There has been some research to suggest that under certain circumstances if somebody is taking NAPS tablets, organophosphates can much more readily pass the blood/ brain barrier. Are we assisting on that in any way or taking account of it?

(Dr Reid) I would merely prefix from this end that there are any number of combinations; as somebody who does the football pools, you can perm any eight from ten. We are certainly looking at the vaccines, we are looking at the vaccines plus the NAPS tablets, we are looking at pertussis plus specific vaccines. The Ministry of Agriculture, Fisheries and Food and the Department of Health are looking at organophosphates, the Americans are looking at chemical weapons, we are carrying out the epidemiological surveys and fact-finding. I would pass the specific combination of organophosphates plus the vaccines to one of my officials because I am not *au fait* with that.



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and MR MICHAEL TONNISON

[Continued]

**[Mr McWilliam Cont]**

(Mr Tonnison) I think the best way to describe it is that the epidemiological studies are the over-arching method of looking at the illness and trying to describe it. When the results begin to come out, we will be looking for patterns, unusual patterns. At that point exposures will be an interesting issue and we will try to fit the patterns to exposures to see if there is any connection. At the same time, a whole series of research papers has been published on different combinations of exposures and there is further work being done on particular chemicals in combination, particularly in the US, and also to take forward work which has been already started. All I can tell you presently is that I think there is no consensus coming out of any research that any of these particular combinations are particularly significant.

258. There are three different pieces of research—one by Dr Jamal in Glasgow, one in America and another one in Finland—that NAPS can allow organophosphate pesticides to breach the blood brain barrier.

(Mr Tonnison) Yes, there is a Hebrew University paper to that effect.<sup>1</sup> I understand that Dr Abou Donia is doing further work on that subject at the moment. Clearly we are in touch with this and are monitoring it. As research papers are published and their critique by the scientific community, if a consensus begins to emerge that one of these combinations is very significant we will focus further on that, but I think the correct thing to say at the moment is that there is no scientific consensus that any of this work is particularly significant compared to any other work being done.

**Chairman:** We will now move on to another vexed subject, the financial provision and compensation and I will ask Mr Blunt to put questions on that.

**Mr Blunt**

259. We note in your reply to the previous Committee you say that the Government is still not persuaded there is a case for paying compensation over and above war pensions to Gulf veterans. The Government has stated that compensation would be paid if in future legal liability was established, and this takes us into—I was going to say—a real minefield. What level of proof would the Government require before accepting a link between service in the Gulf and the various health problems that have been associated with it? Would scientific evidence be sufficient to establish legal liability or would you anticipate this would have to be proved under case law?

(Dr Reid) There is a scientific level and a legal level. The scientific level is, can we establish a cause. I made the point in my introduction that on previous occasions the Ministry of Defence and other departments have considered no-fault compensation, either through a pension or a lump sum, for things like radiation or asbestosis, certainly pneumoconiosis, HIV

and blood transfusions. The difference there was that there was a known cause, although in the HIV cases it took 25 years to find the cause. I cannot see how we can pay a no-fault no-cause compensation and actually define it in any way which excludes any of the 53,000 veterans and so on. Secondly, if you were to pay it in the absence of both a cause and any legal liability, then I would merely leave this Committee to be dragged before the Public Accounts Committee who would then have a very good case for saying that I had improperly misused taxpayers' money on a ministerial whim. So I have some personal interest in this as well. So whatever sympathy I have has to be circumscribed by three things. First of all, there is no scientifically defined cause yet and there is no scientifically defined effect. Secondly, there is no negligence established because there is neither cause nor effect established. Thirdly, in the absence of cause, effect and negligence, there is nevertheless a no-fault compensation scheme called the war pension. The war pension, whose capitalised value for somebody earning roughly half the award plus supplementary benefits aged 35 is around £100,000, is not an insignificant method of compensation.

**Mr Blunt:** I think that point is well made but it is really the issue of legal liability in a war zone which I would like to follow.

**Chairman**

260. Yes, I can fully understand the War Pensions Agency but did you not say in one of your documents that so far no one has actually been paid out for having said they have the Gulf War Syndrome? There is not much point having a system which pays in a way no-fault compensation but so far none of the people who allege they suffer from Gulf War Syndrome have been successful in winning a case against the War Pensions Agency.

(Dr Reid) We have to watch the words we use. 1,400 veterans, roughly, who were in the Gulf have been paid a war pension. All that number, and I think it is 1,400—is it?

(Mr Tonnison) 900.

(Dr Reid) Say 900, of the order of 1,000, people who were in the Gulf have been paid a war pension.

(Dr Buckley) No, it is 1,285.

(Dr Reid) I thought it was about 1,300. Thank you. Let's go back to my original figure. About 1,300 people who were in the Gulf have been paid a war pension. Of those, about 300 I think—

**Mr Blunt**

261. 295!

(Dr Reid) Thank you! I am getting there! For a Scotsman I am doing all right! About 300 have been paid for a post-traumatic stress disorder type illness directly related to the area we are considering. What is, of course, the case is that no one has been technically paid for Gulf War Syndrome because there is no such thing, Chairman, scientifically proven to exist as Gulf War Syndrome. That is why throughout this I have referred to illnesses affecting Gulf War veterans. Only scientists can ultimately say, "This is

<sup>1</sup> Friedman et al: "Pyridostigmine brain penetration under stress enhances neuronal excitability and induces early immediate transcriptional response" *Nature Med.* 1996; 2: pp. 1382-85.



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and MR MICHAEL TONNISON

[Continued]

**[Mr Blunt Cont]**

what this thing is and here is the cause" and then look at negligence. So while you are technically correct that no one has been paid for Gulf War Syndrome, because you could not pay somebody for it because you have not defined it, far less the cause, nevertheless of the order of 1,300 veterans are receiving a war pension.

(Dr Buckley) Sorry, the 1,285 figure relates to those who have applied for war pensions.

(Dr Reid) It gets slightly more complicated, at the risk of complicating the procedures, because our estimate is that the 1,285, 1,300 people, are not necessarily the same 1,400 who have actually notified us they may wish to take legal action. In fact as far as we can make out only 200 or 300 of the people who have notified us they are envisaging action have actually applied for a war pension. So we are quite keen to say that there is a no-fault compensation scheme and to ask rhetorically the question, where are this other 1,000 people who are saying on the one hand they want to take action against us but on the other hand have apparently not taken any action to get a war pension.<sup>1</sup>

262. I think the point the Committee would want an assurance on is that there are now 145 people who have outstanding claims for pensions which they see as related to Gulf War Syndrome. Obviously there are 1,285 Gulf veterans who have applied for pensions, as you would if you had your knee smashed in the Gulf. I think the Committee want reassurance that the people who are applying for a pension for what they see as the Gulf War Syndrome, something which as yet has an unestablished cause, are not being put through an impossible series of hoops in order to get their pension and get their pension in effect delayed as against the medical condition of someone who has a much clearer cause for applying for a war pension.

(Dr Reid) I have to say to you, Mr Blunt, and this is not meant in any way to put you off but in an encouraging fashion, those sentiments must be delivered to the Department of Social Security who administer the war pensions. Certainly I take the illnesses suffered by people in the Gulf very seriously and I am sure that we would all like to see this reflected through the whole of the Government.

263. But they will presumably be relying on medical evidence from the Medical Assessment Programme and it is that—

(Dr Reid) Everything we can do to provide such evidence will be done. In fact we are going further, we are considering at the moment in the context of the Veterans Unit—another subject I know this Committee has an interest in—what exactly we can do for veterans in general in terms of practical help, not great policy things and their co-ordination but one-stop-shop type things. Certainly we take the view, or I take the view, we should be giving whatever assistance on medical records we can to try and expedite war pensions. Sometimes war pensions are delayed—and you will understand it is not my responsibility so I have no reason to give any rationale for delays—because in the course of an application or indeed an award for, say, a 20 per cent war pension the situation actually

worsens and somebody puts in an application for a 50 per cent pension and so on. So there is an element in which delays are built into the system because of the graded form of the pension, but I take the point on board.

**Chairman**

264. These people who have been turned down, is it because they have put on the form "Gulf War Syndrome" which would be an easy way to reject them? Have you done an analysis or could you ask for an analysis to be done as to why these claims from these people who say they have Gulf War Syndrome have been turned down?

(Dr Buckley) There are 16 applications which have been rejected of the 295 which are, if you like, for symptoms which are without a cause. Now they would have been rejected on the basis of medical examination by consultants employed by the War Pensions Agency who would have looked at the actual physical symptoms these people are experiencing. I am not sure whether we are entitled to know the medical details for the rejection.

(Dr Reid) Well, (a) we are not entitled to know and (b) I am not very keen we get into the position of defending or explaining these decisions. These decisions can ably be defended and explained by the Department of Social Security, Mr Chairman. As far as we are concerned, we are doing what we can to find out what is wrong with people, and we will do what we can to make the medical records available to them, and we certainly will do all we can to expedite them, but I am afraid the actual administration of war pensions, as you will understand, is not a matter for the Ministry of Defence.

265. We do not want to get into chasing after a second bureaucracy, we find dealing with one rather difficult!

(Dr Reid) I thought you enjoyed it!

266. As long as you can reassure yourself that it is not because they put down "Gulf War Syndrome"; that there were much stronger reasons why the application was rejected rather than incorrectly filling a form in.

(Dr Buckley) Chairman, there was a question from Mr Blunt about the way we were dealing with legal liability claims. Essentially there are three elements which are required which the Minister alluded to. These are damages, and we need to know if someone has suffered damages. That is not difficult to prove or disprove by medical examination. Then causation, or what caused the damages. And finally whether there was any negligence involved. Those are the three elements you require to prosecute a claim. So far we have had 1,474 notices of intention to claim but we have not received any claims at all or any writs. No properly formulated writs or claims have been received. Once those claims or writs are received, they will be reviewed by our legal department and if we judge that there is a basis for establishing legal liability then it will not necessarily have to go to court. The Ministry of Defence has an approach to these matters which I think stands comparison with any other

<sup>1</sup> Note by Witness is at the Annex.



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and MR MICHAEL TONNISON

[Continued]

**[Chairman Cont]**

organisation. We do not take cases to court unless we feel there is some doubt, real doubt, about the legal liability. If we believe a claim has a good case then we will seek to settle it out of court. Once we take a position on one claim, it may well be that that will inform subsequent consideration of other claims. We are anxious to deal with these matters as quickly as possible but what we do need before we go any further is properly formulated claims or indeed legal writs.

**Mr Blunt:** It would seem, on the face of it, that this has taken six and a half years and we still have not established causation and it is therefore difficult to make claims for negligence against anybody because nobody could have predicted this would have happened—

**Chairman**

267. You are much too impatient, Mr Blunt. Those who attended the atomic tests in the early 1950s are still awaiting an admission by the Ministry of Defence that there is a correlation between standing 50 miles away from an atomic mushroom and the incidence of cancer. Which leads me to the next question: the Ministry of Defence has said very eloquently that it is well able to defend itself against claims for compensation, would you be able, Dr Reid, to perhaps examine the whole question of not just Gulf War veterans but the whole question of compensation for those people who have sustained injuries in war time or even in peace time? Because there is the overriding impression that the MoD are pretty parsimonious, putting it at its politest, and our predecessor Committee asked the present Committee in its deliberations in fact to conduct an inquiry into the general issue of compensation and maybe in due course we will get around to doing that, but it might be helpful if the Ministry conducts its own internal inquiry on the whole issue of compensation which causes such a lot of bad feeling?

**(Dr Reid)** I think there are two key issues, both of which need to be addressed. One is the almost byzantine mechanisms for the payment of pensions, compensation, supplementary benefits and so on, to those who have served their country. For instance, if you are on duty in Northern Ireland and suffer an injury then you can claim not only a war pension but I think you can claim criminal injuries compensation. If you are a soldier serving in Germany and you are injured in a bar room brawl you can claim, in addition to everything else, criminal injuries compensation. However, if you are a soldier shot in Bosnia, even I understand by an indicted war criminal, you cannot claim criminal injuries compensation. There is the armed forces pension, there is the war pension, there are the supplementary benefits associated with it and there is the criminal injuries compensation, that whole area. Certainly that is something that I want to have a look at and indeed have made some preliminary investigations into it. Then there is the whole compensation area, what some observers call compensation culture. It does not just affect the Ministry of Defence. I know I read that people are now suing the Department for Education for a lifetime of lost opportunities because they were not taught

properly at school and so on. It is the American system that is coming in. That affects every Government department. It particularly affects the Ministry of Defence because while we try to approximate all this towards civilian law and liberties so that this is sensible, I think that this Committee certainly recognises, and the wider community has to recognise, that what we ask our armed forces to do is unique and it involves some things that perhaps civilians are not used to. It involves risks of an horrendous nature, taken in the fog of war, taken on impulse, it demands initiative, leadership, risk taking and so on. We can never get to the situation where we have an effective force capable of doing what this country wants it to do, if at the same time the leadership and the officers in that force believe that by taking a risk they may find themselves ultimately open to legal compensation claims through the courts. You begin to undermine the whole nature of the armed forces. A long response to what appeared to be a simple point but it is something of which I can assure you both the Ministry of Defence and myself, as the Minister for the Armed Forces, are well aware.

268. I appreciate you have in your document that I have referred to a page and a half on no fault compensation, legal liability compensation, Government conclusions on financial assistance. I think if there is any scope for elaboration on that it would be really helpful, although this is helpful in explaining the Government's position. I hope you will keep the issue open but I hope it is possible, and I am not a lawyer, to enter into some discussions with the legal representatives of those who are claiming to see if there is any meeting of minds. This Committee, or certainly the last Committee, was very anxious to avoid veterans who have been through seven or eight years of difficulty anyway, physically and emotionally, having then to go through a protracted judicial process which will make lawyers exceedingly happy but it could be ten years down the road before there is going to be any legal response. If there is any way in which something can be done to help our soldiers, sailors, airmen and civilians avoid having to go through that hell then I hope those issues can be explored and maybe some agreement reached.

**(Dr Reid)** Yes. First of all, my officials advise me that they have met the veterans' solicitors recently.

269. Since you became Minister?

**(Dr Reid)** Yes.

270. Good.

**(Dr Reid)** But I would not want to delude this Committee because we are going to be together hopefully for a long time. It is not easy, Chairman, in the absence of cause as well as effect as well as negligence, in the presence of existing compensation schemes, for a Minister to say: "yes, just hand out the dosh". It is not easy to do that. It is not easy to ring-fence. It is not easy to say: "we want to be fair to this group" when saying "what about the other 50,000 who were in the Gulf?" It certainly would not be easy to explain to your sister Committee who would expect me to abide by the law and the practice of how we handle these things. Within those limitations I can



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and MR MICHAEL TONNISON

[Continued]

**[Chairman Cont]**

assure you that I have tried to do everything I can and should effect be defined, should cause be discovered, should negligence be proven or should court cases be taken which may lead to negligence being proven then I think it has already been indicated to you we may be in a different position and I may be in a different position. At the moment in the absence of a clearly defined scientifically accepted illness and any known effect which has been proven by research, far less any negligence, then I think it would be difficult. One final comment. I do not think we should assume even if we discover cause and effect that there has been negligence. I do not think we should assume that. I would want to say that I am absolutely sure that whatever mistakes have been made in the past, the motive that lay behind the injections or the tablets, or whatever, was of the highest. That if our troops were going to war and it was anticipated that there might be chemical and biological weapons used against them, it would have been an absolute abrogation of duty and a failure to discharge responsibility if we had not taken what steps we believed at the time were necessary to protect them from those. I think we all accept that. The question ultimately will be were those steps in any way contributory towards these illnesses and were they reasonable in the light of the circumstances at the time?

271. So if you find there is a cause you will put your hand up straight away?

(Dr Reid) No, I did not say that. You are a good enough Chairman, Mr George, to know that I did not say that. I said that if we could have a defined illness and effect, which will depend on a number of things, and then discover a cause, that we should not automatically assume that discovery of a cause means discovery of negligence. In other words, I went out of my way to say that presumption must be—

272. Even if the MoD is not negligent, as I am sure they will not be, there might still be a very good reason why compensation should be paid over and above the War Pensions Agency system.

(Dr Reid) If you are asking me if we discovered that, yes, scientifically there is a cause for these illnesses and it was an identifiable cause, if that would make it easier to draw attention to precedents where no fault compensation had been paid, including by the Ministry of Defence, where there was a cause but not a fault, it certainly would allow far greater flexibility than I have at present, yes.

273. There are precedents within Government. I am sure in the case of Barlow Clowes you had people coming to you and, no doubt, you—like me—argued as to why they should receive compensation even though the government department did not accept liability. There are precedents.

(Dr Reid) Only where there is a cause. There are precedents for cause, and I gave you some earlier on. I said the HIV blood transfusion was one. We have a no fault scheme, I think, for radiation at a dockyard. Yes, in relation to the point you make, once we find a cause the range of options open to me are much wider than at present.

**Mrs Moffatt**

274. Can I just ask the Minister, please, how that then sits with an earlier comment made by Dr Buckley who said: "British veterans do not have to prove that any disability from which they are suffering is attributable to their military service; the government has to disprove that it is attributable to their military service"?

(Dr Reid) I can give you an exact answer to that. When you go for a war pension you do not have to prove that the war caused the illness but you have to have the illness defined, which means the illness is defined but the cause of the illness is not. In other words, the burden of proof for seven years after you leave the service as regards the war pension is such that somebody has to prove the defined illness you have got was not as a result of the war. So when I say "cause", I am actually talking about the cause of what is sometimes referred to as Gulf War Syndrome. There are two levels of causation. Let us assume we can define what the illness is. The primary cause is the medical cause but there is a subsidiary cause as well which is the war and all the rest of it. I am talking about the medical cause. When we go into a field to define an illness where scientifically we do not have a known cause, I cannot think of any precedent for paying no cause compensation.

275. So even if somebody went to the Gulf in perfect health but then found themselves after with a collection of symptoms that I accept you cannot actually put a name to, they find themselves disabled by a collection of symptoms, you cannot actually say to them "the burden of proof is that you became ill"?

(Dr Reid) You can go for a war pension. What I think has happened in some of these cases is that the War Pensions Agency has classified it as post-traumatic stress disorder and given them a pension.

**Ms Taylor**

276. I have a question on organophosphates. My question really is centred on the report that was produced by OPPIT. I hope it does not mean how I am saying it, that they are opting out of it, the Organophosphates Investment Team! Effectively that team was looking at the effects of OPs in the Gulf and made one statement that it could not actually reach a full conclusion on which pesticides had been used in Operation Granby. That I find absolutely astounding. Even though it is a war situation, even though we respond and we know we are responding very quickly and very rapidly to different things, I find it astounding that we were not documenting in some reasonable order the pesticides that we were using. That is a statement rather than a question. My question follows on from that. Many of the tents that were used during that time were then either sold or given to the scouts. That causes me considerable concern. I wonder to what extent have we been able to analyse whether or not the scouts were exposed to OPs, whether or not we have traced all of those tents and identified the extent to which the tents did have the residue of OPs on them? I am very concerned about how and in what



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and MR MICHAEL TONNISON

[Continued

**[Ms Taylor Cont]**

way we have analysed this. These are youngsters. It is bad enough when it is our own armed people but now we have actually given them to a group of young people.

(Dr Reid) When this question arose we were immediately in touch with the Scout Association. The first thing is that we have to find a balance between being alarmist because what makes marvellous sensational headlines in newspapers is not always from our point of view the responsible way of dealing with it. Our understanding is that the low level of organophosphates, first of all, that was used on such tents, plus the break down over time of such organophosphates, means that there is absolutely minimal risk attached to this. We do not see a risk. Nevertheless, we were not content with doing nothing in our new approach to these things and we said that "while we are satisfied that there is not a risk, bring them back in and we will test them." The Ministry of Defence arranged for the tents in question to be the subject of chemical testing at the Department's expense and they will make public the results as soon as they are available. The Ministry of Defence now appears to be in the vanguard of the open revolution.

(Mr Tonnison) The Office of the Government Chemist has undertaken the testing. They have been establishing a protocol. Curiously enough there is no standard procedure for testing tents for organophosphates. What they have done is they have taken clean tents, put various substances on them and run the tests they propose to run to check that they are not getting false positives or false negatives. We checked up with them yesterday and they have just about reached the end of the process of establishing a methodology which they are confident is reliable. It will then take about two or three weeks to run all the different samples of tents which they have taken from the particular tents that the Scout Association identified to us. They will then need to write up and send us their report. I envisage that this will be the end of August, beginning of September. It is a very thorough process that they are undertaking.

277. In the reports local pesticides were bought, have you samples of those local pesticides?

(Mr Tonnison) What the Office of the Government Chemist has done is to try to take a full range of potential organophosphate compounds and test for all of them but particularly the ones we have specifically identified as being present in the Gulf and others which they think are appropriate. The full scientific basis on which you would identify between different pesticides I would confess not to understand. Clearly we have put the matter in the hands of a national authority on these issues and we will have to rely on the information that they give us.

278. So we are reassured that the local stuff as well as the stuff we took out there is actually being tested?

(Mr Tonnison) The local material would have to have a known scientific compound in it. We do not know the brand names. There is only a certain number of chemicals used in pesticides. I understand that they are going to run all those chemicals as part of their tests.

**Ms Taylor:** But it was used out there and it was used without any kind of instruction, there was no statement on it.

**Chairman:** There were instructions.

**Ms Taylor:** Were there?

**Chairman**

279. They were in Arabic!

(Dr Buckley) Could I just come back to a point Ms Taylor raised about the absence of records on which pesticides were used. So far as we can discover these records would have existed, or quite probably would have existed, at the time or immediately after the Gulf War. It is simply that when we came to look at this during the time of the OPPIT Report, which was conducted in 1996, the records had by and large been destroyed quite properly in accordance with normal Government practice. It is not necessarily the case that pesticides were used and not recorded properly in all cases.

**Ms Taylor**

280. Is it normal Government practice to actually destroy stuff when we are in the middle of an investigation?

(Dr Buckley) We did not start the OPPIT investigation until 1996, which was some five years after the events took place. Therefore, it was not surprising when we came to do that that the records no longer existed. If we kept all of those records we would be overwhelmed with the task of dealing with them.

**Mr McWilliam**

281. Chairman, it is so nice to see that Dr Buckley has changed his mind on this subject. Can I recall his evidence to the last Committee on 11 December 1996, page 14, question 775: "Mr McWilliam: I have got a canvas jacket, is that clothing or is it tented? Dr Buckley: I think what the Surgeon General said in the first place is that after residual insecticides have been applied and dried then it changes its formulation and it is only toxic if you, I think what he said was, eat it. Now, I imagine the same would apply to clothing." It would appear that Dr Buckley has changed his mind now. Is this the case?

(Dr Buckley) I am sorry, I do not quite follow you.

282. You seemed to be implying at the time that both you and the then Surgeon General were trying to give the distinct impression to the Committee that these things were really pretty harmless and nothing to worry about. From your response to Ms Taylor's questions it strikes me that you have changed your mind.

(Dr Buckley) Not at all. What we said was that in spraying the outside of tents, after the formulation dried off it would not represent a risk to people inside those tents unless they were to ingest it in some way. That is the scientific advice that we have been given. The concern has subsequently been raised that these



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and MR MICHAEL TONNISON

[Continued]

[Mr McWilliam Cont]

tents, once disposed of by the MoD and once they have come into the possession of the scout movement, may nevertheless represent a residual risk to young people. In the light of those concerns—which we do not actually believe are very substantial—we do not think there is very much of a risk from that position, in the light of those concerns we have actually made arrangements for tests to be carried out.

283. But the scientific evidence even on that occasion that was being given by the Surgeon General was contradicted by Group Captain Coker. I asked the question "Even after they have dried?" and Group Captain Coker replied, "If you sweat they become solubilised and then they can go through the skin. It is a possible route."

(Dr Buckley) That is the ingestion route. I do not think there is any conflict here in what we are saying. There is a risk of being damned if we do and damned if we do not.

284. There is a difference between ingestion and absorption.

(Dr Reid) Can I just make the point that unhappily the previous Surgeon General is not in the loop now but Group Captain Coker is.

285. As President of the Walsall Scout Association I shall do my own research into the use of tents, Dr Reid. I would ask for volunteers from the Civil Service to sleep in those tents to verify the fact that they are perfectly harmless.

(Dr Reid) I can assure you that this Minister has slept on more than the odd occasion in such tents which, for all I know, had been sprayed with organophosphates.

286. We will find out if he is sleepy, listless, coughing, if he collapses in front of us, no doubt that will prove our point. Just a few more questions, Dr Reid. Again, rather contentious. When Mr Soames and Mr Mottram came before us we had just been told that there was an inquiry taking place into alleged failures of military and civil servants to provide Ministers with correct advice. You have said that the result of that inquiry will be made known to us, upon our request in our last report, by 1 October. There are three questions, if I can just read the questions out and you can answer them in whichever way you wish because they are all interrelated. You may wish to say that you will produce a document which will answer these questions. These are the three questions. What changes have been or are to be made to MoD procedures to ensure that such a failure in communications, which led to Parliament being misled, does not recur? What is the latest state of play on disciplinary actions against Service and Civil Service personnel who may or may not have been involved in the provision of flawed advice to Ministers on organophosphate use? The Government has stated that undisclosed information relates only to the issue of "why proper and timely advice was not provided". Are you convinced that none of this information could help Gulf veterans? Do you wish me to recapitulate?

(Dr Reid) Can I ask you just to read the third question again?

287. The third question: the Government has stated that undisclosed information relates only to the issue of "why proper and timely advice was not provided". Are you convinced that none of this information could help Gulf veterans?

(Dr Reid) If I may take the last one first. If there is information, and by that I mean completed papers or whatever, information that is relevant and would not lead to inaccuracies if put out of context, if there is any substantial *bona fide* information like that that you do not have and the Gulf veterans do not have them, I do not have it. It is as simple as that. I have no reason to believe that I am being misled on any of this information either by conspiracy or by the other way, or that this information has been suppressed. It is quite the opposite, we have attempted to make sure that whatever we get is put into the public domain. That is what is fair, that is what is decent, and also in the long run it is what is best for all of us. As far as the state of play, I will give you a general overview but I have not myself been involved in the details of this, for reasons you will understand. There are two different types of investigation and indeed indication of disciplinary procedures which are necessary. First of all there is the Civil Service one and then there is the military personnel one, although they were working together with the Civil Service. To take the second one first, you will understand that this is not a short procedure because it may involve, if it is decided, and I understand the situation at present has been given to what has been discovered and investigations have been carried out, if it is decided that there is a case to be answered it could involve court martials. If it does involve court martials you will also be aware that as a result of criticisms from, among others, the European Commission on Human Rights and the various committees, some of which you have sat on, we have now separated the procedure from the chain of command in order to have an independent source of prosecution and it involves appeals which ultimately under the Service Discipline Act, as you are aware, can go up as far as Her Majesty and, in fact, one case recently on an entirely different subject did. It is not a short procedure if it goes to court martials. It should be shorter in the other case which is the Civil Service disciplinary procedure under the existing rules there. My understanding, again, is that the initial investigations have been concluded in the sense of collecting of information. Coincidentally, I should have said that the investigation into military personnel has to start from scratch with an investigation by the police, the Special Investigations Branch.

288. The MoD police or the regular home department?

(Dr Buckley) The Service Police. The SIB.

(Dr Reid) On the Civil Service side my understanding is that investigations have been carried out and that stage of them has been completed and it has been put up to an independent civil servant inside the MoD who has not been in any way connected with these events by the line manager here and at present consideration is being given to whether there is a case to answer and what considerations will be given to



29 July 1997]

DR JOHN REID, MP, DR EDGAR BUCKLEY  
and Mr MICHAEL TONNISON

[Continued]

[Mr McWilliam Cont]

that. I will ask Dr Buckley just to fill you in on some of the details.

(Dr Buckley) In answer to your first question, whether changes have been made to procedures to ensure that no recurrence is likely, the Permanent Under-Secretary, Mr Mottram, has issued—the previous Committee was given a copy of these—revised procedures for answering or preparing draft answers to parliamentary questions within the Ministry of Defence and these draw firmly to the attention of all officials and military officers who are involved in that process the need to meet Parliament's proper requirements including the importance of providing accurate information and very much concentrating on the responsibility of individuals to submit this sort of advice to ministers' officers and their accountability if they get it wrong. I think action has been taken in that area. So far as the disciplinary proceedings are concerned, there are two separate processes involved. So far as civil servants are concerned disciplinary proceedings are currently under way in respect of four individuals. We expect to get the conclusions of those reasonably soon. So far as service officers are concerned, there has been a tri-service police investigation carried out and the report of this is currently being considered by the appropriate service authorities which, as the Minister has explained, are the Service Prosecution Authorities. Subject to the views taken by those, as it were, independent authorities there could be administrative action taken against the individuals concerned or court martial proceedings could result or they could decide that there is no case to answer. We do not know how that will

emerge. The Government has informed you, Chairman, that it intends to publish an account on these matters by 1 October as recommended by the previous Committee.

**Chairman:** Perhaps you can put Mr Mottram on standby, we might wish to ask him to come in. It seems to me, saying quite flippantly now that we are at the end of our proceedings, if all people who give bum advice to Ministers or those responsible for erroneous answers to parliamentary questions are disciplined, or indeed face penalties, you had better inform the Home Secretary to be on standby for a prison building programme because it strikes me we will have twice the number of people incarcerated than at present and it will send shockwaves through the system if parliamentary answers have to be totally honest! I think we would probably like to see Mr Mottram. When you have your coffee next with him tell him that we look forward to seeing him yet again. Thank you very, very much. As somebody who has sat through a lot of the evidence on the Gulf War Syndrome, this has been the least unpleasant, the most informative. Whilst not what the veterans want at least we are moving in the right direction. If I might say, without in any way being seen as patronising, I am immensely impressed by your grasp of the subject and that is very, very much to be welcomed. You can be very proud, and we can be proud, of what has happened so far. We will be coming back to this subject again because we will follow it through until everyone is happy. Thank you all very much for coming, we look forward to seeing you again and, indeed, Group Captain Coker on one of his periodic visits to our shores. Thank you very, very much.

## ANNEX

## APPLICATIONS BY GULF VETERANS FOR AN AWARD UNDER THE WAR PENSIONS SCHEME (AS AT END OF AUGUST 1997)

	(1)	(2)	(3)
Applications	1,464	333	1,131
Awards made	848	156 <sup>1</sup>	692
Rejected	63	13	50
Withdrawn/lapsed	15	8	7
Pending <sup>2</sup>	538	156	382

(1) Total applications.

(2) Applications relating to symptoms arising from undiagnosed illness or which the applicant identifies as a Gulf-related illness.

(3) Applications relating to ordinary conditions (e.g., hearing loss or knee injury).

<sup>1</sup> None for a general Gulf War illness.

<sup>2</sup> Does not include approximately 80 applications for review of an existing award based on new medical conditions or deterioration of existing conditions.







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