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GULF VETERANS' ILLNESSES: A NEW BEGINNING

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GULF VETERANS' ILLNESSES: A NEW BEGINNING

INTRODUCTION

1. Since returning from the Gulf War in 1991, some British veterans have become ill. Many believe that this ill-health is unusual and directly related to their participation in Operation GRANBY. This is a view also held in some other Coalition countries, particularly the USA, where Gulf veterans have fallen ill since the conflict. However, there is still no medical or scientific consensus on this subject and, after six years, many veterans now feel frustrated at the lack of progress and abandoned to their plight.

2. The new Government believes we have a debt of honour to those who have served their country in the Armed Forces and has been determined from the outset that a fresh start will be made in dealing with this difficult and complex issue. Accordingly one of the first actions of this Government on taking office was to announce a package of measures aimed at addressing Gulf veterans' health concerns. Now, having consulted widely and considered the various issues carefully, this statement sets out how the Government proposes to deal with this matter in the future.

Three principles

3. At present there are three significant unknown elements which affect sick veterans. First, some of them have symptoms which have not been fully diagnosed: it simply is not clear what is wrong with them. Second, it is not known in all cases what the cause or causes of the veterans' illnesses might be. Third, it is accordingly not possible to say whether those illnesses are the result of an error on anybody's part.

4. In proceeding, therefore, the Government has adopted three principles. First, that all Gulf veterans will have prompt access to medical advice from the MoD Medical Assessment Programme (MAP). Second, there will be appropriate research into veterans' illnesses and factors which might have a bearing on these. Third, the MoD will make available to the public any information it possesses which is of potential relevance to this issue.

A) OPENNESS AND DIALOGUE

5. A central element of the Government's approach is to be open and honest with the Gulf veterans, to listen to what they have to say and to engage in a dialogue. The Minister of State for the Armed Forces, Dr John Reid, held an initial meeting with members of the main groups representing Gulf veterans on 29 May and a further meeting is taking place on 14 July. Meetings with MoD officials have also been taking place in parallel and both types of meeting will take place at intervals in future.

6. This activity has had one immediate outcome. Veterans have for some time voiced concern over the departure from the MAP of Group Captain Coker, whom they liked and respected. Following discussions with Dr Reid, Gp Capt Coker has agreed to contribute to a new MoD internal advisory group which will meet regularly to assist Dr Reid in overseeing the Department's response to veterans' health concerns. The first meeting of the group took place last week.

7. The MoD has also established a single Departmental focal point for this issue. The Gulf Veterans' Illnesses Unit (GVIU) helpline number is 0171-218-4462.

B) MEDICAL HELP

Medical Assessment Programme

8. The MoD has been running a Medical Assessment Programme (MAP) for Gulf veterans for nearly four years and in that time 1881 veterans have been referred to it. The activities of the MAP are an essential part of MoD's assistance to veterans and a number of steps are now being taken to improve the service it provides.

9. The Government encourages any Gulf veteran who is concerned about his or her health to attend the MAP. A referral should be obtained from his or her current doctor, Medical Officer or General Practitioner (GP), and details of how to obtain an appointment can be obtained from the MAP helpline on 0171-807-8778. Concern has been expressed from a number of quarters that veterans who are still serving in the Armed Forces are finding it difficult to obtain a referral to the MAP because of a lack of understanding on the part of their Service Medical Officers. To ensure that veterans are able to take advantage of the MAP's services if they wish, new guidance will be issued to Service units. In parallel, new guidance for doctors will also be issued through the Department of Health.

Waiting lists

10. The MAP has two full time physician posts with a capacity to see about 24 new patients a week. So far 1435 veterans have had a consultation with a MAP physician and a number of them have had multiple appointments. However, a combination of factors, including the fact that greater numbers of patients were coming forward, caused the waiting time for appointments at the MAP to increase significantly over the first few months of 1997.

11. The Government announced as part of its first package of measures relating to Gulf veterans' illnesses that additional resources would be made available to the MAP to clear the backlog of patients which had built up. The aim was that all 311 patients who were waiting on 11 May this year for their first appointment at the MAP should have had the opportunity to be seen within three months. All of these patients, with the exception of a small number who were not available to be seen during this period, have now been given appointments before 11 August.

12. For the future, our aim is that all new patients referred to the MAP will be sent an appointment letter within 5 working days; and that as far as possible the date of the appointment shall be within 6 weeks of the patient's referral. This is intended to provide a suitably prompt response whilst giving veterans - some of whom have to travel considerable distances to attend the MAP in London - time to make arrangements which suit them. As before, the MAP will pay the necessary travel and accommodation costs of any veteran attending the programme.

13. The MoD is committed to providing the MAP with the necessary resources to meet the demand for its work for so long as this continues. Progress towards ensuring that the MAP offers a timely service to veterans will be reviewed at intervals, allowing for the fact that unforeseen fluctuations in demand are likely to occur when providing a service of this type. The MAP costs approximately £750,000 a year to run.

Staffing

14. The previous Head of the MAP, Lt Col Bhatt, left the programme in June at his own request and the MoD very much regrets that he felt unable to continue in post. It has been decided to appoint the new Head of the MAP by open competition and an advertisement will be placed in an appropriate professional journal shortly. In the interim, Air Cdre Amroliwalla, a very senior and experienced service consultant physician, has been appointed as Acting Head of the programme. A civilian consultant has already been recruited by open competition for the second physician post at the MAP.

Moving premises

15. As part of a wider reorganisation of MoD medical facilities, the MAP will move into new accommodation at St Thomas's Hospital in central London this Autumn. This will be the MAP's permanent home for the foreseeable future and ensure that it continues to have access to a leading London hospital in order to carry out tests and provide other necessary facilities.

Results

16. The priority given to clinical examinations at the MAP has meant that the coding and preparation of diagnostic data for publication, which is also an essential part of the programme's function, has so far been completed for only a small proportion of the veterans who have been seen and diagnosed by the MAP physicians. Results were last published in April 1995, in a letter from the Surgeon General to the British Medical Journal, and in an article by Gp Capt Coker which appeared in the Summer 1996 edition of the Journal of the Royal Naval Medical Service. After carrying out some 1400 consultations, there is naturally considerable interest amongst veterans and the public at large as to what the MAP has been finding. Accordingly, additional resources are also being provided to the MAP to assist with coding and updating of the programme's database, with a view to publishing detailed results later this year.

Audit

17. The MAP was audited by the Royal College of Physicians in 1995. MoD intends that a full audit, focusing on all aspects of patient care and on the service provided, should take place in the coming year to ensure that the programme continues to adhere to best practice in this respect.

Treatment

18. The purpose of the MAP is to provide as full a diagnosis as possible to Gulf veterans who are concerned about their health. Following a consultation, the MAP physician writes to the doctor who referred the patient providing diagnostic information and recommending any appropriate treatment. For veterans who have left the Armed Forces, their doctor will normally be a GP and any treatment will be carried out within the National Health Service. For veterans who are still serving, their doctor is normally a unit Medical Officer and they will be treated by the Defence Medical Services.

19. One of the areas being followed up as a result of the recent meetings with veterans is the practical problems which some of them appear to face in obtaining appropriate support or treatment after they have left the Services. The MoD has undertaken to work with the Department of Health to look into this issue.

Organophosphate pesticides

20. The use of organophosphate (OP) pesticides during the Gulf War continues to be a matter of public concern. However, the popular image of Gulf veterans being exposed repeatedly to large quantities of OP pesticides was not borne out by the very thorough investigation into these matters which was conducted last Autumn. In particular, the practice of swingfogging, which uses a thermal fog containing a non-OP pesticide to knock down insects is often mistakenly cited as evidence of British troops being exposed to OP pesticides.

21. The MoD published the report of this investigation (the OPPIT report) in December last year. This details what is now known about the use of OP pesticides in the Gulf. Broadly, the team found that an OP residual insecticide from standard Service stock was taken to the Gulf and used routinely. Two OP insecticide flybaits were obtained locally in Saudi Arabia and used extensively. No evidence was found that these were used improperly. However, some other residual insecticides were obtained locally which came without English instructions and may have been used improperly, on a limited scale and for a short period, as a result.

22. In October 1996, when it had become apparent that the use of OP pesticides had been more widespread than had been previously thought, a review was carried out of the case notes of all the Gulf veterans who had been examined at the MAP (then some 750 individuals). The review sought to identify any evidence of exposure to pesticides or of symptoms which could be consistent with exposure to OP pesticides. Following this review some 54 veterans were offered a further assessment at the MAP and, where considered medically appropriate, have been referred to Dr Kocen, a consultant neurologist at the National Hospital for Neurology. Other MAP patients will continue to be offered such referrals where this is thought appropriate by the MAP physicians.

23. Research is currently underway to try to determine the effects of low level exposure to organophosphate pesticides on human health in the context of ill-health claimed by some farm workers. This work is sponsored jointly by the Ministry of Agriculture, Fisheries and Food, the Department of Health, and the Health and Safety Executive and is due to report in 1999. This will be an important step towards understanding the possible effects of potential exposures during the Gulf War. However, pending the outcome of this and other work, there is no firm evidence to support a link between low level exposure to OPs and adverse health effects.

24. Procedures for the use of pesticides by the Armed Forces have recently been revised. This activity is governed by Joint Services Publication 371 (JSP 371), entitled "Joint Services Manual on Pest Control", which has now been amended in a new edition which takes account of the findings of the OPPIT report, including the requirement to record the usage of, and individual exposure to, pesticides. The amended version is currently being printed and will be issued to units shortly. JSP 371 will continue to be updated in the light of best practice.

25. Recently there have been suggestions that young people could have been exposed to OP pesticides remaining on tents obtained from MoD after the Gulf War. The scientific advice which has been received is reassuring on the question of safety: even shortly after the application of a residual OP-based insecticide, the risk to human health from handling such tents would have been small. Some years later the risk from any

traces of OP pesticide which did remain would be negligible. Nevertheless, the particular tents in question have been identified by the Scout Association and, at their request, MoD has made arrangements for these to be subject to chemical testing at the Department's expense. The tests are now underway and the results will be made public as soon as they are available.

C) RESEARCH

26. In the absence of an accepted explanation for the illnesses being suffered by some Gulf veterans, there is a requirement to undertake appropriate research to inform the ongoing debate. In this respect the central question is whether there are any unusual patterns of ill-health amongst Gulf veterans. This can only be answered by epidemiology.

Epidemiology

27. The MoD will continue to fund two epidemiological studies, as recommended by the Medical Research Council (MRC), which are intended to establish whether Gulf veterans are suffering unusual ill-health.

28. One study, under Professor Nicola Cherry at Manchester University, aims to determine whether Gulf veterans are experiencing greater ill-health than service personnel who did not take part in the conflict and to identify possible exposures and predisposing factors associated with any distinctive pattern of symptoms which may be found. It will also investigate whether there is an increased incidence of mortality or cancer amongst Gulf veterans.

29. The other study, under Dr Pat Doyle at the London School of Hygiene and Tropical Medicine, will examine the reproductive health of Gulf veterans and the health of their children.

30. A further epidemiological study looking at whether service in the Gulf is associated with increased illness is being funded by the US Department of Defense and carried out by Professor Simon Wessely at Kings College School of Medicine. Although this study is being carried out independently of MoD, the Department is cooperating with Professor Wessely by providing essential data to the study team. Professor Wessely has also agreed to coordinate his research with the two MoD-funded epidemiological studies described above.

31. Both MoD-funded studies are currently undertaking pilot work, with the full scale research questionnaires scheduled to be sent to veterans starting in September this year. The Cherry study will send a questionnaire to two groups each consisting of 4,800 Gulf veterans chosen at random, whilst the Doyle study will aim to send a questionnaire to every Gulf veteran. In both cases groups of British service personnel who did not serve in the Gulf will act as controls, some 60,000 in all. Data assessment and validation will take some time and it is expected that the final results of these studies will be published in early 2000. It is too soon to predict when preliminary results might become available. The results of other research which may have a bearing on the veterans' illnesses will, ultimately, need to be seen within the context of the results from this epidemiological work.

32. The timescale of the epidemiology studies is determined by the work which must be carried out to ensure that a rigorous scientific assessment takes place. Accordingly, although many veterans are anxious to know the outcome as soon as possible, the studies cannot be accelerated. The overall cost of the two MoD-funded epidemiology studies will be about £1.3M.

New research

33. The new Government has considered whether there are any other areas of research which could sensibly be carried out in parallel with the epidemiological work. One area in particular was identified which is of considerable concern to veterans and has not been addressed so far by research in the UK or elsewhere.

34. Many veterans attribute their illnesses, at least in part, to the medical countermeasures which they were given during the Gulf war. The Government has therefore decided to fund a research programme into the possible health effects of the combination of vaccines and tablets which were given to troops in the Gulf to protect them against the threat of biological and chemical warfare. The results will both provide scientific data with which to address veterans' concerns and also inform the Government's policy on the future use of such countermeasures.

Outline of planned research

35. Our intention is to investigate both the possible overall effects from combined administration of all the vaccines used in the Gulf, with and without NAPS, and also specific interactions between particular combinations. This work will be carried out in a series of parallel projects and will also involve the health monitoring of staff at Porton Down itself, who continue to receive multiple vaccinations against various diseases as part of their normal safety regime.

36. This research will require tests to be carried out on animals, initially using rodents, but ultimately - to obtain a reliable indication of probable health effects in humans - it will also be necessary to use monkeys (the tests will be licenced by the Home Office and the animals will be given doses equivalent to those taken by humans).

37. The aim is that the results of this research will be available as quickly as possible. By designing a programme within MoD and subjecting it to independent scrutiny it will be possible to avoid the considerable delay which would be incurred if a call for external proposals were to be issued. Nevertheless, since an important element is to identify whether there are any long term effects, the work will inevitably take some time to complete; about two and a half years for the main studies. However, some interim results should be available in mid to late 1998.

38. Although the overall programme will be designed by MoD, the Department intends to contract out to external bodies all those elements which could be carried out elsewhere to a satisfactory scientific standard and without incurring excessive costs or delays. This is likely to include all or most of the rodent work, plus other elements such as statistical analysis. However, the work on monkeys is likely to take place at CBD Porton Down, which has unique expertise in the measurement of subtle long term biological and behavioural effects in primates.

39. In order to ensure the scientific rigour of this research and to satisfy the concerns of veterans, an independent panel of experts will be appointed to review the research proposals before they are implemented and thereafter the experimental work as it is carried out. The Gulf veterans have been invited, through the Royal British Legion and their associations, to nominate their own representative to sit on the oversight panel. The MRC will also be involved to ensure this research is scientifically sound and compatible with the existing epidemiological work. So far as possible, all the results of this research will be declassified and published in open literature.

40. The total estimated cost of this new research programme is some £2.25 million. The allocation of these additional funds, together with the other measures already taken by the Government since coming into office, means that we have now doubled the resources currently committed to the investigation of Gulf veterans' illnesses.

Further research

41. The MoD continues to receive suggestions for additional research which could be undertaken into different aspects of Gulf veterans' illnesses. These ideas must be treated impartially and this can only be achieved by having their scientific merit assessed by an independent and expert review body. Hence the MoD is very grateful to the MRC for its past assistance in this respect and for agreeing to review any new proposals which are put forward.

42. New and potentially important ideas in the field of Gulf health research are being suggested by the scientific community all the time. Accordingly the Government encourages those with interest in this subject to submit proposals for further work to the MRC for consideration. If the MRC believes that a particular proposal is of sufficient scientific merit to justify being taken forward, then MoD will look favourably upon any recommendation to this effect.

US liaison

43. The UK is cooperating with the US Government on all aspects of Gulf veterans' illnesses. The MoD now has a full time Gulf Health Liaison Officer based in Washington.

44. This liaison is of particular importance for two reasons: the far larger population of veterans who have sought medical assistance from federal programmes in the US - more than 90,000 out of a total force of some 700,000 who deployed to the Gulf; and the substantial federally-funded research programme which is underway there. A British representative sits on the US Persian Gulf Veterans Coordinating Board Research Working Group in order that the UK can have full visibility of that research, both to keep abreast of the latest developments and to avoid duplication of effort. At present the US Government is running more than 70 research studies into Gulf health related issues.

D) PROVISION OF INFORMATION

45. MoD has been criticised in the past for not making information available to veterans. The Government's intention is that veterans should have access to whatever information the MoD possesses which might be relevant to their illnesses.

46. This must, however, be understood in context. Some aspects of the Gulf War were never fully documented, either because this was considered inappropriate whilst fighting a war or because no one at the time believed these were worth recording. Also, many records kept at the time have since been destroyed in accordance with normal Government policy. More generally, questions which might easily have been answered in 1991, when memories were fresh and individuals were still in the post they had held during the conflict, are much harder to answer accurately six years on.

47. The Government is determined that what can be found will be made public in due course, even though this will involve considerable effort. Work on this has already begun. It may, however, have to be accepted that some parts of the story will never be known. The scale of the task to pull together and collate all information which could have a bearing on the vaccination programme, for example, is significant and it will take some time yet to complete.

Medical countermeasures

48. After the event, one of the most controversial aspects of the Gulf War has been the use of medical countermeasures. As noted above¹ many veterans believe these were a cause of illness and have questions about the programme which they want answered.

49. Medical countermeasures against biological warfare (BW) and chemical warfare (CW) agents were given to British troops because the contemporary intelligence assessment, largely borne out by the subsequent investigations of the United Nations Special Commission (UNSCOM), was that Iraq had stocks of specific agents which it would be able to use during any conflict. The first priority of the MoD was therefore to provide the best available protection against that threat. Troops were immunised against two BW agents - anthrax and plague - and Nerve Agent Pretreatment Set (NAPS) tablets were taken as protection against classic nerve agents.

Pertussis vaccine

50. Pertussis (whooping cough) vaccine was administered to British troops during the Gulf War as an adjuvant to the anthrax vaccine, i.e. to increase the latter's effectiveness. Shortly before the election, it came to light that the Department of Health had expressed anxiety in late 1990 about the simultaneous use of pertussis vaccine and anthrax vaccine. In particular, the DoH reported that mice which had been given both vaccines in a test at the National Institute of Biological Standards and Control (NIBSC) had been observed to suffer serious loss of condition and weight loss. The MoD has since been made aware of a parallel set of tests involving guinea pigs which did not show any discernable side effects. The original data from these tests are no longer available, having subsequently been destroyed by NIBSC.

51. Incoming Ministers were briefed on this matter on taking office and immediately commissioned a scientific explanation, which would be made public, of the basis on which all the Gulf War medical countermeasures had been used. This was announced on 11 May. Work is proceeding on this and the MoD will publish a full explanation of the scientific basis on which the various medical countermeasures were used, including any reservations expressed at the time, as soon as the report has been completed.

¹ Paragraph 34 above.

52. We are not aware of any research data about possible long term effects of the combination of anthrax and pertussis vaccines. Only the proposed research will provide this. As part of the new research programme², a series of tests will be made to seek to examine the short term effects of simultaneous administration of anthrax and pertussis vaccine, to see if these correspond with the effects reported in 1990, and to assess their longer term significance, which the earlier tests did not address. The use of pertussis vaccine in this way was confined to British troops. It is not, therefore, a common factor linking UK veterans with those from other Coalition countries, for example the USA.

Fact finding

53. The MoD's policy for anti-BW vaccinations was that they should be administered on the basis of voluntary informed consent. The MoD is aware that many veterans regard this policy as having been breached in practice. Accordingly, a fact finding team is being established and work will start in September to look into the implementation of the vaccination programme in theatre, based on oral testimony and extant documentary evidence. As a result of poor medical record keeping during and after the Gulf War, many veterans do not know what vaccinations they received. Therefore it is also intended that this team will seek out additional data concerning the actual uptake of vaccinations, with a view to providing information about vaccination coverage in particular units and places. The overall aim of this work, which is likely to take at least nine months to complete, is to build up a picture of what actually happened to individuals.

Other vaccines

54. There is a continuing belief amongst some Gulf veterans that the MoD administered vaccines to British troops which so far have not been publicly declared. The routine vaccines which were known to have been used in preparation for the Gulf War were listed in a memorandum published in October 1993. These were yellow fever, tetanus, typhoid and poliomyelitis. Additional vaccinations were given for cholera and, for medical and dental personnel who were thought to be most at risk, hepatitis B. Recent work on Gulf War records suggests that some troops also received meningitis vaccine, which was not listed in the 1993 memorandum. These are all standard vaccinations, such as might be administered to travellers or health workers. The range of routine vaccinations received by different groups of service personnel will be considered as part of the fact finding work.

55. There have also been suggestions that some veterans were only told that the vaccine they were receiving was "biological" and that this was how it was identified in contemporary documentation. There are other reports of the anti-BW vaccines being referred to only by their code names (Plague was CUTTER and anthrax was VICTOR). These issues will be looked into further as part of the fact finding exercise.

56. Only the three declared vaccines - anthrax, pertussis and plague - were used as part of the anti-BW immunisation programme. There is no evidence to support the allegation by some veterans that the programme was used to test other, experimental vaccines on British service personnel.

² See paragraph 35 above.

Chemical and biological detections

57. The MoD remains of the view that there is no confirmed evidence of the use of chemical or biological weapons (CBW) during the Gulf War. Such detections as did occur during the conflict were subject to follow up at the time and were not substantiated.

58. Nevertheless, many veterans continue to believe that CBWs were used by the Iraqis. In view of public concern, the United States authorities are re-investigating alleged chemical detections as part of a wider programme overseen by the Presidential Advisory Committee on Gulf War Veterans Illnesses (PAC). The MoD is also reviewing specific events during the Gulf War in response to reports from British veterans.

59. The first of these reviews relates to the tank of liquid found at the Sabahiyah Girls' School in Kuwait in August 1991. This is an event in which UK personnel played a leading role, but which is also of interest to US investigators. Accordingly it is being given priority. When this work is complete, the focus will move to alleged chemical agent detections in the period 19-21 January 1991 in the Eastern Province of Saudi Arabia. Finally, the review will consider alleged biological agent detections and the activities of 1 Field Laboratory Unit. The results of this work will be made public as each stage is completed. In view of parallel interest in the US and the interrelationship between US and UK data, there is likely to be sharing of information as part of this process.

60. The MoD is only aware of one set of events from the time of the Gulf War during which Coalition troops could potentially have been exposed to chemical agent. These were the demolition activities at the Iraqi storage depot known as Khamisiyah by US troops in March 1991. A UK assessment of the positions of British units at the time of the demolitions places them well outside the 50km radius which the US authorities have identified as an envelope of possible exposure. One British serviceman who was serving on exchange with an American unit which was within this envelope at the time of the demolitions has been identified. He has been contacted and reports himself to be fit and well.

Dead animals

61. The MoD is also in the final stages of research into reports of mass deaths of animals during the Gulf War. This work will be published when it is complete.

E) FINANCIAL PROVISION

62. There have been frequent calls for veterans to be compensated in some way for their illnesses, sometimes in the belief that US veterans are already receiving compensation for Gulf-related service. The Government has given close and careful consideration to these suggestions and to the various aspects of the problem. In doing so it has had regard not only to its duty to the Gulf veterans, but also that to the veterans of other conflicts.

US arrangements

63. US veterans with an illness or injury arising from service are entitled to seek "service connected compensation" from the US Government. This provides financial compensation to US veterans disabled in the line of duty in a similar manner to the UK War Pensions Scheme.

64. In addition, medical treatment is provided free of charge to US veterans, either through the Department of Veterans Affairs for ex-service personnel, or through the Department of Defense for veterans who are still serving. These arrangements are broadly comparable with what is available to veterans in the UK through the National Health Service or the Defence Medical Services.

65. US service personnel are not entitled to seek legal liability compensation from their Government (an option which is open to UK service personnel).

UK no-fault compensation

66. In the UK no-fault compensation for service personnel disabled as a result of their service is already provided in the form of the War Pensions Scheme (WPS). This is administered by the War Pensions Agency (WPA), which is part of the Department of Social Security (DSS). The MoD does all it can to assist the WPA by providing any relevant material which they request in a timely manner.

67. The WPS applies to all those who have served in the UK forces and war pensions are currently being paid to some 325,000 people, some of whom are the spouses of deceased former service personnel. A veteran who applies for a war pension within seven years of leaving the Services benefits from a presumption in favour of the claimant: in this period the onus is on the Secretary of State for Social Security to disprove a link to service if she is to justify withholding a pension for any disablement which has subsequently emerged. Furthermore, the terms of the legislation are such that, once disablement has been shown, even after this seven year period has expired, the requirement to show that a condition is linked to Service are much less rigorous than would be required in a normal civil claim. The claimant only has to provide reliable evidence to raise reasonable doubt, such that a link to service cannot be excluded.

68. Some 1,285 Gulf veterans have already applied for war pensions. Most of these applications are for ordinary conditions, such as hearing loss or knee injury. At present a total of 295 war pension applications relate to symptoms arising from undiagnosed illness or which the applicant identifies as a Gulf-related illness. Under the terms of the War Pensions Scheme 134 pensions have so far been awarded to these applicants, although none for a general Gulf War illness. 16 applications have been rejected.

69. The value of the full tax-free war disablement pension is currently £107.20 per week. In addition, veterans may receive certain allowances at a preferential rate. Examples of these are the Constant Attendance Allowance, Unemployability Supplement or an allowance for Lowered Standard of Occupation (LSO). A severely disabled veteran in receipt of the maximum war pension plus supplementary allowances could receive some £20,149 per year, tax free. A veteran in receipt of a 50% war pension together with a LSO allowance would receive about £4,900 a year. The capitalised values which these figures represent for a veteran aged 35 would be some £420,000 and £100,000 respectively; for a veteran aged 55, the capitalised values would be some £300,000 and £75,000 respectively.

70. In addition, veterans may also be eligible for an Armed Forces Pension Scheme (AFPS) occupational pension and, if they have been medically discharged, this is supplemented by attributable benefits linked to the degree of disability or non-attributable benefits linked to length of service, whichever is the greater.

Legal liability compensation

71. Moreover, unlike in the USA, British service personnel have the same right to claim legal compensation from the MoD as any other employee has against his or her civilian employer. The MoD has currently received 1,465 notices of intention to claim in respect of Gulf related illness. However, so far no formal claims have been submitted and the MoD is therefore unable to take any further action in this respect.

72. If such claims are received, the MoD will try to resolve them as quickly as possible and will - in accordance with its practice since the repeal of Section 10 of the Crown Proceedings Act 1947 - pay compensation if legal liability is established. Each individual claim for compensation will have to be considered on its merits because each individual's symptoms and degree of disability, which would determine the level of any award, will be different. However, it is possible that a pattern might emerge in settling the first cases which would facilitate the handling of the rest. Claimants will not necessarily have to go as far as court proceedings to secure compensation; the vast majority of compensation payments made by the MoD are made before the case in question reaches a full hearing.

The Government's conclusions on financial assistance

73. The new Government has considered in detail the provision of financial assistance to Gulf veterans. We have concluded that the two pension schemes described above, which apply to all veterans on a no-fault basis, are the appropriate methods of providing for disability amongst former service personnel. Having considered the matter very carefully, the Government is not persuaded that, on the basis of the information currently available to it, there is a case for paying additional no-fault compensation to Gulf veterans, separate from and above that which is already available to both Gulf and other veterans. However, this will be kept under review in the light of developments and, as we have made clear, if legal liability is established by future research or investigation, the MOD will of course pay compensation.

74. The Government encourages any Gulf veteran who believes that his or her health has been adversely affected by service in the Gulf to get in touch with the WPA, if he or she has not already done so. The WPA may be contacted directly via their helpline: the number is 01253-858858. The MoD understands the frustration which some veterans have felt at the length of time taken for a war pension to be awarded and will work with the WPA to ensure that claims are handled as expeditiously as possible. This important aspect of Gulf veterans' concerns will be kept under review.

CONCLUSION

75. This paper includes twenty key points which are intended to fulfil the three principles the new Government has set out. This Government will continue its efforts to listen to Gulf veterans and try to respond accordingly; it has already stated that it will be tireless in its efforts to understand the reasons why some Gulf veterans are now ill. This document sets out the initiatives which the Government is taking to demonstrate its commitment and the time scales associated with these. We have amended our priorities to make substantial resources, from within the existing MoD budget, available to ensure that this matter is handled properly and as expeditiously as possible. This is, however, a complex matter with many aspects; some changes can be made immediately, some will take longer to deliver.

76. The Government is committed to addressing Gulf veterans' concerns openly, sympathetically and seriously.

GULF VETERANS ILLNESSES: TWENTY KEY POINTS

OPENNESS AND DIALOGUE

1. The new Government pledges that its dealings with Gulf veterans will be open and honest. We will listen carefully to what they have to say and engage in a dialogue. Ministers have already held two meetings with representatives of the main Gulf veterans groups. [Paragraph 5]
2. The Gulf Veterans' Illnesses Unit (GVIU) has been established as the MoD focal point for this issue: GVIU helpline number 0171-218-4462. [Paragraph 7]

MEDICAL HELP

3. New guidance will be issued to Service units and to doctors to ensure that veterans are able to take advantage of the MoD's Medical Assessment Programme (MAP). [Paragraph 9]
4. We have established new targets for the handling of all new patients referred to the MAP. They will be sent an appointment letter within 5 working days; and as far as possible the date of the appointment offered shall be within 6 weeks of the patient's referral. [Paragraph 12]
5. Additional resources are being provided for the MAP to assist with the coding and updating of the programme's database, with a view to publishing detailed results in late 1997. [Paragraph 16]
6. We will undertake a full audit in the coming year, focusing on all aspects of patient care and on the service provided, to ensure that the MAP continues to adhere to best practice. [Paragraph 17]
7. We will work with the Department of Health to look into the practical problems which some ill veterans face in obtaining appropriate support or treatment after they have left the Services. [Paragraph 19]

RESEARCH

Epidemiology

8. We will continue to fund the two epidemiological studies which are intended to establish whether Gulf veterans are suffering unusual ill-health. [Paragraph 27]

New MoD research into medical countermeasures

9. The new Government will fund a research programme into the possible health effects of the combination of vaccines and tablets which were given to troops in the Gulf to protect them against the threat of biological and chemical warfare. The total estimated cost of this new research programme is some £2.25 million. The allocation of these additional funds, together with the other measures already taken by the Government since coming into office, means that we have now doubled the resources currently committed to the investigation of Gulf War illness. [Paragraphs 34 & 40]

10. An independent panel of scientific experts will be appointed to oversee this new research and it will include a member nominated by the Gulf veterans. [Paragraph 39]

11. The new research into medical countermeasures will include tests specifically aimed at assessing the short and long term effects of the simultaneous use of pertussis and anthrax vaccines. [Paragraph 52]

Other research

12. The Government encourages those with interest in this subject to submit proposals for further research work to the MRC for consideration. [Paragraph 42]

13. We are cooperating closely with the US authorities to ensure that the UK has full visibility of US research into Gulf health issues. [Paragraph 44]

Organophosphate pesticides

14. Research is already underway to try to determine the effects of low level exposure to OP pesticides in the context of ill-health claimed by some farm workers. This will be an important step towards understanding the possible effects of potential exposures during the Gulf War. [Paragraph 23]

15. The Scout tents about which health concerns were raised last month are being tested and the results will be made public as soon as these are available. [Paragraph 25]

PROVISION OF INFORMATION

16. The Government intends that veterans should have access to whatever information the MoD possesses which might be relevant to their illnesses and is determined that what can be found will be made public. [Paragraphs 45 & 47]

17. We have already started work to prepare a full explanation of the scientific basis on which the various medical countermeasures were used. It will include any reservations expressed at the time and will be published as soon as it has been completed. [Paragraph 51]

18. We are also establishing a fact finding team to look into the implementation of the anti-BW vaccination programme during the Gulf War. [Paragraph 53]

19. We are also in the final stages of research into reports of dead animals during the Gulf War. This work will be published when it is complete. [Paragraph 61]

FINANCIAL PROVISION

20. The Government believes that no-fault compensation for service personnel disabled as a result of their service must continue to be provided under the War Pensions Scheme (WPS), under which payments with a considerable capitalised value may be made. In addition, Service personnel have the same right claim legal compensation from the MoD as any other employee has against his or her civilian employer. All such claims will be dealt with on the basis of legal liability. If such liability is established by future research or investigation, the MOD will of course pay compensation. [Paragraphs 66, 69, 71-73]

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