Gulf war illness—better, worse, or just the same? A cohort study

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Come off it - face the truth!

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Gulf war illness- better, worse or just the same? [1] is still another unconvincing paper that is both tedious and predictable in its very limited and bland conclusions. This is yet another study funded by the Department of Defence (DOD) in America which involves postal questionnaires followed by statistical analysis – medicine at arm’s length - seeking to justify the, now discredited, attempt to associate Gulf War Syndrome, GWS, with fatigue and common mental disorders.

GWS has been acknowledged and substantiated by the work of Haley [2,3] and his analysis confirmed by Khang et al of the Department of Veterans’ Affairs in the States-“there is a cluster of symptoms unique to Gulf War Veterans which could be defined as a new Gulf War syndrome”[4,5]. Steele [6,7] describes, “a unique pattern of symptoms that constitute a GWS”. Haley identified three sub-syndromes, syndromes 1, fatigue and depression (awakened tired and worn out, concentration and memory problems, excessive fatigue, fatigue more than 24 hours after exertion, feeling anxious, irritable, or upset, feeling depressed “blue”, sleep difficulty, sleepiness during day); syndrome, 2, confusion-ataxia ( blurred vision, concentration and memory problems, irregular heartbeat, loss of balance dizziness and vertigo, speech difficulty, sudden loss of strength, tremor and shaking); syndrome 3 arthro-myxo-neuropathy ( back pain and spasms, generalised muscle aches, joint aches, numbness in hands/feet, swelling in joints, swelling in extremities). The risks of such syndromes were associated with various exposures, Syndrome 1-(flea collars (pesticides), working in security, younger veterans); Syndrome 2 (reporting a likely chemical weapon attack, adverse reactions to pyridostigmine bromide, being near Khafji on Jan 20th 1991, older veterans); using government issue DEET containing 75% DEET, adverse reactions to PB [2,8,9]. Haley et al went on to demonstrate extensive neurological damage in sick Gulf veterans [8,10,11,12] damage to the basal
ganglia (Syndrome 1) or the brain stem (syndrome 3 especially the pons area) or both sites (Syndrome 2). The latter is the most serious and debilitating syndrome. This damage to the central nervous system is consistent with the major symptoms reported by Gulf War Veterans, GWVs, and associated with the early damage and symptoms found in Parkinson’s disease [11,12,13]. Haley’s magnetic resonance study and its conclusions have been replicated by other scientists [14]. The prevalence of motor neurone disease, MND, has been found to be double the expected levels [15] and, in particular, to exceed the expected levels for those under 45 years old suggesting a war-related environmental trigger [16]. This further implicates known neurotoxins such as pesticides, nerve agents, oil and smoke and depleted uranium. Although the American administration has promptly and generously responded to this information the MOD, to its shame, has refused to deal in the same way with UK GWVs where there is a similar incidence according to figures available from the Gulf Veterans organisations [17]. The figures appear to be rising [13].

In his country Mackness and colleagues [18,19] have shown in two studies that there are significant reductions in the levels of serum paraoxonase in all, GWVs, whether classed as sick or well [19]. Such deficits point to an increased susceptibility to atherosclerosis and, diabetes and other diseases and disorders [20]. Similar findings emerged from a study of organophosphate, OP, farmers [21] and are consistent with the widespread and significant exposures of GWVs to both pesticides and nerve agents. Compston et al, have found reduced bone density ( osteoporosis) in both GWVs [22] and OP poisoned farmers [23] in the UK yet another link between major chronic poisoning and illness. Osteoporosis may therefore arise from either exposure to multiple vaccines that give rise to an autoimmune induced osteoporosis [24] and/or from OP poisoning [23] which affects the acetylcholinesterase that plays an important role in bone metabolism. Autoimmune responses also include an autoimmune induced atherosclerosis [25]. Two possible mechanisms known to induce atherosclerosis are autoimmune disease and organophosphate poisoning.

The effects of OPs are known to be amplified by synergism between OPs and pyrethroids, DEET and other pesticides [26]. The immune system suffers extensive damage from OP exposure [27] and autoantibodies to neuronal filament proteins have been identified in OP poisoned individuals [28].

A recent inquest on a GWV concluded with the coroner’s verdict that although death was due to natural causes (heart attack) in which atherosclerosis played a major part exposures in the Gulf War 1991 had contributed to the cause of death. The testimony given at the inquest included a description of the veteran’s medical condition as global illness syndrome- every major system in the body had been damaged [29] and contributed to his death. Somewhat earlier an inquest on an organophosphate poisoned farmer [30] resulted in an open verdict in which her medical condition was described as multiple system atrophy, a condition linked to Parkinsonism [31].
The real question on GWS is how long will the Department of Defense in America and the MOD in the UK persist in obfuscation, deception and denial before admitting that the toxic exposures in the Gulf are responsible for GWS and compensate and support all those veterans and their families who have become so ill simply for laying down their lives for their country and its citizens. The attempt to label GWVs as mentally ill and fatigued and the derisory offer of graded exercise therapy and cognitive behavioural therapy as an effective treatment for their illnesses is no longer sustainable - a fact increasingly recognised in the USA but belligerently resisted by the MOD and UK Government with its “tin ear, cold heart, and closed mind”, Burton 1997 [32] - a charge acknowledged in the letter from Leo S Mackay the Deputy Secretary Department of Veterans’ Affairs when responding to the research report [7], October 28th 2002.

References


5. Kang HK, Mahan CM, Murphy FM, Simmens SJ, Young HA, Levine PH. Evidence for a deployment–related Gulf War syndrome by factor analysis. Arch Environ Health 2002;57:61-8. The time elapsing between the appearance of the final paper and the initial conference presentation is indicative of the unwillingness of the DOD NA D Department of Veterans’ Affairs to let go of the attempt to deny any unique GWS.


7. Steele L. Research Advisory Committee Interim Report 2002 June 25th 2002 submitted to Anthony Principi, Secretary of Veterans’ Affairs. This
report contains useful summaries of the work of Lea Steele (epidemiology), Robert Haley (clinical and advanced studies) and Beatrice Golomb (pyrnostigmine bromide).


17. Cammock L. Gulf Veterans Association reports 9 cases of ALS. The 4 who have died have been recorded by the MOD but not the living ones. The USA study identified 40 cases in 700,000. The 9 in the 53,000 UK GWVs would equate to a higher incidence. No study has been commissioned to my knowledge.


24. Report on Alex Izet – a vaccine damaged GWV who was not deployed to the Gulf.


Autoimmune diseases and vaccination. An impressive list of the extensive effects of vaccines by this mechanism with summaries of some useful references is available at http://www.whale.to/vaccines/autoimmune1.htm


29. Inquest on Major Ian Hill, Coroner’s Court, Warrington, November 24th 2003.

30. Inquest on Mrs K Sunderland, Coroner's Court, Honiton, Devon, November 7th 2003.


Competing interests:
None declared

**Competing interests:** No competing interests