Arise, Sir Simon

Margaret Williams 29th December 2012

On 6th November 2012 the charity Sense about Science, a sibling of the Science Media Centre, announced that Professor Simon Wessely had been awarded the inaugural John Maddox Prize *"for his ambition and courage in the field of ME (chronic fatigue syndrome) and Gulf War syndrome, and the way he has dealt bravely with intimidation and harassment when speaking about his work and that of colleagues"* (http://www.senseaboutscience.org/pages/2012-maddox-prize.html).

Wessely's plentiful published and spoken views on the psychosomatic nature of ME are well-known, and people will recall that in 2000, Anthony Komaroff, Professor of Medicine at Harvard, said: "*There is now considerable evidence of an underlying biological process which is inconsistent with the hypothesis that (ME/CFS) involves symptoms that are only imagined or amplified because of underlying psychiatric distress. It is time to put that hypothesis to rest"* (The Biology of the Chronic Fatigue Syndrome. Anthony Komaroff. Am J Med 2000:108:99-105).

Twelve years later, Wessely was honoured for his "courage" in continuing to promote exactly that hypothesis (The rewards of science in the UK – http://www.meactionuk.org.uk/The-Rewards-of-Science.htm).

Scientists and others who legitimately and politely challenge Wessely's disproven beliefs are accused of being part of a "*fanatical lobby"* (Independent on Sunday: "ME bitterest row yet in a long saga": 25th November 2012) and of being involved in a campaign to undermine his work and credibility (www.independent.co.uk/voices/letters/ios-letters-emails--online-postings-2-december-2012-8373777.html).

Indeed, in the above letter that is on the website of the Independent on Sunday, Professor Peter White and his 26 co-signatories confirmed that the "*accusations"* against Professor Wessely are "*false"* and that "*it was because of accusations like this that Professor Wessely received the award in the first place".*

Now we see that Professor Wessely has been awarded a knighthood in the New Year Honours for his work on Gulf War Syndrome.

It can hardly be forgotten that Wessely has denied the very existence of a Gulf War Syndrome: in their official report published in The Lancet (Health of UK servicemen who served in Persian Gulf War; Catherine Unwin, Anthony David, Simon Wessely et al; Lancet 16 January 1999:353:169-178), the authors claimed they found an association with the *"belief"* of exposure to a chemical attack, but they failed to identify a specific illness among Gulf War veterans and concluded that there is no such thing as Gulf War Syndrome. In an accompanying supportive article, the late Stephen Straus was categoric: "*The cumulative studies now confirm that there is no unique Gulf War syndrome".*

Thirteen years later, acknowledging his honour, Wessely says: "*There may not be a distinct illness -- Gulf War Syndrome is a misnomer—Rather it's an illness or health effect"* (Military health expert knighted: 28th December 2012: http://www.bbc.co.uk/news/health-20850694). Wessely's comment must be seen in the light of the fact that "illness" is now deemed by some to be a "behaviour" and in order to be afforded legitimacy, one must have a "disease" (The Scientific and Conceptual Basis of Incapacity Benefits (TSO, 2005) written by Gordon Waddell and Mansel Aylward; published by the Department for Work and Pensions).

Nine months after Wessely et al published their negative findings in The Lancet, a two-year study carried out by Dr Beatrice Golomb for the US Defense Department did not support their conclusions. On 20th October 1999 at 2.20am it was announced on the BBC World Service that, as a result of the Golomb study, the Pentagon had released a statement confirming that it had changed its policy and now admitted that there could be a link with Gulf War Syndrome and the use of pyridostigmine

bromide (PB) anti-nerve gas tablets (which UK troops were forced to take during the conflict in the Gulf). This cast significant doubt on the reliability of Wessely's findings.

Subsequently the 2008 report of the Research Advisory Committee on Gulf War Veterans' Illness categorically identified concomitant exposure to PB and organophosphate pesticides as causative agents in GWS (see below).

Evidence presented at the Second World Congress on CFS and Related Disorders (including GWS) on 9-12th September 1999 in Brussels included findings in GWS of inadequate cardiovascular support (Professor Ben Natelson); the possible role of environmental factors (Professor Paul Levine); reports of 600 cases of anaphylaxis in US Marines (Professor Garth Nicholson), and evidence that the Gulf War conflict had been the most toxic war in military history (Professor Malcolm Hooper), who told of the injection of vaccines which included biological warfare agents and of exposure to chemical warfare agents including mustard gas and sarin. When they were ordered to take the NAPS (Nerve Agent Protection Sets) tablets, some troops experienced classic autonomic effects such as sweating and uncontrollable diarrhoea, which resulted in their protection suits being soiled with their own excrement. In addition there was exposure to depleted uranium (DU) and to toxic smoke from oil-well fires and exposure to solvents and biohazards such as malaria, Leishmaniasis, fleas, scabies, sand flies and mosquitos.

It was easy to design studies which gave the desired result, said Hooper, but there was little doubt that the troops had received a cholinergic triple whammy, and he pointed out that almost the entire cholinergic system would be damaged and/or rendered dysfunctional. Could a person still function? The answer was No – the central nervous system was affected, as were the autonomic and peripheral nervous systems. Hooper discussed various diagnostic tests which ought to have been carried out on the Gulf War veterans, including neurological, immunological, cardiovascular, renal and liver function tests, as well as tests for genetic markers, for assessment of oxidative status, for bone density, for pancreatic and gut function and permeability, and for levels of micro-nutrients (Denigration by Design? Update November 1999: http://www.meactionuk.org.uk/Denigrationbydesign.htm).

On his own admission, in his official study of Gulf War veterans, Wessely performed no clinical examination or laboratory investigations. He worked only from a self-report questionnaire sent only to selected veterans, yet he confidently concluded that there is no such thing as Gulf War Syndrome and the MOD accepted his findings.

In 1999, statistics showed that in the US, 9,000 Gulf War deployed personnel were dead (and these were previously fit and healthy young men) and that there were 230,000 medical cases. From the UK alone, 53,000 troops were involved in the Gulf War but it was not known how many were ill or dead because the only epidemiological study on UK veterans was the one done by Wessely et al which failed to identify a specific Gulf War Syndrome.

A review of all the epidemiological data by Lea Steele for the Research Advisory Committee on Gulf War Veterans' illness in Washington DC published on 17th November 2008 found between 25 – 30% of deployed and prepared-for-deployment veterans were sick. In the UK this equates to 13,000 to 16,000 veterans. Many of these have died and the remainder live with unacknowledged chronic multi-system conditions with deleterious health and social effects on wives and children.

This 2008 report runs to over 450 pages and contains more than 1,800 references. Its most important findings are that PB and NAPS tablets were causally linked to GWS and that pesticides, especially organophosphates, were causally linked to GWS.

The report states that GWS has the following features:

- it is a complex, chronic, organic illness
- many veterans show evidence of physical brain injury
- it is not a stress-related condition or due to PTSD

- features that have been demonstrated by extensive investigations including advanced brain imaging include abnormalities of brain structure (including cancer); impaired function of the autonomic nervous system; cardiovascular and respiratory dysfunction and disease; neuroendocrine abnormalities resulting in serious physical impairment, Parkinson's Disease, multiple sclerosis and motor neurone disease; altered control of cerebral blood flow; alterations in immune system and function; genetic variation in enzymes responsible for protection against neurotoxins; damage to the skeletal system at tissue and cellular level; increased cancer risk, especially brain, bowel, blood, bone, bladder and lung (associated with the principle toxins and DU)

(http://www1.va.gov/rac-gwvi/docs/GWIandHealthofGWVeterans_RAC-GWVIReport_2008.pdf).

Notwithstanding this evidence, it seems that nothing has changed the belief of Simon Wessely, the "*leading researcher into the health of military personnel*" whose work has *"dramatically improved mental health services for the Armed Forces"* that there is no Gulf War Syndrome.

Perhaps Sir Simon and those who nominated him are unaware of two reports in the journal Neuro-epidemiology that once again seem to prove him to be entirely wrong about Gulf War Syndrome.

A study of meteorological and intelligence evidence tracking the fall-out of chemical weapons and the bombing of chemical weapons stores shows that what the troops reported was correct (though denied by the authorities at the time) and provides direct confirmation of repetitive exposure to low level sarin nerve agent resulting from that fall-out (James J Tuite and Robert W Haley; Neuro-epidemiology 2013:40:160-177).

A companion study shows that exposure to low level sarin nerve agent in fall-out from the bombing by coalition forces in the initial air war contributed to chronic illness which is *"manifested by fatigue, fever and night sweats, memory and concentration problems, pathogen-free diarrhoea, sexual dysfunction, chronic body pain and other symptoms compatible with autonomic nervous system dysfunction and damage to the brain's cholinergic system, referred to as Gulf War illness"* (Robert W Haley and James J Tuite; Neuro-epidemiology 2013:40:178-189).

Is it not curious -- disturbing even – that such honours should be bestowed upon a psychiatrist whose beliefs and doctrine do not accord with the published science and whose beliefs have been so compellingly disproven?