Observations on Professor Simon Wessely's evidence to Lord Lloyd's Public Inquiry into Gulf War Illnesses

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Having read all Professor Wessely's evidence on Gulf War Illnesses given on 10th August 2004 to the Public Inquiry chaired by the former Law Lord, The Rt Hon The Lord Lloyd of Berwick, the overwhelming impression is of how flippant and patronising Wessely was throughout his evidence to such an august Public Inquiry.

His overly-familiar and inappropriate use of the first names of other professional people jarred from the first: this was a formal Inquiry, not a lecture designed to impress a group of tittering medical students. Such familiarity on such an occasion was completely misplaced and therefore distasteful, as well as disrespectful to Lord Lloyd and indeed to those about whom he was referring (for example, Professor Nicola Cherry was referred to simply as "Nicola" and Dr Patricia Doyle was referred to simply as "Pat" ---referring to studies done by these people, Wessely said **"I am not going to mention these now that I know Nicola and Pat are coming"**).

Another illustration of his wholly inappropriate manner occurred when Wessely was comparing the response to vaccines given to military personnel in both Bosnia and the Gulf at point 13 of his evidence and he asserted that there was no association between the numbers of vaccines received and ill health. The way in which he did so was inappropriate for a professional person: he claimed, jubilantly, that "**that is an extremely sexy and beautiful interaction. I would not expect you to share my joy sin it, but it is a thing of beauty because it is telling us something very, very important. It is saying there is nothing wrong with multiple vaccines *per se*".**

Right from the start of his evidence, Wessely revealed more about his own personality traits and his own psychological profile than he might have revealed in a more considered presentation: flippancy, inappropriate over-familiarity and the frequent patronising of others of more senior status to oneself are well-recognised signals that convey aspects of a *persona* that some might consider unreliable and unattractive in the extreme.

When at the outset the Chairman (Lord Lloyd) asked Wessely if he would state very briefly what his qualifications were, Wessely's response was unduly informal for such an occasion and setting: he replied *(quote)*: **"Sure".** When compared with the response of other experts to the same invitation from the Chairman, this at once indicated that Wessely wished it to be seen that he was not intimidated, but was to be regarded as an equal, and his response was therefore lacking in judgment and in good manners.

At point 4 of his evidence, Wessely took inappropriate command of the proceedings: when the Chairman asked him to bear in mind that the shorthand writer could not take down picture evidence that was being used by Wessely, Wessely responded with

apparent arrogance: **"She does not need to get this on the transcript".** One would have thought that this was a decision for the Chairman, not for a witness.

In the same point 4, in response to being asked by Lord Lloyd how he became interested in Gulf War illnesses, Wessely referred to the situation as at 1994; taking the Inquiry through the time-scale of events, he said **"We are in 1994. For ten years I had been running a research unit specialising in chronic fatigue and the problems of people who are tired all the time"**. That therefore refered to 1984 and was an interesting claim, because Wessely had qualified in medicine just three years earlier (in 1981) and did not obtain his MRCP until 1984; he was working at The National Hospital for Nervous Diseases in 1988, so was he running a specialist research unit at The National Hospital just three years after qualifying in medicine and before he obtained his MRCPsych in 1986? Certainly, the Chronic Fatigue Illness Research Unit that he now heads is based at King's College Hospital, to where he moved after working at The National Hospital, and King's College website is clear: it states: "**We have carried out research into chronic fatigue syndrome at King's since 1991. In 1993, we were able to establish a CFS Research Unit"**. What can be the explanation for this apparent discrepancy in dates?

In his evidence Wessely talked glibly about **"what we call ERA**" without being courteous enough to explain what the abbreviation meant; at point 7 of the transcript of his evidence, the Chairman asked Wessely directly **"What is ERA"?** Wessely's reply was bordering on outright rudeness: *(quote):* **"ERA means that they were in the military"** and he proceeded apace with his presentation. Lord Lloyd then had to ask Wessely again **"What do the initials stand for?"** and Wessely's reply was dismissive: **"It just means from the ERA".** Clearly, Wessely either wouldn't or couldn't be bothered to explain what those initials stood for, even though they were used in one of the papers that he himself had co-authored about Gulf War veterans.

When talking about his studies on Gulf War veterans, Wessely's evidence before the Public Inquiry was psychologically revealing: "**The design is very easy in theory but it is an absolute nightmare to do in practice. I am not going to bore you with this. I was going to do it to get some sympathy from you, but I am not going to bother now. It was not me doing this, it was my staff. I am a professor, I travel the world and talk about these things".**

In his customary way, Wessely made sweeping assertions in his evidence, for instance: **"We knew from the start that we were not dealing with something that causes an increase in mortality".** On what evidence could Wessely possibly have known this before any studies had been done? Such a claim is in stark contrast to the facts: in the UK alone, over 6000 Gulf War veterans have suffered from illnesses that they believe to be Gulf War-related and 600 Gulf War veterans who were healthy when deployed to the Gulf have now died from Gulf War-related illness.

On the cardinal issue as to whether there is or is not a Gulf War "syndrome", Wessely was supremely confident almost to the point of arrogance: **"There is no unique syndrome here. We have published several extremely boring papers to prove this statistically"**. To desperately sick and suffering Gulf War veterans and their despairing families, it cannot be comforting to see such a display of false modesty and

to hear research that affects their lives and well-being described as "extremely boring".

Referring to the work of Professor Robert Haley from the US (who did find evidence of a Gulf War syndrome), Wessely was, as customary, dismissive and patronising, but even for Wessely, what he said was remarkable: "**It is all a little bit of a red herring because, to be honest, not very many people probably care if there is a Gulf War Syndrome or not. The Gulf War Syndrome debate -- I have brought it up because it keeps coming up – is not really very important, it is really just of academic interest".** Irrespective of any moral consideration of due compensation for their suffering and loss of amenities, few sick Gulf War veterans could not be grossly insulted by such a preposterous assertion to a Public Inquiry, given the consequent implications for disability pensions and state benefits which so many are struggling to obtain for their very survival.

Wessely then went on to labour his point: "**Gulf War ill health is not a syndrome….it is not new and it is not unique".** With either breathtaking arrogance or with deliberate deception that was completely contrary to the facts and to the very evidence that was before the Inquiry, he went on to proclaim: **"Clearly this is an unequivocal finding".**

He continued: "**Everybody finds the same pattern of increased subjective ill health in Gulf veterans. There is no increase in mortality, no increase in cancer…but there is an unequivocal change in subjective symptomatic health".**

In his evidence, Wessely made many assertions that do not accord with international data on Gulf War illness and which suitably knowledgeable people might consider to be wildly inaccurate, one such being that **"As a group overall Gulf veterans are doing pretty well….on the whole they have done socially well".**

Wessely said: "**A small number of them are not doing well, but overall, their physical functioning is only slightly lower than those in the ERA and the Bosnia samples. There are lots of people who have got more symptoms but many of them are still in the Armed Forces. We are often very interested in this larger group than the smaller numbers of people who have had large changes. What has definitely changed for all of them is their health perception. Up to 20% of them believe they have Gulf War Syndrome".**

There seems to be an inaccurate and elevated use of statistics here, because in his *BMJ* paper Wessely said the following: "17% of Gulf War veterans *believe* they have Gulf War syndrome. Holding the *belief* is associated with worse health outcomes. Knowing someone else who *believes* they have Gulf War syndrome (is) associated with that *belief*". Gulf War syndrome is thus converted by Wessely into a matter of dysfunctional belief, not to the consequences of toxic exposure -- *see BMJ 2001:323:473-476.*

In relation to which Gulf War veterans actually develop Gulf War-related illness, as though he were lecturing students, Wessely said to the Chairman: **"Who among the Gulf vets gets ill? It is probably not relevant to you".** One can only wonder in

bewilderment as to why Wessely should deem the issue of who gets Gulf War illness to be "not relevant" to the Chairman of the Public Inquiry.

Wessely then expounded one of his theories, that of the relevance of social class on the issue of who gets Gulf War illness; he referred to **"this massive social class effect…it is almost the last bastion of the class society. There is a five-fold difference in health between upper and lower ranks".** In his customary way, Wessely dismissively downplayed the whole issue and impact of Gulf War illness: "**We have got something that does not influence mortality, it does not influence defined physical outcomes, but it does increase self-reported health problems".**

Seasoned Wessely-watchers will not be surprised to see that, tucked away in a very long lecture at point 12 of his evidence, Wessely produced one of his stock-in-trade statements that seem to be designed to demonstrate how utterly reasonable he is: in his explanation as to why two-thirds of Gulf War veterans have been ignored, he said **"We are going to ignore the two-thirds who we do not have medical records for *(sic)* because their information is going to be biased and bias is bad".** What rational person could disagree that "**bias is bad",** but does Wessely not understand how the wider implications of this statement are seen as obnoxious?

At point 13 of the transcript of Wessely's evidence, the Chairman asked him directly: "**What does CDC stand for?"**; Wessely's reply seemed condescending: **"That is the Centres for Disease Control….it does not really matter".**

In absolute contrast to what he stated in the same point 13 of his evidence (set out in the second paragraph of this present document), Wessely seemed to change tack, because he also said **"Many people reported that they received lots of vaccines in a short space of time. There is no medical reason why that should be a problem. It is completely normal. We looked at it and I have to say that I am surprised by the results because our immunological colleagues told us that this would not happen,** (but) **the more vaccines you received the more likely you were to report ill health later on. We did everything we could to try and explain this away".** There can be few who would doubt the accuracy of that last sentence.

Wessely continued: **"Graham Rook, an immunologist at UCL, put forward a theoretical paper in the *Lancet* to suggest that the British vaccination policy of multiple vaccines with pertussis would cause a particular immunological change, a shift from Th1 to Th2. Now, please do not ask me what that means because I do not really know. A man has got to know his limitations and my limitations are immunology".**

The Chairman then asked Wessely to explain what he meant by saying that an immune activation had been shown, to which Wessely joked **"This is where I will have to phone a friend to get the answer to that!"** (referring to a TV quiz show).

When Lord Lloyd asked Wessely **"How did you establish that there was no significant brain damage?",** Wessely's reply was astonishing: **"It is in the papers that Norman has"** ("Norman" being Dr Norman Jones, a member of the Inquiry panel).

When Wessely was asked by the Chairman about areas of disagreement and points of difference between his findings and those of Professor Haley, Wessely resorted to another of his standard tactics and strategies of denial, that of claiming with apparent authority and disparagement that **"there is no consensus"**, thereby once again attempting to reinforce public doubt about the scientific validity of Haley's work.

When asked by the Chairman about the possible effect of the Khamisiyah plume, Wessely replied **"that is certainly not accepted scientifically…I am saying it is definitely not accepted and there is no scientific consensus on that. It is a theory and on my balance of probabilities, I put that pretty low on the list frankly".**

Wessely then went on to quote from his American ally Dr Stephen Straus about the fact that the same signs and symptoms as those complained of by the Gulf war veterans were documented after the First World War, thereby attempting to bolster his own opinion that there is no such thing as Gulf War syndrome.

When asked by the Chairman to produce a figure from his studies for the number of people who either are, or claim to be, suffering from Gulf War illness, Wessely's reply was **"Well, I can tell you the figure who believe they have Gulf War Syndrome, which was 17% in our study".** Lord Lloyd then said **"Seventeen percent out of this 53,000? That gives a figure of more than 6,000"**, to which Wessely replied "**Yes, but that is just self-report and is not necessarily medically important**".

Just after this (point 33 of his evidence) Wessely said **"Now it is about time we had a bit of psychiatry"** and he went on to state confidently that, without a shadow of doubt, Gulf War veterans have an excess of psychiatric disorders: **"We have shown that there is an increase in subjective neuropsychological problems, but, remember, not brain damage"** (which Professor Haley had demonstrated).

When the Chairman postulated that another researcher (another Dr Jones) had found differing results from Wessely's own, Wessely's reply was notable: **"He sees a very selective population, remember"**, to which the Chairman's riposte was **"He saw quite a few".**

Wessely then went on to refer, again with jocular disparagement, to the problems that the Dutch military personnel had experienced in Bosnia: **"I just love the headline…it is *The Wall Street Journal* and it says 'Dutch Government decides to treat battlefield as a hazardous workplace'. That just makes me laugh, I do not know why, but it just does".**

Wessely then mentioned that it had just emerged that the French military personnel who had been deployed in the Gulf also had problems: **"Up until last week we did not think the French had any problems, but they have just published a report and I speed-read it in French overnight and it does look as if they have got some problems after all, which pleases me because they have been so smug about it".**

At the same point 40 of his evidence Wessely referred to the fact that symptoms of Gulf War illness are **"identical to chronic fatigue syndrome, which is where I**

came in". Seemingly unaware of (or else deliberately ignoring) the published evidence from Dundee that has definitively shown clear differences between those with Gulf War illness and those with ME/CFS, he then referred to the overlap between Gulf War Syndrome *(sic)*, chronic fatigue syndrome, multiple chemical sensitivity and fibromyalgia and stated that these have sometimes been called **"illnesses of modern life**".

At that point, Wessely moved into his usual tactic of holding the media and "misinformation" responsible as contributing factors to the development of Gulf War illness: **"all of (the Gulf War veterans) were exposed to the media on their return. Then we have the role of misinformation. I think that where people get misinformation, you get some very weird conspiracy views happening…..it is not a medical problem, it is a socio-political issue really".**

When Lord Lloyd asked him **"Do I understand from what you actually said in a letter to Dr Jones and in also what you said in answer to our questions this morning that really the chances of finding out anything really significant as to aetiology is not a reason for not doing something that can be done?**, Wessely replied **"It is not for me to comment on whether there should be a public inquiry or not"**, to which Lord Lloyd retorted "**This is a public inquiry".**

At the end of his evidence, Wessely stated: **"I represent an extremely large and really quite brilliant group of people who have assembled at King's".**

At this juncture, members of the Inquiry panel were invited at ask Wessely questions; one of those was from Dr Norman Jones, who referred to **"the American experience, of which we have heard and been told about, suggests that the rate of motor neurone disease in American veterans is now between two and three times the expected and climbing by the year"**, to which Wessely replied **"I know that. I think the problem there is that I am not convinced by that. If you look at that paper, you will see that what has happened is what we call 'an over-ascertainment bias' ".**

In reply to another question put by Dr Norman Jones (**"With reference to your group's failure to find evidence of peripheral nervous system abnormality, as you know, Jamal some years ago did find such evidence. Any comments?**) Wessely's reply was **"No. You can find, if you look, Gulf veterans with neurological, neuromuscular, neuropathic problems, of course you can, but that is not the issue".**

Dr Jones asked **"You have published a study pretty well excluding anti-nuclear auto-immunity as a problem here"**, to which Wessely replied **"Yes".**

Dr Jones then asked **"You found a reduction in the paraoxenase activity overall, but no correlation with ill-health?"**, to which Wessely's response was **"No, it did not correlate with symptomatology and frankly I do not know what that means".**

Wessely's reply to another question revealed much about Wessely himself: when Dr Norman Jones asked Wessely where, if he were able, would he now put money into future research, Wessely said **"Apart from giving it to us, you mean!".** That is in

complete accord with Wessely's well-known desire to secure ever more funding for pursuit of his psychiatric theories to explain what he referred to in his evidence as "illnesses of modern life". If Wessely believes he has confirmed that there is no such disorder as a discrete Gulf War syndrome, why would he be wanting more research money to study the same population?

At points 70 – 72, Wessely made an issue of stating that he was **"not comfortable with the fact that I do not know the source of who is funding this inquiry…. In my world, as you know from all my papers, I describe the source of my funding. I would like to record that I am unhappy".** This is especially notable, since until his major involvement with the health insurance industry and with commercial interests such as PRISMA was publicly exposed, Wessely certainly did not declare some of his own conflicts of interest, nor the way in which he supported proposals that favoured corporate interests against sick people.

[PRISMA is a multi-national healthcare company of which Wessely is a member of the Supervisory Board; it works with insurance companies and with the NHS to arrange compulsory "rehabilitation" programmes for claimants with "illnesses of modern life". It uses Wessely's favoured regime of cognitive behavioural therapy (CBT) that is designed to change a patient's behaviour, thought processes and what Wessely deems to be patients' "aberrant beliefs" that they are physically sick. Non-biased studies of CBT have found that it did not prove to be an effective intervention (*see the results of a randomised controlled trial by Marcus Huibers and Anna Beurskens in The British Journal of Psychiatry: 2004:184:240-246)***]**

To summarise as fairly and as objectively as possible, it seems apparent that Wessely gave one of his usual command performances in which he dismissed evidence that did not accord with his own beliefs about the non –existence of a specific Gulf War Syndrome. Such evidence included findings of immunological abnormalities and neurological dysfunction (including defined brain damage, peripheral neuropathy and autonomic dysfunction). Even though Wessely conceded that he had not performed any neuro-imaging on Gulf War veterans, he claimed that his own studies had not revealed any such dysfunction. Where he was compelled to concede demonstrated abnormalities, he was at pains to downplay their significance.

Such a presentation is characteristic of Wessely's position, which was satirically noted by Ziauddin Sardar in an article called "Ill-defined notions" in *The New Statesman* in February 1999: ***"Sickness is no longer simply a personal matter, it has become social, political, beurocratic. Even though 400 veterans have died and some 5,000 are suffering from illnesses related to Gulf War syndrome, the syndrome does not officially exist. One would expect the Ministry of Defence to deny the existence of Gulf War syndrome – and it does, operating on the simple basis of 'no bug, no dosh'. But what of researchers? How do you investigate this mess of symptoms? Not with biochemistry, but with psychiatry. The new societal syndrome of syndromatic diseases requires a new speciality, a syndromologist. Fortunately, one is to hand. His name is Professor Simon Wessely. Wessely has been arguing that ME is a largely self-induced ailment that can be cured by the exercise programme on offer at his clinic. Recently he concluded that there is no such thing as Gulf War syndrome. So Wessely, who occupies a key position in our***

socio-medical order, denies the existence of Gulf War syndrome, just as he denies the existence of ME. Clearly, he is a follower of Groucho Marx: 'Whatever it is, I deny it' ".

The question has to be asked --- should Wessely not be invited to explain his constant rejection of scientific biomarkers of serious physical illness (albeit too new to be as yet fully understood) and his assiduous replacement of them with his own psychiatric theories, when his theories can never be scientifically proven?

In his evidence to the Public Inquiry, Wessely's overall objective seems to have been to reject and deflect any evidence that posed a threat to his own carefully constructed paradigm of a non-existent Gulf War Syndrome. Is it the case that his mission – or should one say his commission – has paid off handsomely?

It is perhaps worth mentioning that some time ago, Wessely apparently actually said to someone that he didn't give a f--- about the Gulf War veterans: he had got his Chair and that was all that mattered.

Finally, it seems pertinent to quote briefly from the submission of Professor Malcolm Hooper to the Inquiry in relation to Wessely's work on Gulf War illnesses:

"Regrettably I have come to view the whole issue of Gulf War Syndrome / Illness as representing an orchestrated and comprehensive attempt to construct an understanding of Gulf War Syndrome as a psychiatric and psychological dysfunction commonly found in soldiers returning from the battlefield. Official funding has been largely committed to establishing this biopsychosocial model of the illness. The design of (Wessely's) research studies and the interpretation of the data has been slanted to support this understanding of Gulf War Syndrome".

"There is, in my view, no doubt that in many official circles the idea that it is all in the mind is something that has been common currency and it has been encouraged".

"Then I look at the work that has come out of the King's College Unit, the Gulf War Illness Unit, under Professor Wessely. They are just not prepared to engage with all the evidence and this is one of my major criticisms of their work".

"What happened to these lads was different from other soldiers in other wars, and the answer is that they were exposed to all these toxins in what I describe as the most toxic war in western military history".

" (Wessely's) paper is a disgraceful paper, a shameful paper which talks about the prevalence of Gulf War veterans who <u>believe</u> they have Gulf War Syndrome. That is something that I find utterly and totally unacceptable".

"This is just telling people 'You have got a false belief system. We will change it for you and we will put you in the right frame of mind to engage with your illness. Wessely's name is on that paper, so it is all coming from the same origin".

Discussing the reliance upon Wessely's work by the Medical Assessment Panel, Hooper said in evidence ***"The Medical Assessment Panel has dismissed and demeaned people over and over again and upset them very much".***

" I have asked for registers to be assembled of Gulf War veterans. How many of them have got lymphoma? How many have osteoporosis? There is no record of these conditions. (How many have got) motor neurone disease – we do not know".

"The thing I feel most strongly about is that there should be careful clinical investigations of sick Gulf War veterans. That is not being done to anything like the correct extent".

Sir Michael Davies, a member of the Inquiry panel, then said "***This is a very critical view of the way in which government research has largely been conducted".***

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