

TESTIMONY PRESENTED AT THE INQUIRY INTO
THE GULF WAR ILLNESS
AND
"SCIENTIFIC PROGRESS" IN PSYCHIATRY.

By
Gurli Bagnall

Author and psychiatrist, Thomas Szasz, devoted Chapter 9 of his book "The Manufacture of Madness", to Benjamin Rush (1746 – 1813) . Of Rush, who is known as the Father of American Psychiatry, he said:

"Unable to prove empirically that mental and physical illnesses were the same, Rush tried to 'prove' it strategically, by treating both in the same way..." (Page 139)

"He accepts the Other in so far as the Other conforms to his image and conduct. However, if he and the Other differ, he defines the Other as defective - physically, mentally, or morally - and accepts him only if he is able and willing to cast off those of his features that set him apart from the normal. If the Other recants his false beliefs and submits to treatment for his illness, then, and only then, will he be accepted as a member of the group. If he fails to do these things, the Other becomes the Evil one - whether he be called the Stranger, the Patient or the Enemy." (Page 159)

Here we are two hundred years later, and nothing has changed. We still have exactly the same situation in regard to poorly understood diseases such as Gulf War Syndrome/Illness (GWS/I) and Myalgic Encephalomyelitis (ME) - although where the latter is concerned, the medical community in general prefers the name the chronic fatigue syndrome (CFS). And who can blame them! It is so beautifully trivializing!

But need they be as poorly understood as they are? Despite protests in the UK, government funding is still directed exclusively to psychiatry, and leading the charge is Simon Wessely, professor of psychiatry at King's College, London.

In August, 2004, Wessely presented a very long submission to the Independent Inquiry into GWS/I. held in London and the reason I raise ME as well, is because in his submission, he aligned it with GWS/I.

If we are to believe him, those suffering GWS/I and ME are mentally disturbed, sometimes malingerers, sometimes neurotics, always hysterical, influenced by suggestion, are mostly female (in the case of ME), and come mainly from the lower socioeconomic and poorly educated classes.

"Who among the Gulf vets get ill?" Wessely asked, and answering his own question, he continued, "This is of incredible interest to sociologists and immunologists, this social class effect in the British Armed Forces, but it is probably not relevant to you. It is almost the last bastion of the class society in many respects. There is a large difference in health between upper and lower ranks."

Classifying the poor and less well educated as typical of those who suffer ME, occurred for the first time a few years ago. Prior to that, the medical profession claimed the illness affected mostly those who had what was described as a Type A personality - the ambitious go-getter from the middle classes. Many will remember the *"young upwardly mobile professionals"* who were diagnosed with Yuppie Flu.

Why was the finger now pointed in another direction? I suspect it was easier to maintain control over sick people who are publicly described as being socially disadvantaged. Perhaps a lesson was learnt from the AIDS experience where sufferers forced the hand of the establishment. In his book *"The Greatest Benefit to Mankind"*, Roy Porter stated:

"...lay persons and AIDS activists were able to command a role often denied those beyond the magic laboratory: as participants not just patients and, increasingly, as experts. People-with-AIDS possessed a daring born of desperation....PWAs were middle class, educated and were politically astute [and they] developed an expertise of their own." That this was threatening to members of the medical profession was highlighted by Gallo's comment, *"It's frightening sometimes how much they know."* (Page 707)

"...AIDS sufferers voted with their feet setting up 'buyers' clubs', making bootleg drugs, smuggling untried drugs across the border, or, through drug-sharing, subverting clinical trials conducted along the classical model. So persuasive were their reasons, so strong the moral case, that a sizeable minority of doctors, scientists and even government appointees were won over - or bowed to political pressure. Fresh thinking followed as to how clinical trial protocols needed to be rewritten, so that patient welfare was respected at least as much as the needs of science..."(Page 708)

"Patient welfare respected"? Now there's a novel idea and not one that is experienced by many GWS/I or ME sufferers. Perhaps that is because many are too ill to demand respect - they being bed bound, wheelchair bound and/or housebound often from the onset of their illnesses. AIDS victims, on the other hand, are rarely debilitated until the latter stages of the disease. They can make their physical presence felt.

Wessely's behaviour and tactics - such as the recommendation that nothing more than routine tests be carried out - suggest very strongly that he does not want to find himself in Gallo's position. Good heavens! Those darn activists might actually find the causes and the cures!

Just as Rush *"... 'regarded himself as a doctor not only to sick men and women but also to the ills of society'"* (Page 144), so Wessely and his supporters claimed the *"needy and semi-illiterate"* as their own. And also like Rush, he *"saw mental disease wherever he looked"*; as Szasz pointed out, *"This kind of 'diagnostician' ... does not find madmen; he creates them."* (Page 151)

One is left wondering how psychiatrists can help those suffering the effects of being disadvantaged. Has psychiatry become a branch of the social welfare system? Do they offer budgeting advice and hand out food vouchers so that the afflicted can pay the electricity bills and thereby ease their anxiety? Not to my knowledge. So far removed from the real world are they, that they offer instead cognitive behavioural therapy (CBT) and psychiatric drugs neither

of which pay the bills. Nevertheless, the implication is that these “therapeutic” measures will render the “victim” of the Gulf War perfectly happy, even joyous, at finding himself on the pavement surrounded by his family and belongings in the middle of winter with no where to go, after being evicted from his home because he could no longer pay the rent. An extreme case perhaps, but the hardship imposed far too often, is dire. Indeed, thanks to the influence of Wessely and his followers, obtaining necessary and legitimate state and insurance assistance is a battle often lost.

I was concerned to see that Wessely presented much of his evidence to the Inquiry in picture form which he described as “mnemonic”. While the slides may have kept his memory on track, it meant that much of his evidence is not available to those who have to rely upon the transcript - a fact raised by the Chairman of the Inquiry.

CHAIRMAN: “...although we can understand the pictures, [the shorthand writer] cannot get them onto the transcript.”

WESSELY: “She does not need to get this on the transcript.”

The situation was not improved by the manner in which Wessely answered - or more to the point, didn't answer - questions that were put to him. For example:

“...it is probably not relevant to you”

“I don't know”

“The exact symptoms I am going to show you do not matter much”

“It does not matter what the symptom is”.

In response to the question about how he became interested in GWS/I, Wessely replied, “I do not know if it is helpful to take you through...”, and then proceeded to change the subject.

He was rather more forthcoming when interviewed by *The Scientist* (18 March 2002 issue). Here he was described as:

“...one of the leading researchers on Gulf War Syndrome... ‘I think he is on the cutting edge,’ says Benjamin H. Natelson, head of the Gulf War Research Centre in Piscataway, NJ.” (Clearly Wessely served his organization well!) As for Wessely's choice of occupation: *“...despite his early career dreams, inspired by watching Doctor in the House on television, the physician grew fatigued with the healing profession in the flesh. He did fancy psychiatry however.”*

An interesting choice of words - he “grew fatigued with the **healing** profession...but fancied psychiatry”. Perhaps it is not surprising that he did not wish to explain this to the panel at the Inquiry. They, like me, might have wondered what sort of a career he would have had if his inspiration had come from *The Goon Show*.

Given this method of presenting his case, the reader was left up in the air over questions not answered, and were not privy to the information presented on slides. Is it any wonder that people subscribe to what he refers to as “conspiracy theories”?

"...to be honest, not very many people probably care if there is a Gulf War syndrome or not..." said Wessely. "[it] is not really very important, it is really just of academic importance."

One wonders if the panel to whom he addressed these remarks were impressed. Did they have sufficient background knowledge to understand the contempt these words express?

Even the public in general does not escape Wessely:

"It is therefore only human for doctors and scientists.....to view the public as foolish, uncomprehending, hysterical or malingering." (British Medical Journal, 15 March, 2003. "Managing patients with inexplicable health problems.")

As for all of those "malingerers" who claim to be suffering from GWS/I or ME:

"Validation is needed from the doctor. Once that is granted, the patient may assume the privileges of the sick role (sympathy, time off work, benefits etc." (Reviews in Medical Microbiology, Wessely S. 1992:3:211-216)

And one of his most famous comments made in regard to ME:

"The description given by a leading (doctor) at the Mayo Clinic remains accurate: 'the doctor will see that they are neurotic and he will often be disgusted with them.'" (Psychological Disorders in General Medical Settings. Pub: Hogrefe & Huber, 1990.)

The Chairman of the Inquiry raised the issue of statistics:

"...17% actually gives you a figure of more than 6000."

WESSELY: *"Yes, it is, but that is just self-report....it is not necessarily medically important."*

Having claimed to be the expert and one who has studied vast numbers of returned veterans, Wessely was unable to offer a definite answer to the question as to how many returned veterans were severely affected.

"I do not think we are talking about very many. I think we are talking of a couple of hundred maybe or maybe slightly more..."

[GWS/I] "is not associated with premature death. We also know now...that it is not associated with any hard physical outcomes easily measured, for example like cancer or heart disease...."

Although Wessely expresses these opinions as fact, in his testimony, Professor Malcolm Hooper pointed out that there have been no studies into these issues in the UK. The media has, however, made various reports.

On 30 October, 2002, the BBC news reported the case of Reverend Dave Peachell, a former Army Chaplain who was forced to retire because of illnesses he believed were caused by Gulf War Syndrome.... He said:

"I am not prepared to crawl away and die like a poisoned rat. America has come clean about it and pensioned and treated people. But here no politician or prime minister can hack it. They have not got the caliber."

(And if I might add somewhat cynically, with the able assistance of people like Wessely, why should they? After all, just think of the compensation involved!)

Sunday Mirror (on line) - June 8, 2003

"Two young soldiers have killed themselves after falling ill with suspected Gulf War Syndrome following the latest conflict in Iraq...Charlie Plumridge, spokesman for the National Gulf Veterans and Families Association (NGVFA), said: 'it's a shocking and sad state of affairs that these young soldiers are taking their own lives. For 12 years we have been warning the MOD that this sort of thing has happened and would continue to happen."

Wessely acknowledges that there is a higher incidence of suicide amongst veterans than in society in general. What he does not acknowledge is that it is an act born of despair. With no medical or financial help, how do people without supporting families cope?

On 23 November, 2003, "PA" News reported that:

"An Army veteran's death was linked to his service in the first Gulf War, a coroner found today. Lawyers for Major Ian Hill's family described the verdict as a 'landmark decision', saying it would give hope to around 2,000 other veterans. "

It will be noted that these victims do not belong exclusively to the lower ranks.

Less than two months later, on 12 January, 2004, TIMESONLINE, reported that:

"Official report links vaccine to Gulf War Syndrome".

On 17 September, 2002, The WorldNetNews carried an item about the situation in the US entitled "Oops, more unexpected casualties":

"...according to an April 2002 Veterans' Affairs report, an additional 7,758 Desert Storm vets have died, while 198,716 vets have filed claims for medical compensation...[that] represents a staggering 28 percent of the vets...who fought in the Gulf War conflict!"

But the news item that makes one wonder why there was a need for this Inquiry at all, was a piece published in the British Medical Journal on 21 June, 2003.

"The High Court in London refused last week to overturn a ruling that officially recognized for the first time the existence of Gulf war syndrome."

It is remarkable that in his testimony, Wessely referred to "misinformation" more than once. It is a moot point as to whether it comes from the media as he claimed, or whether it comes from Wessely himself.

Rush "... believed that to cure madness, the physician had to gain complete control over the person of the madman." (Page 146)

The question is, of course, was the madman mad in the first place? An e/letter in the British Medical Journal of 4 January, 2002, made disturbing, although not surprising, reading. D. Jones tells of the disillusionment of Dr. Anthony Pelosi, then Consultant Psychiatrist and longstanding friend and collaborator of Wessely and Dr. Peter White. Pelosi's letter to Jones stated:

"I am re-diagnosing a substantial proportion (probably over 50%) of the [ME/CFS] patients who are referred to me. The diagnoses so far have included thyroid dysfunction, breast cancer, chronic renal failure...."

Some ten years ago, Wessely delivered a lecture entitled "Microbes, Mental Illness, the Media and ME: The Construction of Disease." At the end, and including himself, he stated:

"...we are a sophisticated psychiatric audience....", and in his submission to the Inquiry, he enlarged on that theme: "...I represent an extremely large and really quite brilliant group of people who have assembled at King's and have been working on this for many years."

The manner in which he describes him and his, is in stark contrast to the manner in which he describes seriously ill people.

No one could deny that Wessely is consistent - he is consistently inconsistent; he consistently ranks his opinion above genuine scientific findings; he is consistent in his contempt of those he targets. Indeed he never falters. While others speak of his mistaken beliefs, I am less charitable. I do not think that what he preaches are his beliefs. They do not align with the facts. When a self-confessed "sophisticated" and "brilliant" person ignores the physical abnormalities found during non-routine testing, and then recommends that such tests not be carried out on the grounds that they perpetuate patients' "faulty" illness beliefs, then one must assume the agenda is something other than patient welfare.

There was just one issue raised by Wessely at the Inquiry that came as a complete surprise. It caused a badly timed hoot of laughter for I was in the middle of drinking a cup of tea.

"In my world, as you know from my papers," said the gentleman, "I describe the source of my funding....I am not allowed to publish if I do not....I am not comfortable with the fact that I do not know who is funding/paying for the costs of this inquiry. I am not comfortable with that and I think that, in this age of transparency, I would like to record that I am unhappy."

Professor M. Hooper, M. Williams and E.P. Marshall mention the issue of conflicts of interest in their publication "What is ME? What is CFS? Information for Clinicians and Lawyers. December 2001" :

"Since 1988, psychiatrists of the 'Wessely School' have been funded not only by the MRC [Medical Research Council] but by Wellcome Training Fellowships in Clinical Epidemiology; by Wellcome Research Fellowship in Epidemiology; by the Wellcome Trust; by ICI Pharmaceuticals; by Pfizer UK; by Duphar Pharmaceuticals, by the Linbury Trust; by the Medical Policy Group of the Department of Social Security; by the Department of Health; by Private Patients Plan; by BUPA and by the US Department of Defense." How the Private Patients Plan fits in here I am not sure, but the others have a vested interest in keeping toxic connections under wraps.

Hooper et al stated further that in the PRISMA Company Information:

"Professor Simon Wessely is listed as a Corporate Officer. He is a member of the Supervisory Board, in order of seniority, he is higher than the Board of Management."

(PRISMA stands for "Providing Innovative Service Models and Assessments". They offer their services specifically to the medical insurance industry.)

Then there is Wessely's himself who, apparently stung by the topic of conflicts of interest which had arisen in the BMJ, responded with an e/letter which was published on the 1 June, 2003:

"I have in my career received 53 research grants from 20 sources...It is time we all grew up. Everyone has conflicts. Everyone has agendas..." Perhaps he was a little foolish to add that he had *"only had one [grant] from a pharmaceutical company..."*

The following are papers concerning the GWS/I which were published in the British Medical Journal (BMJ) and co-authored by Wessely.

"Prevalence of Gulf war veterans who believe they have Gulf war syndrome: questionnaire study." 1 September, 2001. Competing interests: None declared.

"Psychological implications of chemical and biological weapons". 20 October, 2001. Competing interests: None declared. (However, one of the co-authors, Kenneth Craig Hyams, was Chief Consultant, Office of Public Health and Environmental Hazards, Department of Veterans Affairs, 810 Vermont Avenue NW, Washington DC.)

"Post-combat syndrome from the Boer war to the Gulf war: a cluster analysis of their nature and attributions." 9 February, 2002. Competing interests: None declared except for co-author, Edgar Jones (reader).

"The mental health of UK gulf war veterans: phase 2 of a two phase cohort study." 14 September, 2002. Funding: US Department of Defence. Competing interests: None declared. (!!)

"Managing patients with inexplicable health problems" 15 March, 2003. Competing interest: None declared.

What more can one say?

We are left in the hope that those on the panel of the Inquiry will be able to sort the wheat from the chaff and judge the evidence presented to them objectively.

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