Ministry of Defence
Main Building
Whitehall
London
SW1A 2HB

Our Reference: FOI2018/04014

Email: [redacted]

23 April 2018

Dear [redacted]

Thank you for your email dated 19 March 2018 to the Ministry of Defence (MOD) in which you requested the following information:

1. Does DSTL maintain records of all vaccines, tablets etc. researched?
2. How long are such records kept?
3. When are such records made public? Is it the 30 year rule?
4. Do you produce such vaccines in house or are they procured from drug companies?
5. If the latter which companies supplied the vaccines and drugs for the period given above? Please provide details of batches administered as follows: Anthrax- 10 and 31 January 1991, nerve agent tablets- daily January through February 1991, bubonic plague 3 February 1991
6. Please list all vaccines, tablets and inoculations administered by UK forces for Op Granby 1991 for the period 10 January – 22 February 1991. .
7. Please provide details of vaccines, tablets or adjuvants not licensed for human use? Please provide licenses for all drugs given
8. Was HIV virus given to Op Granby UK forces?
9. Was a risk assessment completed prior to the drugs being administered? Did it specifically identify the risks of administering a cocktail of drugs (bubonic plague, anthrax, anti-nerve agent) in a narrower window of time than recommended.
10. Was informed consent given by all those ordered to take the drugs?
11. Why were the nerve agent tablets given in dosage 40 times stronger than the maximum dose needed to kill a man?
12. What specific risk assessment was completed in response to (11) above?
13. What contraindications exist for the patient and any children born to that patient? Specifically what is the Is cancer risk?
14. What is the effect on the immune system of receiving the batches described in (5) above?

I am treating your correspondence as a request for information under the Freedom of Information Act 2000 (FOI Act). I can advise that following a search of our records, I have established that the MOD does hold information within the scope of your request. This is provided in the Annex below.

You may wish to note that much of the information you are seeking is already in the public domain. This was one of the commitments made in July 1997 when the Government published a policy statement: “Gulf Veterans Illnesses: A New Beginning” which set out how the Government proposed to address the health concerns of veterans of the 1990/91 Gulf Conflict. This information is exempt under Section 21 of the Freedom of Information Act (FOIA), because it is reasonably accessible to you by other means. Where this is the case relevant links are provided:

If you have any queries regarding the content of this letter, please contact this office in the first instance.

If you wish to complain about the handling of your request, or the content of this response, you can request an independent internal review by contacting the Information Rights Compliance team, Ground Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.gov.uk). Please note that any request for an internal review should be made within 40 working days of the date of this response.

If you remain dissatisfied following an internal review, you may raise your complaint directly to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not normally investigate your case until the MOD internal review process has been completed. The Information Commissioner can be contacted at: Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website at https://ico.org.uk/.

Yours sincerely,

(Original Signed)
Defence People Secretariat

Annex A to FOI2018/04014

I will answer each question in the order you have provided:

1. **Does DSTL maintain records of all vaccines, tablets etc. researched?**

Answer: Yes.

2. **How long are such records kept?**
3. **When are such records made public? Is it the 30 year rule?**

Answer: Records in Dstl are managed in line with the 20 year rule. The 20-year rule comes fully into effect in 2022 and there has been a 10-year transition period from the 30-year rule. Dstl submits records to MOD's Defence Business Services for consideration for them to be made public via The National Archive and Imperial War Museum.

http://www.nationalarchives.gov.uk/about/our-role/plans-policies-performance-andprojects/our-projects/20-year-rule/

4. **Do you produce such vaccines in house or are they procured from drug companies?**

Answer: Vaccines are not produced by Dstl in-house.

5. **If the latter which companies supplied the vaccines and drugs for the period given above? Please provide details of batches administered as follows: Anthrax- 10 and 31 January 1991, nerve agent tablets- daily January through February 1991, bubonic plague 3 February 1991.**

Answer: Further information is contained in "Implementation of the Immunisation Programme against Biological Warfare Agents for UK Forces during the Gulf Conflict 1990/91".

http://webarchive.nationalarchives.gov.uk/20051115023021/http://www.mod.uk/issues/gulfwar/info/medical/bwa.htm

6. **Please list all vaccines, tablets and inoculations administered by UK forces for Op Granby 1991 for the period 10 January – 22 February 1991.**

Answer: Information about the medical countermeasures used to protect British Forces during the 1990/91 Gulf conflict has been published including reports on the immunisations administered to Service Personnel during Op Granby. On 28 October 1997, the MOD published a paper entitled: "Background to the use of Medical Countermeasures to protect British Forces during the Gulf War (Operation Granby)".

http://webarchive.nationalarchives.gov.uk/20051115023018/http://www.mod.uk/issues/gulfwar/info/medical/mcm.htm

On 20 January 2000, the MOD published a report called: “Implementation of the Immunisation Programme against Biological Warfare Agents for UK Forces during the Gulf Conflict 1990/91”. The report confirms that no unusual or previously undisclosed immunisations were given during the Gulf conflict and also demystifies the codewords which were sometimes used for the vaccines.

http://webarchive.nationalarchives.gov.uk/20051115023021/http://www.mod.uk/issues/gulfwar/info/medical/bwa.htm

7. **Please provide details of vaccines, tablets or adjuvants not licensed for human use? Please provide licenses for all drugs given**

Answer: A number of the medical countermeasures used during Op GRANBY were unlicensed in the UK at the time. In each case the decision to use an unlicensed product reflected the need to protect British troops against a specific threat in the absence of an appropriate UK licensed alternative. The fact that a medical product is unlicensed does not mean that it is untested or is inherently unsafe. The licensing of medicines is a rigorous, time-consuming and expensive process. Manufacturers of vaccines are only likely to apply for a UK licence if the potential market for the product warrants the efforts and costs involved. Licensing procedures cannot be accelerated: hence there was no possibility of obtaining a UK licence for any previously unlicensed product in the six months between the Iraqi invasion of Kuwait and the Coalition campaign to liberate it.

Further information is contained in “Implementation of the Immunisation Programme against Biological Warfare Agents for UK Forces during the Gulf Conflict 1990/91”.

http://webarchive.nationalarchives.gov.uk/20051115023021/http://www.mod.uk/issues/gulfwar/info/medical/bwa.htm

8. **Was HIV virus given to Op Granby UK forces?**

Answer: No.

9. **Was a risk assessment completed prior to the drugs being administered? Did it specifically identify the risks of administering a cocktail of drugs (**

bubonic plague, anthrax, anti-nerve agent) in a narrower window of time than recommended.

Answer: No.

10. Was informed consent given by all those ordered to take the drugs?

Answer: We are aware that some veterans believe that the administration of vaccines on the basis of voluntary informed consent was breached in 1990/1991. The matter has been fully investigated and the underlying policy of the anti-biological warfare immunisation programme was clear. The vaccinations were to be voluntary. The reasons for the programme and information about the vaccines were briefed to Service Personnel. It is well known that any vaccine or drug may have side effects, in the case of the 1990/91 Gulf Conflict, the possibility of short-term effects had to be balanced against the very real possibility that Iraq would use chemical or biological weapons against UK Forces.

11. Why were the nerve agent tablets given in dosage 40 times stronger than the maximum dose needed to kill a man?

12. What specific risk assessment was completed in response to (11) above?

Answer: Information about the medical countermeasures used to protect British Forces during the 1990/91 Gulf conflict have also been published including reports on the immunisations administered to Service Personnel during Op Granby. On 28 October 1997, the MOD published a paper entitled: "Background to the use of Medical Countermeasures to protect British Forces during the Gulf War (Operation Granby)".

http://webarchive.nationalarchives.gov.uk/20051115023018/http://www.mod.uk/issues/gulfwar/info/medical/mcm.htm

The report states that British troops were given a pretreatment regime of Nerve Agent Pretreatment Sets (NAPS) tablets: one tablet containing 30mg of pyridostigmine bromide to be taken orally every eight hours. A week's supply - 21 tablets - was sealed in a single packet. The tablets were to be self-administered on command. It is also reported that pyridostigmine bromide has been successfully used since 1955 to treat men and women suffering from the neuromuscular disease myasthenia gravis. The dose of pyridostigmine bromide given to myasthenia gravis patients ranges from 360mg to 6000mg daily, sometimes for many years. With the introduction of drug licencing in the UK in 1972, a treatment using pyridostigmine bromide in this way was granted a product licence of right and a full product licence was subsequently awarded in 1986.

13. What contraindications exist for the patient and any children born to that patient? Specifically what is the cancer risk?

Answer: A paper entitled "Miscarriage, stillbirth and congential malformation in the offspring of UK veterans of the first Gulf War" was published in 2004.

http://webarchive.nationalarchives.gov.uk/20050328234554/http://www.mod.uk/issues/gulfwar/research/health.htm

The research, which was overseen by the Medical Research Council, was a retrospective cohort study of UK Gulf war veterans and a demographically similar comparison group who were in service at the time but were not deployed to the Gulf. The researchers have reported that for male veterans of the 1990/1991 Gulf Conflict, they found no evidence for increased risk of stillbirth, chromosomal malformations, or congenital syndromes. For female veterans, the number of stillbirths and malformations were too small to allow meaningful analysis and there was no effect on miscarriage.

On 31 March 2016 the Ministry of Defence published an annual Statistical Notice https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/517240/20160125-Gulf_March16_REVISED_O.pdf on the causes of deaths that occurred among the UK veterans of the 1990/91 Gulf Conflict between 1 April 1991 and 31 December 2015. The purpose of this Statistical Notice is to compare the mortality rates of 53,409 UK Armed Forces personnel that deployed to the 1990/91 Gulf Conflict to those of a comparison group, the Era cohort, who did not deploy. The statistics also compare the mortality rates of Gulf veterans and the Era comparison group to rates observed in the UK general population over the same time period in order to place the mortality rates for the Gulf and Era cohorts in context.

These statistics were created to monitor mortality rates for 1990/91 Gulf Conflict veterans in response to concerns that they experience an excess of ill-health, due to potential exposures during their deployment. The four main causes of death for the Gulf veterans, accounting for 75% of all deaths, were: neoplasms (cancers); diseases of the circulatory system; suicides and open verdicts; and land transport accidents. In comparison to the age-adjusted Era cohort, those in the 1990/91 Gulf Conflict did not have a significantly different rate of death for each of the four main causes of death implying, for the time period as a whole, there were no negative effects of deployment to the Gulf in terms of mortality rates for all causes of death, However, those deployed did have a significantly lower rate of death across all disease related deaths. In comparison to the UK population, those in the 1990/91 Gulf Conflict had a significantly decreased risk of death due to neoplasms, diseases of the circulatory system and suicides and open verdicts.

14. What is the effect on the immune system of receiving the batches described in (5) above?

Answer: In June 1997 it was announced that in addition to epidemiological research studies, a further programme of research would be undertaken to investigate the possible adverse health effects of the combination of vaccines and tablets which

were given to UK Service Personnel to protect them against the threat of biological and chemical warfare. Further Information is available at

http://webarchive.nationalarchives.gov.uk/20050328234550/http://www.mod.uk/issues/gulfwar/research/interact.htm.