Gulf War Syndrome: British warnings over the risk of chemical and biological weapons release were ignored by the US in 1991

Nigel Ashton writes that British scientific warnings about the dangers of bombing Iraqi chemical and biological weapon installations were ignored by the US during the First Gulf War. Such warnings, eventually dropped in order to maintain Anglo-American solidarity, were nevertheless well placed: a recent study has identified the release of Sarin gas as the probable cause of 'Gulf War syndrome' among US and British personnel.

On 13 January 1991 US Secretary of State James Baker flew in for a crucial meeting with British Prime Minister John Major at RAF Alconbury. With the clock ticking down to the 15 January deadline set in UN Security Council resolution 678 for the withdrawal of Iraqi forces from Kuwait, which they had invaded and occupied on 2 August 1990, a number of pressing issues had to be resolved.

While there was Anglo-American unanimity about overall strategy, one key area of division remained: how to deal with the threat of Iraqi chemical and biological weapons (CW/BW). Two aspects particularly concerned Major. The first was the risk of catastrophe if British and American bombing of Iraqi CW/BW sites resulted in the release of nerve gas or biological warfare agents. The second was the US plan to retaliate for any use of CW or BW by Iraqi forces by obliterating civilian targets, such as Saddam Hussein's hometown of Tikrit. As far as the British were concerned, such disproportionate retaliation would amount to a breach of international law.

The fear of the catastrophic release of CW or BW, though, loomed larger. In his understated way, Major pressed British fears: 'US plans to target CW and BW plants in Iraq gave us some concern, particularly in the case of BW', he told Baker. 'Our scientific advice was that BW agent could not be destroyed by incendiary bombing. There was a risk of considerable casualties in the neighbourhood of the BW plant as the result of an attack.'

While Baker replied that he would revisit the matter on his return to Washington and understood the need for caution, British concerns were effectively brushed off. Two days later, the Chairman of the US Joint Chiefs of Staff, Colin Powell, telephoned the Chief of the Defence Staff, David Craig, to tell him that the US position was unchanged. While 'there was a 1% probability of release with catastrophic results' in unfavourable conditions, President Bush had decided that 'this element of risk is acceptable and... has agreed that BW facilities may be targeted.' Powell concluded the call by observing that the US wanted to destroy these Iraqi capabilities before they were used and that 'it was better that the Iraqis should suffer rather than Allied forces.'

British representations had made no difference. Defence Secretary Tom King reported in a 'Top Secret' message to Major that 'we have not moved forward much on the substantive issue'. There was a continuing difference in the technical assessment of the risk between American and British experts. King noted that his own advisers, including the Director of Porton Down, Britain's Chemical and Biological Weapons Research Centre, believed that, although there was a good chance there would not be a large plume of dangerous material released, much would depend on the prevailing weather conditions during an attack.

Nevertheless, King felt that, despite these differences in assessment, 'we must support them [the Americans] in general and share responsibility too.' The only qualification which he inserted into the Anglo-American rules of engagement was that specific ministerial consent would be required if British aircraft were tasked to attack such facilities.

Colin Powell's observation that it was better that the Iraqis should suffer rather than Allied forces turned out to be tragically wrong. Allied air forces went ahead and targeted suspected Iraqi CW and BW sites. Within a matter of months after the end of the war, members of the American and British armed forces began to report a range of persistent symptoms including fatigue, fever, night sweats, memory and concentration problems and chronic body pain. The causes of what became known as Gulf War Syndrome remained unknown. A variety of possibilities including the vaccinations given to troops, exposure to depleted uranium and fumes from oil well fires were investigated over the years until a team at the University of Texas Southwestern Medical Center arrived at what they believe to be a definitive conclusion three decades later.

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The British scientists' fears about the possible consequences of Allied air attack on CW/BW sites in adverse weather conditions had proven well placed. According to the study, the US military confirmed that satellite imagery had documented a large debris cloud arising from an Iraqi chemical weapons storage site bombed by the US and coalition aircraft and transiting over US ground troop positions. The agent released was the nerve gas Sarin, and the UTSW study, using genetic markers, points to this as the underlying cause of Gulf War Syndrome.

The concerns expressed by British scientists at the time about the potential dangers of such attacks were ultimately overridden. King's memo to Major makes it clear that the priority was to maintain an Anglo-American common front and that the differences in scientific assessment were not felt to be significant enough to depart from this overriding goal. But, given the fresh evidence from the UTSW study, now might be a good time to revisit the advice given and the decisions taken at the time to see what lessons can be learned. After all, chemical and biological weapons remain live threats on contemporary battlefields in the Middle East and Europe. The possibility that a situation like that confronted in 1991 might occur again cannot be ruled out.

Note: the above draws on the author's latest book *False Prophets: British Leaders' Fateful Fascination with the Middle East from Suez to Syria* (Atlantic Books, 2022), and on correspondence found mainly in PREM19/3442 & PREM19/3443, The National Archives, Kew.

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