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## Introduction

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Standard medical texts give scant, if any, coverage, to the assessment and treatment of veterans who experience difficulties in managing the transition from the high-intensity demands of battle to those of civilian life. The *Oxford Textbook of Medicine*, for example, has no entries on so-called 'Gulf War syndrome' (Warrell *et al.*, 2005). The two-volume *Oxford Textbook of Psychiatry* includes a short section on Da Costa's syndrome, or disordered action of the heart, but has no entries on recent post-combat disorders (Gelder *et al.*, 1986). Although a bewildering variety of papers has been published in specialist medical journals on the theme of Gulf-related illness, until recently no consensus had emerged about the true nature of these health concerns, their causes and what, indeed, should be done to address them. Such is the complexity and breadth of these publications, which range from neurology, rheumatology, immunology, reproductive medicine and anthropology through to psychiatry, that the general practitioner or medical student may find it difficult, if not impossible, to reach a balanced judgement about the status of so-called 'Gulf War syndrome' without extensive study. In March 2006, a special edition of the *Philosophical Transactions of the Royal Society* sought to summarise the state of knowledge for all the medical disciplines involved (Wessely and Freedman, 2006). This book is designed to serve as a practical adjunct to these scientific papers, relating their findings to what is seen in clinics and outpatient departments.

Iraq invaded Kuwait on 2nd August 1990. Shortly afterwards, Coalition forces, led by the United States, began a military deployment known as Operation Desert Shield. On 15th/16th January 1991 an air campaign against Iraq began, followed on 24th February by a ground war that lasted for only four days. Iraqi forces were defeated and driven from Kuwait; the assault on their army in retreat down the Basra road offered many of the most graphic images of the conflict. The main component of the Coalition forces was provided by the United States with 697 000 personnel. The United Kingdom also made a substantial contribution with over 53 000 troops, while other Coalition members included Saudi Arabia, Egypt, Oman, France, Syria, Kuwait, Pakistan, Canada, Bahrain, Morocco and Qatar.

Shortly (1992/3) after the cessation of hostilities, reports began to emerge in the US of clusters of unusual illnesses occurring amongst Gulf War veterans. Claims were made that previously fit veterans had developed unusual diseases and symptoms. Stories were also told of children with birth defects being born to the wives of Gulf War veterans. These frightening accounts rapidly attracted the attention of the media and veterans' pressure groups. Soon, long stories circulated about cover-ups and government conspiracies.

This book is based on the premise that health-care professionals who treat veterans require an understanding of military culture, syndromes characterised by medically unexplained symptoms, and post-trauma psychiatric illness, including post-traumatic stress disorder (PTSD). Service life and, in particular, the demands of combat have little in common with daily civilian existence. The difficulties that veterans encounter in trying to come to terms with their experiences of war and the adjustment to a routine peace-time existence require a measure of specific inside knowledge.

Armed forces are hierarchical social groupings. In battle the immediate interests of the individual are suppressed to enhance the value of the unit to which they belong. Group dynamics are well understood in terms of training and motivation to undertake hazardous tasks. However, when soldiers leave the army, they are excluded from their units and often find themselves feeling isolated. In the past, comrades associations, such as the Royal British Legion, have helped to manage the transition to civilian life. For those ex-servicemen who feel disaffected and let down by the military, these semi-official bodies are sometimes not attractive. Some have joined pressure groups as a way of dealing with their discontents and health issues.

During the First World War, 5.7 million men joined the UK armed forces and virtually every male doctor who qualified at the time of the conflict volunteered for military service. A similar situation existed during the Second World War when, through air raids, rationing and the threat of invasion, the conflict was spread through much of the civilian population. In the post-1945 period, National Service recruited a wide cross-section of British society. With the end of National Service in 1960 and progressive defence cuts, the 'military footprint', or those individuals with direct knowledge of the armed forces, has receded. Regular service personnel currently number 196 650, divided between 108 150 in the army, 39 390 in the Royal Navy and 49 120 in the Royal Air Force. Today, few GPs or hospital consultants have served in the military. Indeed, the forces medical services are under strength and in time of conflict rely on the Territorial Army to supplement their numbers in theatre.

Despite the continued reduction in the size of our armed forces, military issues remain high profile. Wars, veterans and, increasingly, psychological trauma attract the attention of journalists and form the subject of press reports and public inquiries. Hence, as disseminated knowledge about veterans' health has declined throughout society, it has become a focus of interest and speculation. The debate around the nature of 'Gulf War syndrome' became polarized between relatively small numbers of scientists and doctors who study the health of soldiers, and suspicious media and increasingly vociferous ex-servicemen's pressure groups. As a result, veterans' health has become politicised and subject to a number of institutional and semi-official inquiries. Although those set up by the Medical Research Council in the UK and the Institute of Medicine in the US reached a broad agreement, the recent, so-called, 'independent' investigation by Lord Lloyd disagreed with their findings and called for further studies based purely on a scientific approach.

With contributors drawn from a variety of backgrounds, this multi-disciplinary book is designed to offer health-care professionals an insight into the physical, mental and social problems experienced by veterans returning to civilian life. Although most servicemen make the adjustment successfully and find fulfilling roles as citizens, others struggle to achieve the status and satisfaction they enjoyed when in uniform. By examining the problems experienced by veterans of the Gulf War, it may provide lessons of value to the current and future conflicts.

## REFERENCES

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