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December 1990

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Dear Charles,

BW IMMUNISATION POLICY

At the meeting of OPD(G) on 19th December, the Defence Secretary informed his colleagues that the Chiefs of Staff had made contingency plans in case some batches of Anthrax vaccine failed to be awarded a product licence; but in all cases he recommended that an immunisation programme should proceed. It was agreed that it would be essential to handle public presentation of the immunisation programme - and the Saudis in particular - with the greatest care.

Two of the three batches being retested (totalling 30k doses) have now been awarded a product licence. Retesting of the third batch has indicated that there should be no problems; but a licence cannot be awarded until the vaccine has been put in ampoules. This is due for completion on 31st December. There is, therefore, sufficient vaccine (59,400 doses) to begin a phased programme and, probably, for simultaneous immunisation of all military personnel deployed in the Gulf and civilians in direct support.

The US has taken a decision to proceed with a partial immunisation programme, to protect 100,000 of their personnel (about a quarter) against Anthrax; they intend to retain a pool of Anthrax vaccine, sufficient for 35,000 personnel, for use as a post-attack treatment in conjunction with a 30 day regime of antibiotics. The US also plan to vaccinate 35,000 personnel against BTx. We do not have this vaccine but, like the US, are manufacturing BTx serum for use as post-attack treatment.

The US will finalise plans for presentation to the Allies and the public at a meeting on 26th December. So far as the Allies are concerned, we propose that the decision to proceed with an immunisation programme should be placed in the context of the uncertainty about the threat; the efficacy of existing defences and countermeasures (including NBC suits); and the range of post-attack medical treatment available. The Defence Secretary plans to send

Sir Charles Powell KCMG
No 10 Downing Street



messages to his counterparts in Saudi Arabia, Bahrain and France on 29th December. He will also inform countries that have units serving with British forces such as New Zealand. Guidance telegrams along similar lines will be sent to capitals of other nations contributing to the multinational force, proposing that Governments of major contributors (eg Egypt and Syria) should be informed at the appropriate level about the programme and providing advice for others to draw on as necessary.

The draft letter to Prince Sultan (copy attached) specifically addresses the Saudi request for 50,000 doses of Anthrax vaccine. OPD(G) on 12th December took the view that any vaccine surplus to the UK's requirement should be offered to British Aerospace (3,300 doses), the World Health Organisation (WHO) (300 doses) and then the Saudis. Even if there are now failures in production, the Saudi order could not be fully met until Mid-March. We propose that the Saudis should be offered a choice: delivery as soon as possible of a limited amount of vaccine or that the UK would pool any surplus vaccine with the US to use if necessary as a post-attack treatment. In view of the political concern about the Saudi reaction to an immunisation programme, it would be possible, if the third batch is licensed, to offer the Saudis delivery of a token amount of 5,000 doses in early January in advance of meeting the BAe and WHO requirements and more in February.

Following consultation with the US, the Defence Secretary has agreed that it would be preferable for the MOD to give a routine unattributable briefing to the press on the CBW threat and the countermeasures available, rather than make a formal announcement: proposed bull points are attached. This is planned for 2nd January, the day the immunisation programme starts. Briefing for service personnel involved in the programme will be on similar lines but include classified information about the Anthrax immunisation programme, and other countermeasures. The US would arrange for a suitable question to be asked at their daily press briefing to achieve the same effect.

Finally, the Defence Secretary has been giving further consideration to the requirement for signature of a consent form. Although we will only be administering licensed vaccine which has passed all the safety tests, a consent form would provide evidence that a programme was voluntary. As none of the services ask personnel to sign such a form for routine immunisation with a licensed vaccine, however, to do so would give rise to unnecessary concern about the Anthrax vaccine's safety. We therefore, propose that the medical officer administering the vaccine should brief each individual about the nature of the product; why it is being given; its possible side effects (eg redness and slight swelling); and explain that the programme is not compulsory.



Unless there is any change in plan following the US meeting on the 26th December, the Defence Secretary proposes to proceed on this basis. He would be grateful to know by the evening of 27th December if colleagues have any difficulties.

I am sending a copy of this letter to the Private Secretaries to members of OPD(G) and the Secretary of State for Health, and to Sonia Phippard (Cabinet Office).

Yrs sincerely

Jim Webb.

(S WEBB)
Private Secretary

BW IMMUNISATION - PUBLIC PRESENTATIONBULL POINTS

Protective measures against threat of CW or BW attack under continuous review in consultation with Allies.

Iraq is party to 1925 Geneva Protocol prohibiting use of chemical and biological agents and has signed 1972 protocol prohibiting development, production and stockpiling of such weapons.

UK would take gravest view of Iraqi use of such weapons. Consequences for Iraq would be very severe. Such action would be irrational but we must take all prudent precautions to protect against it.

Confident that capability of multinational force, including air defences, will be effective against CBW delivery systems but other specific defensive measures are available.

These include

- protective clothing and respirators (against both CW and BW).
- devices to detect the use of both chemical and biological agents.
- medical procedures and treatment, involving vaccines for prophylactic and post-attack use, antitoxins and antibiotics.
- decontamination procedures.

Confident that these measures provide effective defence and will make Iraqi use of CW/BW pointless as well as irrational.

In contact with Allies to ensure sharing of information and pooling of facilities as appropriate.

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TO IMMEDIATE RIYADH

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INFO IMMEDIATE WASHINGTON, MODUK

MIPT: BW IMMUNISATION

Please pass the following message from Mr King to Prince Sultan:

1. We have been reviewing all aspects of our defensive measures against the possible use by Iraqi forces of chemical weapons or biological weapons in the event of hostilities involving the multinational force.

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2. As you know we have made it very clear publicly that the British Government would take a very grave view of any Iraqi use of chemical or biological weapons. The US Government has expressed the same view. It is to be hoped that Saddam Hussain will take full account of the gravity of these warnings. But we cannot of course be confident that he will. Hence the need to examine the question of defensive measures in some detail.

- We are confident that the capability of the multinational force, including air defences, will be effective against Iraqi CBW delivery systems.
- All members of our contingent to the multinational force have been issued with respirators and NBC protective equipment. This equipment will be the first line of defence for all our forces in the event of a CBW attack and provides by far the

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most effective protection against these weapons. We have also deployed appropriate detection equipment.

- BW may present less of a potential threat than CW. Iraq has not hitherto used it in battlefield conditions, or indeed in any other context as far as we are aware. Furthermore BW is typically much slower to take effect - a period of hours and possibly days.
- We have also examined the question of post attack treatment against BW with the use of antibiotics. I am advised that there is a great deal that can be done in the treatment of anthrax and plague with this method. I am asking the CBFME to make advice available via allied medical liaison channels. We can also provide advice on sources of the antibiotics concerned, should your authorities have difficulties in obtaining them.
- The facilities of our military hospitals in-theatre will be made available on a best endeavours basis for post-CW and BW attack treatment of Saudi and other members of the multinational force.
- Anthrax vaccine is currently in short supply. Production facilities are very limited. But as it becomes available we shall hold some in reserve for post-attack treatment for as long as necessary. This will be made available, on a best endeavours basis, to Saudi and other members of the multinational force.

3. I believe these proposals constitute a reassuring and effective line of defence against the possible exposure of our forces against CW and BW. As an additional contingency step, we have decided to proceed with a programme of vaccination against anthrax. It will begin on 2 January.

4. In view of Saudi Arabia's special position within the alliance we could if you wished offer 5000 doses of anthrax vaccine for Saudi use. It would be available on 2 January. This

represents the very maximum amount we can make available to you at the present time. We will not be making a similar offer to other allies and would be grateful if knowledge of this could be very closely held. If you decided not to take it up we would make the vaccine available for post-attack treatment as described above. Because of the very limited production capacity for anthrax vaccine I cannot yet say when further deliveries will be available, but it is unlikely to be before early February.

5. We do not propose to make a public announcement of the anthrax vaccination programme, though we will be briefing the press off the record on the whole range of our defensive measures. We are also informing host countries and close allies. Vaccination as such is not new and the information might just be of some value to the Iraqis. If asked by the media, we shall say that we liaise closely with host countries and key allies on CBW defensive measures. We would add that we were not prepared to discuss the details of any current or planned measures, for operational reasons.

ENDS

6. If the Saudis ask how many of our troops we intend to vaccinate you should say that we would hope eventually to cover them all, but that this will depend on the availability of vaccine.

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IRAQ/KUWAIT (SECRET)

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