

Chapter 6

THE DISAPPEARING MAN: NARRATIVES OF LOST MASCULINITY

One day Rebecca said to me, “I think they are all turning into women”. This comment struck me and as I continued to interview GWS sufferers it took on more and more meaning. The issues of sex and reproduction appeared in sufferers’ accounts over and over again. Early in my fieldwork I observed a key meeting between Bob, an ill veteran (introduced in Chapter 3), and Malcolm Hooper, the veterans’ scientific advisor. The meeting was to prepare Bob for his war pension appeal tribunal the next day. Bob was attempting to increase his war pension by demonstrating that he had additional illnesses and disabilities which were linked to service. This meeting reveals the themes to be discussed in this chapter.

Malcolm Hooper (M): Also you talk about arthritis. What I’m getting at is that vaccines can cause arthritis. You should not be getting arthritis in your 30s. Is there any history of it in your family?

Bob: No.

M: Have you got muscle pain as well as joint pain or can’t you tell?

B: I can’t tell.

M: Do they mention fibromyalgia?

B: No.

M: [explains that fibromyalgia is pain in the muscle and that there are a number of points on one’s back. Points out these areas to Bob]. There are 18 points: if you have pain in 11 you have it. Others clearly have it. It is rheumatoid arthritis which is immune problem. What I think ought to be done by anyone who is intelligent ... you never had a hormone test, testosterone test et cetera. Key hormones influence development and

maturation of spermatozoa and masculinity. Lots of macho stuff with testosterone, that would exacerbate the problem. But nobody has looked at that. Other thing they've made a lot of is obesity. But you don't look obese to me.

B: I've put a lot of weight on.

...

M: What about your chest? Breathing all right?

B: Yes. But I have bitch tits. I told this to the Colonel when I told him about my facial rash.

M: Let me look at your rash. Looks like a butterfly rash, a lupus thing. What you call bitch tits – it's called gynaecomastia. But I don't see that in your records.

B: It's a bit embarrassing. I was told that the doctor won't do anything to it unless I get a lump in it.

M: Another vet had it and was too embarrassed to say anything. That would go with a hormone problem.

B: They put the bitch tits down to obesity. The doctor says on page 24 "he is very worried about his obesity and thinks he is growing breasts. He does not have gynaecomastia but is quite fat. He is quite depressed because of the war and needs drug therapy".

...

B: What about suppression of sexual urges? They offered me Viagra but I don't want it.

M: What they mustn't do is offer you testosterone.

B: What about mood swings, anger, violence. I've wrecked four phones. I've seen a psychologist for two years.

This transcript reveals the way in which discussions of GWS include issues about physical forms of masculinity. Bob and Malcolm discuss Bob's lack of libido and the fact that he is concerned that he may be developing breasts. They talk about lack of testosterone and hormone problems, but they also discuss his heightened aggression. In this chapter I will discuss how GWS narratives focus on physical manifestations of masculinity characterised by bodily strength, vitality and potency. I then interpret these findings by suggesting that GWS narratives express concerns about masculinity, or, more precisely a loss of masculinity.

Semen

Foucault (1980) questioned why it is that our society perceives sex as not just a means of biological reproduction or simply a source of pleasure but, instead, as the central part of our being, the privileged site in which the truth of ourselves is to be found. Narratives about GWS

contain discussions of sex and reproduction and there is a high level of anxiety about these subjects. A unique aspect of GWS is its contagious nature: it can be passed by sexual contact, reproduction and even by living in close proximity with a sufferer. The main vehicle for contagion is semen. GWS sufferers believe their semen to be affected by their participation in the Gulf War. Thus, GWS does not only affect those who participated in the war, but also innocent members of their families. GWS is seen to permeate the veteran's body and to invade those of his loved ones.

Infertility

A common theme in stories about the Gulf War is the concern that veterans may be infertile due to the exposures and preventative measures given to them. Abou-Donia, the GWS researcher discussed earlier, argues that the combination of chemicals given to protect Gulf War soldiers may have damaged their testes and sperm production, causing infertility. I found that this concern seems to be mainly contained in discussion by non-sufferers. This worry, for example, presented itself on a small number of occasions at the GVMAP. I also found that healthy Gulf veterans would discuss this as a possible and vague concern. However, discussions of infertility were rarely, if ever, contained in sufferers' own accounts. Infertility remains a dominant aspect of discussions of GWS in the media and had ramifications for the second Gulf war. In the run-up to the war in Iraq (2003) an article in *The Observer* appeared:

Scores of British servicemen heading to the Gulf are visiting sperm banks so their partners can still have their children if they are killed or rendered infertile by chemical or biological weapons ... Veterans' groups say they have had many inquiries from servicemen concerned at the possible effects of vaccines administered by the Ministry of Defence, apart from the danger of being killed or rendered infertile during fighting. The cocktail of chemicals, similar to that given out before the first Gulf War in 1991, is meant to guard against insect bites and Iraqi chemical and biological weapons. The MoD insists it is safe, but some veterans say it has been linked to problems of fertility in soldiers returning from conflict. (Harris 2003)

The article directly links the soldiers' concerns about fertility to issues about GWS; thus, we can see that infertility remains part of the public discourse on GWS.

Low Libido/Impotence

Low libido and impotency are two of the most discussed symptoms amongst my informants. Veterans and their wives discuss their lack of interest in and inability to perform sex. Thus, the essence of masculinity – semen – is absent. They lack the ability to express and convey masculinity through the ejaculation of semen.

During my first meeting with the women who ran the veterans' association I was struck by how quickly their discussions turned to issues of sex and sexuality. During our first interaction, Rebecca complained about her lack of sex life. She told me that John had just been put on Viagra and that she was very pleased about this recent development. During this same meeting Kerry told me that she and her husband had not had sex for five months. "That's not normal", she said, "I could count on one hand how many times this year". During my time with the association I found this common complaint vocalised by wives of veterans. Indeed, on a number of occasions, wives would joke to me about their impotent husbands. They would tell me that they were going to "spike" their husband's drinks with Viagra. On one occasion whilst staying at Rebecca's house she told me, in front of her husband, that I should not feel threatened or worried about him coming into my room at night because he "could not get it up".

Roughly 15 per cent of my informants include "low libido" in their list of symptoms; far more, however, spoke about the condition. Many suggest that this has been a difficult aspect of their illness for them and for their partners. One veteran, Dave, said:

I think pride is something we have in common apart from the physical problems that I'm suffering now; psychologically it is very difficult. On a family level, one of the problems was problems with libido. People joke about it, but it's a very serious thing for one's partner. Something has decreased the amount of what we would call normal libido in a person of our own age. That can seriously affect whether you stay together. It leads to more psychological stress.

Another veteran, Sean, said, "I'm unable to have sex. I can't maintain an erection at all. Again, which didn't help my marriage."

Notions about low libido and impotency are often linked causally to NAPS tablets. Indeed, during and after the Gulf War, rumours abounded about NAPS tablets and their effect on one's sexual desire. NAPS tablets were also referred to by their medical name Pyridostigmine bromide (PB), and it is likely that soldiers made the link with the use of bromide in military mythology. Throughout

military history there have been persistent rumours that bromide was put in soldier's tea to lessen sexual desire, a myth which survives to this day. Such rumours originate from the Second World War, where soldiers were given bromide in order to prevent masturbation (self abuse) in order to ensure a good night's sleep (Jones 2003). It could also be interpreted that this was done to channel energy and potency, much like football players today abstain from sex prior to a game.

During an observed assessment at the GVMAP, the doctor discussed with a veteran the preventative measures taken in the Gulf. He asked the man about side-effects from NAPS tablets and vaccinations. He told the patient that he had heard from wives that NAPS tablets had "taken away their manhood" and that he had heard similar stories about malaria tablets in the Second World War. The patient, in this case, replied that he had no side-effects. Interestingly, I was told that the tablets caused permanent erections, but others reported they caused a lessening of sexual desire and drive.

Burning Semen Syndrome

Although there is a concern about infertility and the lack of potency of Gulf veterans' semen as well as concerns about low libido, another common complaint is that veterans' semen is extremely powerful. It is seen as toxic and dangerous, a kind of concentration of all that they were exposed to. Thus, there is a contradiction contained in discussions of GWS, sexuality and semen. On the one hand semen and sexuality are impotent, on the other dangerously potent. Wives and partners complain that their veteran's semen burns them, leaving them with blisters and rashes. It is suggested that men sometimes feel it too, so that intercourse becomes difficult or impossible. A name has been given to this condition: Burning Semen Syndrome (BSS).

Only one of my informants directly listed BSS as a symptom, but almost all talk about the condition and refer to it as a major part of GWS. As it seems to have captured the imagination, we must ask why it is that some symptoms become and remain central components even if, it would seem, the majority do not experience them. Central to this is the fact that as an anthropologist I interpret symptoms differently. Whereas for others, the "reality" of the symptoms is key, for my interpretation the most important issue is merely the fact that people talk about them. BSS would be unlikely to be picked up or seen as important from an epidemiological point of view since few veterans report suffering from it and yet in my fieldwork this symptom played a major role. In order to make sense of this I look at what symptom

reporting is conveying, rather than focusing on uncovering the objective truth in them. BSS, impotence and infertility have all become intertwined with GWS narratives and become powerful markers of it. Thus, they are clearly communicating something meaningful.

BSS is often described as one of the oddest and rarest conditions associated with GWS, yet many of my informants speak about it as a central feature of the illness. Martha, a Canadian Gulf veteran emphasises that those contacting her are mainly family members inquiring about BSS and other forms of contagion.

I've come across others, significant others who are ill and they test positive for Garth Nicholson's mycoplasma test.¹ It doesn't just stop with the soldiers. Our kids are born with birth defects. Congenital defects or chemical sensitivities. It is clear there is something there. I'm sure you have heard from other veterans about burning semen. Why is it burning? Women call up asking, "What do I do?"; "Why is it that when my partner's semen gets on me it burns and makes a boil?" Durakovic says it's because of DU. This is not just like other wars where you got shot, you healed and you move on. Modern warfare is not like that. Our enemy is invisible now. Invisible enemy, we have invisible illnesses, and the government is trying to make us invisible. What are we leaving behind? It's not just us affected. The government is negligent about that. About the organ supply and the blood supply: we are leaving it behind (in the civilian population) ... [You mentioned that children are being born with birth defects and that partners are being affected. How does that happen?] Through semen and through our gear, what we brought back with us. It was covered in DU dust. Nerve gas on our equipment. Toxins have got into the semen. But I think it's mainly DU. For men the semen is toxic and contaminated. The men have pain in their testicles, prostrate problems; it's painful for them to have sex. I've heard of men who have to get up at three in the morning to have a bath because it's so painful down there. Women have menstrual difficulties; their periods are all over the place, miscarriages, birth defects, difficult pregnancies, hysterectomies. I know a woman, unfortunately she is too sick to meet with you, her breasts ooze greenish fluid.... Mainly it's the partners, the wives calling and saying that their husbands don't talk about it. Ninety per cent of the time it's the significant other – the partner, or the daughter. It's not the soldier. They are concerned about themselves. They wonder why there are problems with sex, the burning semen, why am I feeling tired all the time? Is what he has contagious? I'm always tired; I have what he has ... Those that were to get sick are sick. Now it's more in the families.

1 For a discussion of Nicholson's work see below.

Contained in Martha's discussion are a number of themes concerned with sexuality, contagion and legacy. At this point I will focus mainly on her discussion of semen and its contagious and toxic characteristics. Her other concerns will be discussed below. I have decided, however, to leave her narrative complete in order to reveal how these issues overlap and remain connected to one another.

Martha suggests that in her role as an advocate/expert she is now contacted mainly by partners of veterans who are concerned about their own health. She suggests that their semen is toxic and this is most likely due to contamination by DU. The enemy is seen as invisible, getting into one's very being and affecting the core of one's body. Martha focuses on this invisibility: "Our enemy is invisible now. Invisible enemy, we have invisible illnesses, and the government is trying to make us invisible." As veterans struggle with the imperceptibility of their illness, they talk about body fluids and the observable souvenirs of their illness. Birth defects and the rashes of burning semen are this invisibility made visible. Bodies of veterans have been made poisonous and this toxicity is, in turn, contaminating others. Martha suggests that this contagion could even be implicating the average person via the blood supply and organ donation arena (see Chapter 3). For veterans something as natural as having sex with one's partner is risky and dangerous. Sex is painful and difficult: their semen venomous.

Despite the medical community dismissing BSS, it has been the subject of a great deal of interest. The US Department of Defence funded a study in 1997 looking into the immunology of BSS, on the hypothesis that it is a quasi-allergic phenomenon in which women have become immunologically sensitised to their husband's semen, which has become toxic through Gulf exposures. The study investigated "seminal plasma hypersensitivity" in 188 couples with the complaint, who responded to an internet survey; five such couples were then studied. Results were inconclusive (see Bernstein et al. 2003).

During a focus group with John and Jack, the sexual nature of the illness took a dominant role. When I asked the men what symptoms were common to GWS sufferers, they listed a number of symptoms and then Jack said:

While we are on the subject of children and what sort of symptoms do you suffer, a lot of Gulf War veterans suffer from things like burning semen. A lot of them have various diseases that they are passing on to their partners: an abnormal amount of sexual diseases. Their girlfriends and wives [are] having a lot of problems in the genital areas ... burning semen and various diseases ... I know these things are happening to me. I know that these

things are happening to veterans, but why they are happening? I don't know. I don't have any answers.

John continues the discussion by developing the ideas of sexual diseases and GWS: "Herpes simplex is a secondary problem that DU can cause. That's why many, many veterans after the Gulf war came down with herpes-type problem and passed it on to their wives and burning semen syndrome." Jack then adds a personal element to this discussion:

Jack: You still have it, still have the problems today. Burning semen and herpes and all that stuff. When I was with my last wife, she couldn't understand it all. At first she thought I had an affair because she came down a few times, on a few occasions with this disease. With herpes, like I say, I don't understand all this medical stuff.

John: I mean there are other explanations for things, but you've got to ...

Jack: Like all those camels we made love to.

John: Yeah. [They both laugh]

Reminiscent of AIDS, GWS is sexually transmitted. Herpes and other STDs are understood as being part of GWS. However, these veterans suggest that whereas they transmit these things sexually, they themselves contracted the illness without sexual contact. Again, depleted uranium is implicated in both herpes and BSS, a connection I will discuss below.

The only veteran who told me directly that he and his wife suffer from BSS further suggested the hostile nature of his sperm. Ed, the veteran discussed at length in Chapter 3, told me that his wife had a miscarriage in October 2000 after they had tried for a year to get pregnant. When she had the miscarriage they were told that his sperm had attacked her egg. I asked him to describe what he had said were the "strange circumstances" of the miscarriage.

Yeah, it was the chromosomes, I had double the chromosomes, I mean I think you are supposed to have 36 or 37 chromosomes for male, but I had 70 something. I had double the chromosomes. And they were attacking the egg, the fetus, they were fighting each other. And they put it down to a, what's called a blated ovum. Ummm and they, I mentioned the Gulf war because I was pretty upset because I was almost 100 per cent sure that it was down to that. But they were saying, oh no it could be natural. If a woman's body is not ready for a child that will happen. But I wasn't convinced.

Ed now has a healthy child; however, he remains confused about what he saw as the odd circumstances surrounding his wife's miscarriage.

Ed's semen is active and hostile, attacking what it should not: his wife's egg. It is extremely potent, a notion that extends discussions of toxicity and BSS.

Women Contaminated through Men

BSS represents a direct transmission from the sick veteran to his partner, but other symptoms such as fatigue, pain and confusion are also conveyed. It is unclear, however, how this may occur. A popular theory proposed by Garth Nicholson suggested an infectious agent; this is the theory mentioned in Martha's quotation above. Celebrated by veterans and their advocates, Garth and Nancy Nicolson's work is often used to explain GWS, particularly its contagious element. The biochemists became involved with GWS when their daughter, a Gulf veteran, became ill. The Nicolsons themselves had experienced episodes of symptoms, which they believed were caused by GWS contracted from their daughter. They believe that infections could be transmitted to immediate family members who subsequently display similar signs and symptoms and are often diagnosed with CFS and/or fibromyalgia. Their theory is that mycoplasmas, a type of microorganism, had entered the bloodstream of soldiers, possibly as a result of genetically engineered Iraqi weapons or contaminants from multiple vaccines. Nicolson claims to have evidence that HIV was mixed up somehow with the veterans' mycoplasma. GWS is not a unique syndrome, he argues, but is, instead, linked with CFS and FM. Furthermore, he believes it to be treatable through a course of the antibiotic doxycycline. Interestingly, although heralded by veterans, none reported having the treatment.

In addition to reporting that semen burns them, veterans' partners would often tell me that they suffered from other symptoms; again, semen is seen as the contaminating agent. The fact that GWS implicates family members further provides a rebuttal to those who suggest that GWS is psychological. It is understood that women can be contaminated and affected physically by GWS through sexual contact with their GWS sufferer partners. As mentioned above, the contagion of men was emphasised by the female organisers of the association. When we first met, Rebecca told me almost immediately that she had had a miscarriage and had gynaecological problems. She had read an article, she said, which reported the main problem areas for women were the throat, the neck and the genitals. This had struck her because she suffered from a sore throat and gynaecological problems since meeting John after the war. Orifices are seen as vulnerable; they are the regions where GWS enters.

One veteran told me he had passed on his illness both to his wife and to his stepdaughter. George told me that he had been diagnosed by the GVMAP in 1995 with the Epstein-Barr virus. This virus is commonly known as “the kissing disease”² and I soon realised that George had interpreted this in terms of a sexually transmitted disease. He explained that being told of his diagnosis was “not very pleasant”. He further said that the doctor had told him that he would have to “tell his missus” and that it was very difficult having to tell her. George said that his wife is now suffering from it as well as CFS. His stepdaughter, he informed me, had been diagnosed with CFS and that he understood that she had contracted it from him. I asked George how he thinks his family could have contracted the illness: “With the wife, some of it was sexual contact. Well, she has to go to the hospital for an appointment later on this month for vaginal infections. And the others, the ME, you know, chronic fatigue and that it’s obviously airborne.”

I asked George how he had made the link between his stepdaughter’s illness and the Gulf. He suggested that this had come about in 1994, “once I sort of realised I was ill, and I’d been in touch with the Nicholsons and they sort of said that there is a family connection, and things just fell into place”. Women are infected with their partner’s illness through contact with their semen and, in some cases, by mere proximity to the contaminated sufferer. In these narratives, sex and death take centre stage. The two most powerful notions and their symbolism are reversed: blood and semen are no longer the sources of life, but, instead, sources of illness and death (for a similar discussion about AIDS, see Wallman 1988).

Birth Defects: Children Contaminated through Men

The most alarmist and upsetting media reports and stories about GWS have been about birth defects. Immediately after the war there were persistent rumours of birth defects and increased rates of miscarriages

2. It “was really after the discovery in 1968 of Epstein-Barr virus as the cause of mononucleosis that EBV became a disease of fashion, because the vast majority of the population bears EBV antibodies in the blood. Disproof was impossible. Finally ‘evidence’ was at hand that sufferers were ‘really ill’: Their blood tests (and everybody else’s) showed the antibodies. This particular proof seemed to be dramatically delivered in 1984, when an epidemic of still-inscrutable character occurred at Lake Tahoe. EBV antibodies were detected in blood samples of some of the victims, and the case for organicity seemed to be clinched” (Shorter 1992: 309). EBV has also been called “yuppie flu”.

among the families of returning veterans. Problems in reproduction take a predominant role in discussions of GWS and, indeed, are often the most discussed outcome of the war in the public arena. Once again it is semen that is implicated. Conception is seen as risky and full of potential problems. When conception does result in a child, veterans believe that birth defects are likely. At this point, however, it must be noted that although this belief is widespread in both veteran circles and the general population, there is no evidence that Gulf veterans have children with excess birth defects (Cowan et al. 1997; Araneta et al. 2000). Doyle et al. (2004, 2006) found no evidence for a link between paternal deployment to the Gulf War and increased risk of stillbirth, chromosomal malformations or congenital syndromes. Associations were found, however, between fathers' service in the Gulf War and increased risk of miscarriage and less well-defined malformations.

[For] male veterans there is no strong or consistent evidence to date for an effect of service in the first Gulf war on the risk of major, clearly defined, birth defects or stillbirth in offspring conceived after deployment. For miscarriage and infertility, there is some evidence of small increased risks associated with service, but the role of bias is likely to be strong. (Doyle et al. 2006: 571)

There was no evidence of an association between risk of miscarriage and mothers' service in the Gulf. Although two out of four reproductive health studies evaluated by the MRC review "showed an increased incidence of self-reported birth defects among Gulf veterans, their independent measures of birth defects found no association with Gulf service or reported exposure to particular hazards" (MRC 2003: 4). It must be remembered that 1 out of 40, or 5 per cent of births result in birth defects, and miscarriages rates are much higher than is commonly known. Despite evidence to the contrary, veterans remain convinced of the prevalence of birth defects and other problems in their reproduction; thus, this belief remains a central tenet of GWS.

Many veterans would tell me that there are high numbers of birth defects in children born to Gulf veterans. When I asked them how many they had met or knew of personally they would invariably say that they did not know of any personally, but had read about them or heard about them. The children of two veterans, Mark and Harry, are often cited as proof of the increased rates of birth defects. The following conversation with Paul is illustrative of this use of one or two cases as evidence of an overall occurrence. I asked Paul if he knew of any children born to Gulf veterans who had birth defects,

Yes, a lot. I know personally there's one. Harry, his son has brain damage. Other people have kids with deformed fingers and feet.³ Webbed fingers and feet, autism, memory problems, behaviour problems, and problems with their joints. [How is passed on?] I think it's altered the reproduction systems. In the semen so it can carry. The Americans have had the same problems as well with deformities. They have the same problems as their parents. I think it's some sort of cells, some sort of way that's been passed on. Through blood, cells, semen or whatever has been passed on.

During our first meeting, Rebecca told me that men were twice as likely as the general population to have children with defects and women veterans were three times more likely. To illustrate this claim, Rebecca told me about a family where the father was ill with GWS and the four children had also been affected. This was Mark's family, introduced in Chapter 1. Debbie and Mark were very well known and had appeared many times in media reports. They were the "face" of GWS birth defects and have appeared in numerous media reports about GWS and its relationship with birth defects. It is possible that because of the high profile of these two families, veterans and others read the numerous stories in the media and interpret them as multiple stories. The information has the effect of multiplying the event. It would seem that people are creating theories out of the anecdotal evidence about a few cases.

When I first spoke to Debbie on the phone she told me that the children all have problems, but the eldest has the most serious disabilities. She said all of the children have deformed feet, asthma and bowel problems. The eldest, Michael, has language delay, deformed ears and feet, chronic fatigue, problems with food, and they were now investigating whether or not he has autism. When I met the family I was surprised to see that there appeared to be no signs of deformities in the children. When I inquired about this Debbie pointed out Michael's ears, which seemed mildly misshapen. She then pulled off the shoes and socks of the children to point out their "deformed" feet and toes. The children's feet appeared normal; the last toes were, however, slightly overlapped with the toe beside it. Debbie told me that the children's deformities were the same as those which were appearing in children in Iraq and that is how she knew it was something to do with the Gulf.

3. Although Paul did not directly suggest that he was speaking of Mark and Debbie's children, the common description in media reports and amongst GWS circles is that they have deformed fingers and toes.

Debbie explained that their doctor had told them that he had never seen anything like Michael's ears before, but he had told them that the problems with their toes were common. Debbie suggested, however, that to have both deformed ears and toes at the same time made it uncommon. Thus, to have one of the symptoms in isolation would have been acceptable, but it is the combination of symptoms that made it an issue. Debbie told me that the children have various and differing symptoms, but all the children have stomach and bowel problems.

I asked Debbie about what she thought had happened to her children, as she clearly thought they had birth defects. She said: "It must be something to do with the Gulf. No one else has four kids that are ill." Her husband Mark added, "I can accept having one child having problems, two maybe, but having four kids who are ill?" I then asked them if they knew other, non-veterans, who had children with birth defects. Debbie responded that they knew one child who had "a language delay, but Michael has that and physical problems. If it had just been the language delay I would not have associated it with the Gulf, but because language delay and toes et cetera and there is no history in the family of these things."

When I asked Debbie what she thought might have caused these problems in other families she said that she thought it must be down to family history. She said that genetics is the key to these things and that they had had Michael tested to see if he had the "gene which causes language delay in boys", but Debbie did not have the gene. Mark, the father, was not tested.

I later spoke to Mark's parents, the children's grandparents. They said that they felt having four children in the same family with problems was "too much of a coincidence" and that they had 14 grandchildren in total and none of the others had problems. They suggested that "should mean something" and further indicated that, "something, somewhere would have shown up." The grandmother said that she was also part of a big family and none of them have any problems and, thus, it "surely must be something to do with the Gulf". It is as though family history or genetics is the explanation people turn to in order to make sense of illness. When there is insufficient evidence of this, the Gulf is automatically implicated.

Semen is understood to play the central role in birth defects. Again, semen, viewed as the physical essence of masculinity, is seen as playing a chief role in contagion. During my interviews I would ask veterans if they thought the illness could be passed on to others. If they felt it could, which the majority of them did, I would ask how this might occur. Most veterans express uncertainty about the exact nature of this transmission, but commonly suggest that it is something carried in

semen. Sean's discussion below is representative of the kind of answers I received to the question of how transmission occurred.

Through my genes? If it was transmitted in any other way, like a communicable disease, then it would have affected the others as well and my wife. [So do you think possibly the exposures affected your genes?] Are we carrying around these chemicals in our body and you know, are they still there? Are they going into every sort of facet of our body? Sperm has blood and everything in it and your carrying other chemicals around in your body then that's creating a chemical imbalance or something like that. Who knows what it could be doing?

Semen is believed to contain the essence of the body and the man. Sperm, according to Sean, has "blood and everything in it" – it contains the nature of the man in minute form. Another veteran, Sara, expresses similar understanding of the role of semen in the transmission of the disease to children:

If something that's affected the nervous system and it's because of a drug or something, if they haven't been tested properly. These are lying maybe dormant or it's in your system you pass on to your children. Like a man who's a drug addict can pass on to a child. Or somebody with HIV can pass it on to a child. No one has said it's not like that. If you have GWS ... if it's because of uranium, that's for life, not just for Christmas. If you father a child and there's uranium in your semen then the child is going to have it.

Sara⁴ suggests that her concerns about having "damaged" children were one reason why she and her husband had decided not to have children. She is concerned by the media reports of children with "problems with their kidneys and brain problems" being born to Gulf War veterans. Male veterans, however, are the ones who seem to be implicated in the illnesses of their children, according to Sara. She said that in the "Paper and on TV it's always been the father of the child announcing 'I was in the Gulf' ... I haven't heard of or seen of any women who say 'my baby was born deaf because I was in the Gulf'. But there is a tiny nagging doubt, one per cent, saying what if? You know, it's there."

Although Sara thinks that children born to Gulf veterans after the war may be at risk from illness, she does not think that it is contagious. "It's not something like, don't sit in the room with him: he's got GWS.

4. Sara suffers from migraines which she believes are attributed to her service in the Gulf, but otherwise considers herself healthy.

It's not HIV or AIDS or Ebola virus or something stupid like that that you can catch."

Interestingly, she does think it could be transmitted if it were a psychological or psychosomatic illness. This notion of the "contagion" of illnesses such as depression was repeated on numerous occasions by healthy Gulf veterans in their attempt to understand GWS.

Amongst healthy Gulf veterans the possibility of having children with birth defects seems to be an overriding concern. Thus, although they remain symptom-free and healthy, there is a concern that something remained in their body that could affect their children. James, a healthy Gulf veteran, said:

I can only be guided by the evidence. Whether it is GWS or something else, I don't know. I am fine. There possibly is something, but I am fine. But if I were to have a child who was born with birth defects then I would blame it on the Gulf. [Why is that?] Because there is no family history of anything like that either on my side or my wife's. The Gulf is the only thing I could blame it on [...] I suppose it could just happen. But there is something that I have in my past that would explain it. It's like if I found out I was infertile. I know I was fertile because I got a girl pregnant and she had an abortion. So if I found out I was infertile I would then investigate and come back to GWS and I think I would have the right to do so. [...] If it were a small heart defect I wouldn't blame it on the Gulf. I know these things happen. But Down's syndrome, I would blame on the Gulf. [Why? Do you not think that sometimes children are just born with Down's syndrome?] It is easy to say that anyone could have a Down's baby but I would find that hard to take.

During a follow-up interview I asked James to expand on what he had told me during our first meeting.

If I got cancer I would not blame it on Gulf. It would have to be something unusual. If I had a three-armed baby I would blame it on the Gulf. That's not a normal birth defect... Or if I were told I was infertile. It must be something because I wasn't infertile before [the Gulf War]. So it would point to the Gulf. But if they said 50 per cent of over 40s, and I am 40, become infertile I would believe it. I would not say it was GWS if I got cancer because that happens.

James' comments are common amongst non-sufferers and the general public. It is as though there are some situations which demand explanation and blame, and having a child with a birth defect is one such predicament.

The way the friendly fire incidents informed veterans' understanding of their illness was discussed in Chapter 4. Friendly fire metaphors are also used to describe the contamination of women and children through

their contact with men who fought in the Gulf (such as Ed's report of his sperm attacking his wife's egg). Lee suggests,

I was having mood swings, drinking. That progressed. My wife moved back to the UK with our daughter, who is eight. I had problems seeing my daughter. She has heart and lung problems. That was the main thing that got me on the Gulf War programme. I signed on the dotted line. I'm big enough and ugly enough to handle it, but my daughter ... that is like friendly fire and if I have another child ... I couldn't handle a disabled child. So I went for the test [GVMAP] in 1997. Came out feeling like a male rape victim. They didn't believe a single thing I felt. My dad was in the RAMC,⁵ so I had faith in the army medical service. I told him that I had taken BATS and NAPS. And he said don't be so silly, nobody took BATS. 650 of my regiment took BATS. He accused me of being a liar. He was asking questions but not listening. If I was raped that is how I would expect to feel.

Lee explicitly states that birth defects in children as a result of exposures in the Gulf are "like friendly fire". He further explains his experience of going to the GVMAP as a kind of rape. The sexualised nature of his explanation is characteristic of veterans' discussions. Likening the situation to rape is possibly his way of expressing a feeling of being feminised.

In the same focus group mentioned above, John and Jack also discuss BSS and issues of contagion. They then turn to the impact on the Iraqi people as well as on their own family members:

John: We've committed genocide against the people of Iraq. But ah, history will right that.

Jack: There is a big hoo-ha about Chernobyl but there hasn't been a hoo-ha about all these people being deformed in Iraq. And indeed, to UK veterans.

...

John: Harry, who you saw today, both Jade and her brother Thomas, Thomas has severe brain damage. Jade has hearing and speech impediment and learning difficulties. Now you think about Mark's children all four of them. Harry, both of his, Mark's children.⁶ Now, Mark's job was to remove the vehicles that were hit as a tank transporter. So he was undoubtedly exposed. Harry was a chef, so his regiment broke through and camped right in the middle, so he would have been jumping on tanks like the rest of them. They shouldn't have done it. They should have restricted the movement of troops after the war

5. Royal Army Medical Corps

6. Again, these two families are used as proof of the link between GWS and birth defects.

Jack: You've got many, many, many cases where wives and female veterans have actually lost children.

John: Yes, I mean, Rebecca and I lost a baby. But that's not the only occurrence. Some of the children born to veterans have been horrifically deformed. Which has been recently brought out by a paper in America ... [which] looks at health defects of children born to veterans in the Gulf and shows substantial birth defects in veterans children. And admittedly that group of soldiers would have been more exposed to DU anyway. But that's not the argument. The argument is that we've done it to ourselves.

John stresses the fact that “we’ve done it to ourselves”; it is their own government implicated in their illness and the illnesses of their children. In this case, John is specifically talking about depleted uranium. In the above quotation, John also discusses the effect of the war on the Iraqi people, particularly Iraqi children. Veterans say that the birth defects found in their children are the same as those found amongst Iraqi children born after the war. When veterans discuss birth defects they most often discuss them in relation to semen made toxic by way of exposure to depleted uranium.⁷ The anxiety surrounding depleted uranium could be seen as rising out of a belief that it is a radioactive substance. It was a new weapon and thus mysterious to many soldiers who were not familiar with it. Discussions of DU and its relationship with birth defects are reminiscent of the post-Vietnam War anxiety about Agent Orange. Agent Orange was implicated in horrific birth defects in children born to Vietnam veterans and Vietnamese children. Fears about the effects of Agent Orange occurred during a more widespread anxiety about invisible chemicals and toxins. During this period there was widespread fear about DDT, which was thought to enter the food chain through plants and would, in turn, contaminate children. One of the most influential books of this period was *Silent Spring* (1962). In it, Carson, a biologist and writer suggested that pesticide sprays were “a kind of fallout”. She stated, “in this now universal contamination of the environment, chemicals are the sinister and little recognised partners of radiation in changing the very nature of the world – the very nature of life” (Carson in Wheelwright 1002: 177). Despite the widespread belief in the connection between Agent Orange and illnesses, including birth defects, the link has not been proven.

7. Doyle et al. (2006) cite a US General Accounting Office report in 1994 that identified 21 potential reproductive toxicants and teratogens that were present during the Gulf War (US GAO 1994). These included: arsenic, cadmium, mercury. Attention, however, tended to be focused on a much smaller range of exposures.

In a number of cases veterans extend discussions of exposure to DU. As mentioned in Chapter 4, exposure to DU, according to veterans, can occur indirectly. Veterans report that many of them brought back souvenirs of the war: visual reminders and proof of their participation in war. On a number of occasions veterans would suggest that these visible totems were implicated in the illnesses of family members and other innocent victims. One veteran, Brian, suggested, “we all have souvenirs. I have shells in the house and my kids have all these symptoms”. He said that he had four shells that he displayed in his house and that his children had become ill as a result.

Rebecca told me a theory about birth defects that I subsequently heard repeated on a number of occasions. Within the first three years after the Gulf War, health problems were indiscriminant with regard to a baby’s sex. Rebecca suggested that both male babies and female babies had birth defects and subsequent problems. The situation since 1997, she argued, was different in that only male children were at risk. Thus, Rebecca suggests that in the early years after the Gulf War all children were likely to be affected by their father’s participation in the Gulf. Now, only male children are born with birth defects due to GWS. As mentioned previously, I was told that Rebecca had had a miscarriage, but she had since given birth to a healthy girl. I asked Rebecca during our time together if she was worried about having children because of John’s GWS. She told me that she had been to some extent, but overcame this by thinking that it might be a girl. Rebecca also suggested that she knew if there was something wrong with the child she could choose to abort the fetus, as she “knew she couldn’t cope if the child had problems”. She told me she had a “good gene family” and that once she knew it was a girl she knew the child would be fine because it was mainly the boys who had problems.⁸

The notion that contagion is passed down through the male line was further described by Harry. Harry has two children, Jade and Thomas. I was told that Thomas has brain damage and, as Harry describes, “the right-hand side of his brain isn’t formed properly so he has learning difficulties and behavioural problems”. Thomas’ problems were further described by Harry: “When he was one we found his speech was not OK. It was a long struggle. They gave him a brain scan and they found that his right hand side is inside out.” Harry told me that Jade was fine.

8. It is possible that this theory (which I only heard mentioned by well-known association members) resulted out of the recognition that a number of well-known ill veterans had had healthy children, after media reports of birth defects. The two leaders of the association had had healthy children, both of whom were girls.

I found this interesting, as John had suggested that both children had birth defects (see above).

Below Harry describes how he understands his son's illness is related to his participation in the Gulf:

As I say my son, Thomas, has got brain damage [seen on] an early CT scan and ... what's now I'm thinking I may have passed it on genetically from the way I am. So that's the next thing we will be looking at is having a chromosome test for me and my son to see if there is any link. I mean, my daughter, Jade's OK and it's the male that passes it on to the son. So I think we just want to find out if there is a connection and if there is anything that can be done to improve his quality of life ... I think that as I've had that many vaccinations and that my immune system, my immune system has been messed up, really like. And Thomas is a Gulf War baby – he was conceived you know, not long after the Gulf War, you know. And he was a boy. A lot of other veterans who have children with the same problem they are all boys. So that's why the question is because they did actually did pass on via the cells the father's like.

I then asked Harry how it would be that male children were affected, but female children were not. He replied: "The theory is that it's the X gene [*sic*] in the chromosome through the male. That gets passed down to the boys. I don't know the scientific. It's something to do with the genetic build up, like."

Harry's discussion contains a number of different factors illustrative of illness models of GWS. He suggests that those children, such as Thomas, who were born soon after the war were more at risk than those who were born more recently, like Jade. Thomas is a "Gulf baby", defined by his father's participation in the Gulf. Veterans' bodies, immediately after the Gulf are more potent and hazardous and randomly affect their offspring. At first it would appear that in time veterans' bodies become less toxic, as those children born more recently are seen as less likely to be affected. Upon closer inspection, however, this is not the case. Instead, this theory suggests that the illness becomes concentrated in maleness. Men pass on maleness and masculinity to their male children and, thus, it is only male children that have the possibility of being damaged.

The Soldier's Body: The Embodiment of Masculinity

GWS affected the very core of sufferers' masculinity. Indeed, it is through their masculinity that their wives, partners and offspring are affected. Veterans impart a strong notion of masculinity in their

discussions; these are deeply rooted in the body. Masculinity is almost always thought to proceed from men's bodies: to be inherent in a male body or to express something about a male body (Connell 1995). The ideal and normal state is one of ultimate fitness – a state stressed in the military. Any deviation from the muscular, fit body is seen as illness. Masculinity and the veterans' identity as a soldier were dependent upon their body and its ability to perform. This notion of masculinity is connected to strength and fitness, both externally and internally. These notions are linked with the previous discussion of body boundaries and the immune system. Strong, masculine bodies have strong, adapting immune systems and impenetrable defensive barriers.

One cannot stress enough the role of the military in defining masculinity. The forces are a masculinising institution and the organisational culture of armies is heavily gendered. Indeed, the military can be seen as the embodiment of a sexualised masculine ethic (Littlewood 2002). The body of the soldier can be seen as a kind of exemplary masculinity. As Connell suggests, violence "on the largest possible scale is the purpose of the military; and no arena has been more important for the definition of hegemonic masculinity in European/American culture ... The figure of the hero is central to the Western cultural imagery of the masculine" (1995: 213). The production of exemplary masculinities, like the soldier, is integral to the politics of hegemonic masculinities (Connell 1995). This symbolism of masculinity, however, is not fixed.

I was told that in the military the body is seen as a tool or as a weapon. Nigel, a healthy veteran, who was concerned about colleagues he felt were suffering from GWS but were ashamed to come forward, discussed at length the view of the body in military culture:

It was a strange culture, for example, if you were overweight, even if you are not overweight, I was a big lad and I used to have pie jokes thrown at me all the time and yet I never failed any test physically. I had a friend who passed SAS selection, came back to get his kit, and he was a little chubby lad and he was having jokes about being in the special pie squad from blokes who weren't half as fit as him. There were also racial things and ginger haired things. It's a very critical culture. It criticises everything in, I suppose, quite a bitchy way. And the body is part of that. Your physical and mental health has to be without blemish ... The worst thing to be known is to have not passed the BFT.⁹ If you failed the physical test ... [you could be] classed as a wanker.

9. Basic Fitness Test. This test is the fundamental measure of fitness in the forces and must be passed by all recruits before they are accepted into the forces. All soldiers must also pass this test yearly.

Whilst explaining the culture of the military, Nigel talks about the way it is very focused on the body. Nigel's language is highly gendered and sexualised: he describes the culture as "bitchy" and explains that people who failed tests would be called "wankers". Being unfit or even looking unfit attracted ridicule. As he suggests, the "worst thing" is to fail the basic fitness test. Thus, one's integrity and masculinity is dependent upon easily observed fitness. Interestingly, the notion of "fitness" has been increasingly linked to attractiveness: to be an attractive man you must also be physically fit.¹⁰

Notions of masculinity are also linked with an absence of weakness and emotions. Indeed, it was very hard for veterans, they said, to approach people about their illness because soldiers do not go to the doctor or admit they are ill. I was told by both ill and healthy veterans that, "illness is seen as a bad thing in the army" and that "to report sick is taken as a form of weakness". This inability to accept illness is said to be a "male thing" and common in the military ethos. Henry, a high-ranking officer, emphasised the role of masculinity in service culture and the impact it has on the acceptance of psychological problems.

If you're a man (most are men and those are the ones I worked with for 34 years) and your manhood, your masculinity, your strength and your invulnerability are cornerstones of your placement in society. Whoever you are. And certainly if you strap military uniform on for many years, it's how we condition them. So we're all vulnerable to it ... I'm not a babe in arms, I think I would have been mortified to be diagnosed with PTSD ... Mortified. Because, again, either I think a lot of my self-esteem was based on the fact that I coped awfully well with combat. And enjoyed it and I enjoyed inspiring and leading through it. If that had been a part of the conclusion [of what was wrong with me] I'd have been gutted, I really would. So I think you can take shades of that right through the spectrum. "I'm one of the body, I can hack anything." When you come home, "you haven't been able to cope with stress." "What!" It unnerves them and it destabilises them itself.

GWS Bodies: The Disappearance of Masculinity

Veterans valorise their pre-war identity and bodies by describing extreme masculinity and strength. Ben explains, "Before I went to the Gulf, as I said I was superfit ... You are superman." When veterans discuss their illness and their present state they say that they are

10. I owe this insight to Professor Danny Miller.

deteriorating, old before their time and weak. This weak state is held as a foil to their pre-war bodies and selves. Another veteran, Sean, says:

I really don't know what to think. But I definitely know I'm not well. I've always been a very fit, very active person. I used to do my training three times a day. Morning, noon and night, everyday, without fail. I was one of the fittest people ... Now I can't do bugger all, basically. I can't even lift weights anymore because it causes pain in my neck and my neck goes into spasm ... I've had to lose a lot of bulk through inactivity.¹¹ And again, when you don't exercise and you don't release endorphins so it doesn't help the depression side. I know I'm not as tolerant as I was with people and things ... [A]t first I was paranoid because I thought I'm falling to pieces here, why? I've gone from a person, I liked me; I was full of myself because I can do the things I can do. I was proud of my body, I was proud of my athletic prowess. I was proud of the fact that people didn't tell me what to do and I could hold my own in any argument: mentally and physically. And then all of a sudden I started despising myself because I was like an old cripple. My mind wasn't working right, my body wasn't working right, and I was turning into an old man. I felt I was dying from the inside. It wasn't affecting me, it was affecting everybody. My family and friends.

Masculinity is also linked with work and the job of a soldier. Being a man is also about providing for one's family. Previously, Harry described his understanding of how his male child was affected by his participation in the Gulf through his semen. After this discussion I asked Harry to describe to me how he felt physically. He replied:

Nowadays, I just feel, I don't feel how I used to be. I could manage things better. I can't work although I keep trying, like. I get tired easily. And it's role reversal at home. My wife works now and I'm doing the chores and that takes some getting used to, like. Because generally with all these health problems my skin, my sleep apnoea and my asthma and all these things wrong with me and that's how I am these days, a bit of a worrier, like. I think it's the fear of the unknown that's the worse thing, like.... I've had to change my lifestyle. I'm a househusband and that. It takes some getting used to but you have to know your limitations. And I know my limitations I can't do DIY and that.... I have to admit that at first I felt a bit inadequate. But then I thought to myself, and I've had counselling...that having a home and family is important in itself, like. And I've learned through these counselling sessions that if my wife was ill and I was working it wouldn't be a problems... you've just got to adapt to what's best for you.

11. Sean is suggesting that he had to lose a lot of muscle through not being able to exercise and lift weights, thus, changing the appearance of his body.

Harry's comments reflect the view that men are seen as the "breadwinners." In the army their body was their means of survival, in the absence of the army what role does their body play? Is it redundant? Through their illness, or prior to their illness through leaving the forces, this expression of masculinity was taken away from them. Masculinity is linked to work. Most of the Gulf War sufferers I spoke to did not work and depended on the pensions and benefits they received as a result of being an ill veteran. Many of their female partners worked and ran the home. In their discussions about their illness, veterans stressed their inability to work and that their partners saw "a fit man becoming ill and losing jobs." Thus, they had gone from having a heightened male identity: being a soldier, a war veteran, and a worker to being what Harry refers to as a "househusband." Importantly, he also admits that he is unable to undertake carry out DIY, something which is commonly seen as a masculine pursuit.

Veterans themselves and their advocates paint very emotive pictures of their bodies. During the US congressional hearing at the House of Lords, the comparison of pre-war masculinity and fitness to post-war was the focus of the presentations. A US Congressman said:

They were exposed to a host of toxins. They were vibrant, potent, strong and came back broken, battered and suffering. They came back with old women's diseases. Diseases of the old. The plight is real and it is physical.¹²

Ross Perot then said of the Gulf veterans that he had seen:

They were Captain America. They brought in pictures of themselves. They were muscle men and now they looked like people coming out of Dachau in WWII. And brought pictures of their children with severe birth defects. I am not a doctor. I have been accused of being one but I can see this is not stress. This is about how we can protect our armed forces and our entire population from terrorist activity.¹³

Veterans' bodies are described as once masculine and ideal: "Captain America". This masculine ideal of fitness and strength is now lacking in their bodies: they are old, weak and in need of help. They were "potent," they are now dependent and "broken". Once again we can see the way that discussions about GWS are, in many ways, not solely about the Gulf War. Instead, it is a vehicle for talking about other

12. This is not a direct quote as it is based on notes I took during the meeting.

13. Also not direct quote as not taped interview.

things, in this case a platform for US politicians to discuss terrorism and widespread vulnerability. GWS expands outwards (see Conclusion) it brings together disparate anxieties of our contemporary context.

Many veterans report that they found the final period of their time in the forces difficult because they were unable to maintain fitness levels, the cornerstone of masculinity in the forces. Thus, their bodies were failing them and not living up to the ideal male soldierly body. Linked to this inability to cope is the notion of fatigue. As mentioned above, the military body is one that is strong and has endurance, it does not tire; yet GWS sufferers most common complaint is fatigue, their bodies are in a constant state of lassitude. Such a notion of fatigue seems entwined with notions of aging, weakening and losing potency. In the forces fatigue is seen as entirely negative and is given feminine connotations. This is made all the more symbolic with the entrance of women into the forces and the subsequent advent of different criteria of endurance for female soldiers, something that will be discussed in the next chapter.

“Old Women’s Diseases”

As we have seen above, GWS narratives emphasise the toxicity of semen and in many ways, the toxicity of manhood itself. The men talk about being transformed, changed by their time in the Gulf. This change, however, is seen almost entirely in physical terms. This change subsequently infects and harms their wives, lovers and children. They are fractured heroes, broken men and the essence of being a man- their semen- is equally damaged. This transformation of male identity and personhood is further expanded by veterans’ discussions of the illnesses from which they suffer. Veterans and their advocates constantly told me that they suffer from “old people’s diseases” and “old women’s diseases.”

They suffer diseases of women, further emphasising their de-masculinisation. This description of their bodies is held in stark contrast to the way they describe their pre-war bodies as muscular, fit, and strong. During an early interview, Rebecca told me that veterans’ bodies “just don’t work well”. She said they are either too fat or too skinny because their bodies do not work properly. She also said that there are higher rates of anorexia in male veterans, “which is just not common normally”. Rebecca then used a well-known veteran to illustrate what she was saying, thus, the male bodies of veterans are not ideal masculine bodies.

Malcolm Hooper would often stress the fact that veterans' illnesses are "female" illnesses. "This is a disease mainly of women [Irritable Bowel Syndrome] and many things in Gulf cases are found which are mainly of women. Lupus, fibromyalgia, osteoporosis."¹⁴ Veterans themselves point out the link between their conditions and female maladies. Describing fibromyalgia, one of his many symptoms, Mark said: "It is tenderness around the joints. It's more predominant in women than men until Gulf vets. It's rarely found in men or only in men who are older with really thick notes [i.e. with a complicated medical history]."

Tony, the sceptical veteran described in the previous chapter, discusses his experience of going to the AGM:

The guys with osteoporosis, that got to me a bit. Because that's an old woman's disease, sitting around too much. But these guys are active, young men and they are crippled by and old woman's disease. And that did disturb me. But as I say, I was more caught up in the euphoria of being there, rather than being convinced that I was one of them.

Paul, who walks with a walking stick, told me that he uses a walking stick because of his fibromyalgia and the pain it causes:

[I] was just diagnosed with osteo-arthritis just two months ago and with bones sticking out. I know people who were younger. I'm only 38. I know men as young as 25 have been diagnosed with osteoporosis which is brittle bones which is a lady's thing. Or you get it later in life. Or they are old people who were boxers.

Veterans often say that their illnesses are rare, or that to have the combination of various things is unusual. They also stress that when they do get known and common illnesses they get them at a younger age than normal. Chris, for example, diagnosed with MS, tries to make sense of this illness:

How come all of us at the age of 52 and 53? To get MS is most rare indeed, they say. Then period of mood swings. Fine one minute, raging temper next, loss of balance ... Asked to go for an interview and put me into body scan and requested my wife and I to attend to be told we've diagnosed with MS. They said it was very unusual in men of your age and in white people. It's usually in women, younger people and that's where we started. I had been developing over a couple of years ... Yes, became impotent and I would bite

14. Not direct quote as based on notes during a meeting.

my wife's head off. It is a build up of various things. At least they have given it a name. Whether it is MS ... My opinion when I went to the MAP. Professor Lee, he told me that pregnant women have greater exposure to the chemicals, so why would it affect you?¹⁵ I thought, "thank you very much".

Chris reveals that he believes that his MS is rare because he is older, white and male. As he does not fit the criteria of those who normally are diagnosed with MS, he thinks that his illness is not "natural" and thus must be due to some unusual factor: the Gulf War. He repeatedly referred to his illness as "so-called MS" as though it was not true MS, but GWS which presented like MS. During my fieldwork there was increased interest in Motor-Neuron Disease (MND) and its relation to GWS. This was a result of the US accepting MND as related to service in the Gulf and one very public case of MND in the UK. Time and again I was told that MND was prevalent in Gulf veterans and that it was an "old person's disease". Interestingly, these initial reports were dismissed by the biomedical community. More recent studies have supported the reported elevated rates of MND, suggesting that it is the only disease-based outcome. However, as mentioned in Chapter 1, these findings have not been fully accepted by the biomedical community and they suggest this connection should be met with caution.

We can see that veterans interpret the illnesses from which they suffer as disorders of women and the old. In describing their illnesses as such veterans are describing their bodies as deteriorating and not ideal. During a casual discussion with John and Rebecca, John told me that all Gulf War sufferers have fibromyalgia and osteoporosis and that these are "women's diseases". Rebecca then said: "I think they are all turning into women. It's doing something to the male gene and the men pass on their male gene". This comment was vividly illustrated by Bob (see transcript at the beginning of this chapter) when he described what he called his "bitch tits". Bob sees his body as transforming and gaining female attributes.

15. My interpretation of what Barry is reporting here arises out of my time observing assessments at the MAP. When the doctor explained NAPs tablets to veterans, he always showed them the description of PB in the drugs manual. He would point out that they were given far less than one is able to give those suffering from myasthenia gravis. He would also explain that the drug is so harmless that women who are pregnant are advised to continue taking the medication throughout their pregnancy. I think this is what Barry is referring to.

Women

In this chapter I focused on men and masculinity, only discussing women in their relations to men, but what of those women who themselves were in the war? During my fieldwork I had eight female veteran informants, five of whom believed they were suffering from GWS. Their stories are remarkably similar to the men's narratives of GWS. Female sufferers focus on the centrality of fitness and the way their illness was an absence of this. They describe their pre-war/pre-illness bodies as those in a state of extreme fitness compared to now feeling old before their time and weak. They illustrated this in terms of lack of fitness, as did the men. The symptoms are generally the same. My findings reflect those of Unwin et al. (2002) who found that women had similar rates of ill health as men and with no gender differences for the majority of symptoms.

In discussions of masculinity and military culture we cannot ignore women or set them aside. Masculinity is a social construct and, thus, women can be considered as embodying masculine ideals as much as men. Women who join the military could be seen as likely to embrace dominant notions of masculinity. Women themselves can also be seen to eschew dominant notions of femininity, by adopting and valorising masculine mannerisms, behaviour and dress in their attempt to "make it" in a hegemonically masculine environment (Agostino 1997).

There were issues which directly related to women soldiers. I was told that women were put on the birth control pill so that they would not get periods in their suits. I was also told on one occasion, by a healthy woman veteran, that she understood that they did this so that any women that were captured would not produce a child as a result of rape. Female and male veterans reported that the side-effects women experienced as a result of the preventative measures taken involved disruption to their periods. Some told me that women's periods stopped or "went haywire".

George describes what he heard were the effects of NAPS tablets:

Well, good example, to show you how the NAPS tablets are, in my unit out in the Gulf, 205 general hospital, umm one of their nurses, you can appreciate this more than I can. After we'd been out there just over two months or so and taken the NAPS tablets, she was told by the doctors out there to stop taking them because she had her period for a solid two months. After loads and loads of tests, that's what they boiled it down to. Obviously, as a woman, you can appreciate that that's not very nice [laughs] and all the time we was out there we were having side-effects from the NAPS anyway; mainly diarrhoea.

Rumours also abounded about the effect of exposures on reproduction. One healthy woman veteran told me that the woman with whom she had shared a tent in the Gulf had been advised not to have children for at least one year. None of the women soldiers I interviewed had had children after the war nor reported problems with reproduction. Interestingly, all the ill female veterans I met were single: two were divorced and three remained single.

Conclusions

As we have seen in Chapter 3, for veterans there is anxiety about substances that traverse the boundaries of the body, semen being the most profound of these. During my fieldwork I was struck by how central issues of semen and reproduction were to veterans' discussions. I became convinced that there was something important being conveyed. Why semen? Why do they talk about it so much? Semen breaks body boundaries to the extreme. Semen has potential. It is what makes you a man and you are able to transfer that to others.

When a society is under threat it is often women's bodies, and predominantly orifices, that are seen as vulnerable and in need of protection (Boddy 1989). Anxiety about semen suggests that men's bodies also map vulnerabilities of society. Concerns about lack of potency, toxicity and quality suggest that semen itself is a substance in which social concerns are enacted. As Douglas suggests, the fluids of the body turn out to be a kind of language in which various themes find their voice (1966). Semen is powerful and the exchange of semen full of meaning. Anthropologists have focused on the meaning behind semen. For example, among the Sambia in New Guinea men are apprehensive about being depleted of their "limited supply" of semen, which they equate with mother's milk (Herdt 1981). Dhat syndrome, a South Asian illness, involves the preoccupation with loss of semen; there is a fear that semen is being lost, and mixed in urine. Seen most frequently amongst young men at medical and psychiatric clinics in South Asian countries, the common symptoms of the condition include fatigue, weakness, palpitations and sleeplessness (Jadhav 2007).

Anxiety about semen in the Euro-American context is not unique to GWS and has been investigated by others (Jadhav 2007; Reynolds 2007; Shand 2007). Indeed, Galen and Aristotle drew attention to semen as a "soul substance" and outlined the debilitating consequence of semen loss. Jadhav (2006) has argued against a reading of dhat as culturally bound because there is sufficient evidence to confirm prevailing concerns over losing or retaining semen in Euro-American

societies. Furthermore, Jadhav's work suggests that there may be a link between depression and anxiety about semen loss. Narratives of GWS focus on semen and an ambivalence about the potency of this substance. On the one hand their semen is seen as impotent, characterised by low libido and infertility, yet on the other hand discussions of burning semen syndrome and birth defects suggest their semen is overtly potent, destructive and often hostile. This relates to their descriptions of being violent, irritable and aggressive.

The military could be seen as the embodiment of masculinity – a masculinity under threat, however, as will be discussed in the next chapter. Soldiers can be seen as the ideal, exemplary male. The military moulds them through constant exercise, hair cuts and uniforms to become the picture of masculinity.¹⁶ Semen is often seen as the seat of selfhood: the location of the self in biological form. It is not surprising in a culture such as the military, which characterises itself as ultimately masculine, that semen would be seen as central to notions of identity. I would suggest that when veterans are discussing their damaged bodies and their damaged semen they are, in fact, embodying their damaged masculinity. When veterans discuss lack of libido and impotency they are talking about a lack of potency and a lack of the sexual force of masculinity. Indeed, the very word impotency is a synonym for emasculation. Masculinity is integrally linked to sex and the ejaculation of semen, as we have seen above. Yet veterans express an inability to embody this masculine emblem. In contrast, they also suffer from a toxic and potent masculinity. They themselves are toxic. When veterans talk about the fact that only male children are now affected, they seem to be suggesting that maleness is transmitted biologically. Since their masculinity is somehow marred, veterans have damaged male children. Masculinity is the social elaboration of the biological function of fatherhood (Connell 1995) and once again the veterans come up lacking. Anxiety about impotency and potency of semen does not seem to be isolated to discussions of GWS but is instead characteristic of a cultural process. GWS, however, uniquely concentrates this issue of loss of masculinity.

16. US marines, the pinnacle of military masculinity, focus on creating bulk and muscle. Such a physique is not a requirement for their job. Indeed, it may be to their detriment as it impedes speed and endurance. However, the process of maintaining a body builder body is part of the image of the US marine.