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FCS/90/199

CHIEF SECRETARY

Chemical Warfare Equipment for Civilians in the Gulf

1. FCO and Ministry of Defence officials have agreed a paper for OD(G) on the question of providing chemical warfare equipment to civilians in the Gulf. I enclose a copy (Treasury officials earlier said, and commented on, a final draft). On present plans OD(G) are likely to discuss this on 8 November.
2. Paragraphs 11-13 of the paper, together with Annex E, highlight the public expenditure implications of this issue, and the question of whether civilians in the Gulf should be charged for protective equipment supplied by HMG. MOD and FCO officials have recommended that the cost (ranging up to a maximum of £2 million or so, subject to decisions on recoveries, on which the paper sets out the options) should be met from the Reserve.
3. Since the Treasury is not represented on OD(G), you will no doubt want to consider the implications of this. It would be helpful to have your views before the meeting on 8 November if possible.

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4. I am copying this minute to the Secretary of State for Defence, other members of OD(G) and to Sir Robin Butler.

DH

(DOUGLAS HURD)

Foreign and Commonwealth Office

7 November 1990

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GULF CRISIS: ADVICE AND PROTECTION FOR CIVILIANS AT RISK FROM
CHEMICAL WARFARE

Introduction

1. This paper is a response to the request by OD(G) on 18 October for consideration of pre-positioning equipment to protect British civilians in the Gulf against chemical warfare (CW). It has been prepared jointly by the FCO and MOD. Conclusions and recommendations are at para 18.

The Threat

2. JIC(90)(IA)69 assessed the threat from CW to civilians in the Gulf. While it is more likely that civilians could become casualties of conventional weapons than CW, it is possible in the latter case to improve substantially the chances of civilians surviving an attack by the distribution of protective equipment, in conjunction with training and advice on precautionary measures. The JIC assessment is that without such equipment and advice, there could be extensive civilian casualties in those places where military targets are located close to population centres. It is also possible that Iraq could attack population centres by choice.

Protective Measures

3. The main threat to civilians is assessed to be from vapour hazards rather than contact hazards (details at Annex A). For most agents, protection from CW vapour hazards can be achieved by the use of a respirator. Protection from a contact hazard requires using a full NBC suit (boots, jacket and hood, gloves) in addition to the respirator. The issue of full NBC equipment to civilians would not offer significant practical advantages over issue of respirators because:

- there is a distinctly lower risk to civilians from contact hazards; respirators are therefore appropriate to the level of threat;
- NBC equipment requires an extended period of training to be used effectively, as suits must be donned very quickly.

Furthermore, suits would be both more difficult to fit, are much more expensive than respirators (para 7) and the practical and administrative difficulties of supplying fitting and training many thousands of civilians at short notice would be unmanageable in current circumstances.

4. The Saudi Government has announced its intention to distribute respirators only; Israel is currently doing so. The US so far has announced no plans to provide protective equipment for civilians (para 16). Among EC members, France and Denmark have no plans at present to provide any kit; Netherlands, Spain, Belgium, Portugal and Italy have plans to provide kit (unspecified); Ireland has acquired suits but has not prepositioned; and Germany has prepositioned suits for its 250 citizens in the Eastern Province. We believe that the provision of respirators is the most practicable means of providing protection against CW agents for the British communities as a whole. For those at special risk, for example, those working on airfields or, perhaps, oil fields, Embassies should encourage employers to provide full NBC protection; a number have already done so. The protection given by respirators would be enhanced by provision of a leaflet setting out advice to civilians on the lines of Annex B. The FCO have consulted posts (Riyadh, Bahrain and Doha) who take the view that there would be no presentational problems if the UK were to distribute respirators only rather than full NBC equipment.

British Communities at Risk

5. JIC(90)(IA)69 suggested that Bahrain, Qatar, and the Eastern and Central Provinces of Saudi Arabia could be at risk from Iraqi CW. Consultations with posts over the past week show that there are currently some 23,000 British nationals in these areas, including some 3,000 children. Of this total, posts estimate that perhaps 14,000 adults and over six hundred children would remain after issue of Phase II advice to the effect that non-essential staff and dependants should leave. Full figures are at Annex C. The Embassy in Tel Aviv have commented that while the British community in Israel might also be regarded as at risk, the Israeli authorities have already made available respirators to both Israeli and foreign nationals.

6. We must also consider what provision should be made for non-British nationals for whom the UK has consular responsibility: Annex D shows that these number some 2,200 and might number some 1,660 after Phase II advice. Our initial view is that HMG should provide CW protection for these citizens and agreement should be sought for costs to be recovered from the governments concerned if they are issued.

Cost and Availability of Equipment

7. The MOD has sufficient stock available to equip 26,000 people with full NBC kit, including respirator, or with respirator only. There is a limited supply of small sizes but it is not yet clear whether this will be a problem. The equipment, which is to military specifications, would need to be replaced: the cost to MOD is around £150 per full kit, or around £47.50 per respirator. Neither full kits nor respirators are available from stock for children or babies, although MOD would be prepared to consider acting as the procurement agency if it were decided to purchase supplies. On the basis of an initial survey, it is estimated that

children's respirators would take up to a month to supply and would cost in the region of £50 each. MOD stocks would have the advantage that they would be supplied on a sale or return basis.

Transport

8. The military transport fleet is already fully stretched moving high priority military stores. Civil charter has been necessary for some non-Gulf tasks. Civil charter would be one possibility for the movement of respirators, but if Ministers wished prepositioning to be done discreetly, military aircraft would be preferable. Initial estimates are that transport to the Gulf of those respirators already available could be achieved in about 7 days if Ministers deemed the task to have sufficiently high priority to use military aircraft.

Timing and Scale of Provision

9. The timing and scale of provision are closely inter-related. Ideally, we would issue 'Phase II' advice to dependants and inessential staff to leave and would follow this by distributing respirators to the much smaller number who remained. Unfortunately, we cannot be certain that we will be able to issue clear 'Phase II' advice in sufficient time for this sequential procedure. Host governments may be resistant to our issuing such advice. There may be political and strategic difficulties about such a move. Furthermore, we cannot be sure how effective such advice would be unless it was pegged to some clear deterioration in the situation. Nor can we rule out the possibility of a surprise attack by the Iraqis. We believe, therefore, that we should preposition a sufficient number of respirators to cope with most of the existing British community rather than risk a situation in which there might be insufficient available.

10. While there is a case for distributing the equipment straightaway, we recommend that this be the subject of a separate decision. It will be important to ensure that sufficient supplies are available for adults before distribution begins. Supplies for children will inevitably take longer. (The Embassies in Riyadh, Bahrain and Qatar take the view that some children, eg of dual nationals, are likely to stay whatever warnings are issued.) The decision would be better taken in the light of the political and military situation at that time (including the views of host countries and allies). We therefore propose to commence prepositioning as soon as possible and report back to Ministers in, say two weeks. It is relevant that the Israelis are so far the only country to have distributed, as opposed to prepositioned, protective equipment.

Cost and Funding

11. Most British civilians in Saudi Arabia could easily afford the price of a respirator, or indeed a full NBC suit. It could be argued, however, that HMG could be criticised if they sought to charge civilians for CW protection kit which could make the difference between life and death. Certainly it would be difficult to withhold respirators from those who could not or would not pay. There could also be a conflict between the practicalities of collecting money for respirators and the need to distribute equipment at extremely short notice. The Israelis have provided respirators free of charge. We understand that the FRG intends to provide full NBC equipment free; but that the Saudis intend to charge individuals and that some EC countries intend to charge companies for respirators.

12. The MOD will require reimbursement for the cost of providing respirators. If Ministers decide to charge the full recovery price for respirators, including the cost of transport (details at Annex E), civilians would have to pay about £85 per adult (figures for

children and babies are not yet available). Total costs of prepositioning, which might range from £840,000 for 10,000 respirators suitable for adults to £2.1 million for 25,000, would be a charge to the FCO, which has no funds available in the current financial year and would have to seek to recover as much as possible from users. Prepositioning of respirators for children and babies (for which prices are not yet available), and local distribution, would add to these costs. Experience of the Gulf crisis to date has, however, shown recovery of costs of this kind to be very difficult. A number of companies have already themselves made arrangements to provide their employees with CW protection and we might advise others that the cost should properly be borne by them. The position of those working for local companies or with no employer (notably dependants) may impose limitations on this approach but it is proposed that our initial line is that we should arrange protection but ask employers who benefit to pay where they can.

13. Whether or not recipients are charged, it will be necessary to decide how to allocate prepositioning costs which could be in excess of £2.1 million; and the cost of local distribution, if and when this is agreed. It is recommended that the cost be charged to the FCO vote and met by a transfer from the Reserve in the current year.

Marking of Military Equipment for Civilians

14. To prevent civilians being mistaken for combatants, and for security reasons in case equipment subsequently falls into hostile hands (eg those of terrorists), Ministerial guidelines for the sale of NBC equipment to civilians require that it be clearly distinguishable. During the present crisis, this has been achieved by the painting of "UN Blue" spots on military respirators and the inclusion of blue flashes on military suits sold to civilians, including UK nationals and FCO core staff. Unless Ministers were prepared to waive this security requirement, any kit supplied by HMG

would need to be so marked.

15. Marking in the UK prior to despatch would ensure the job was done properly. It would, however, involve time-consuming unpacking and repacking. Marking in theatre would, if it were to be properly controlled, present a significant problem for limited Embassy staff. It would, however, mean that kit could be prepositioned and, if not issued or damaged, returned to MOD stocks. We recommend that, if respirators have to be distributed in an emergency, no marking should be required; but that if issue takes place over a period, all equipment should be so marked.

US Views

16. The US have 20,000 civilians in Saudi Arabia (including some 15,000 in Central and Eastern Provinces) and a further 1,200 in Bahrain and Qatar. At present, they say that they are not contemplating the distribution of CW protection equipment, taking the view that only full NBC kit will offer 100% protection, and that provision is impractical because of the need for training, the numbers involved and the risk of creating panic. The American position need not determine our own: the decision of the Saudis, Germans and others to preposition equipment provides cover for ourselves to do likewise, and the Americans are quite capable of changing their minds at short notice (and, with their far greater resources, they are able to provide equipment extremely quickly). We should, nevertheless, inform the US of any decision to preposition and advise them before we distribute.

Press Line

17. If the news that we are prepositioning respirators should leak, we would propose to take the following line (as suggested by the Embassy in Riyadh):

"Importation is a precautionary measure. Respirators will be

held against the possibility of a deterioration in the situation. If such deterioration occurred, we would evacuate non-essential persons and dependents. The respirators would be for those who need to stay."

We would explain the reasons for issuing respirators only on the lines of paras 3 and 4 above.

Conclusions and Recommendations

18. Ministers are invited to agree:

- a. that we should distribute respirators but not NBC suits to UK civilians (para 4);
- b. that MOD and FCO should now set in train at once the prepositioning of sufficient respirators for all British citizens, including children, currently in risk areas and that MOD respirators should be supplied on a sale or return basis (paras 7 and 10);
- c. that respirators be transported by military aircraft (para 8);
- d. that respirators should also be made available to other citizens for whom the UK has consular responsibility, and the costs should be reclaimed from the governments concerned (para 6);
- e. that distribution to civilians should not begin without further Ministerial authorisation, except in case of emergency (para 10);
- f. that costs of respirators be met by local employers or, to the extent that they will not take on this responsibility, from the Reserve;

- g. that kit prepared for civilians should not be marked before despatch to risk areas but should be marked on distribution unless they are issued in an emergency (para 15);
- h. that we inform the US and host governments immediately of our decision to preposition and that we advise them before distribution. EC partners should also be kept informed of our decisions.
- i. the press line at para 17.

ANNEX A: THE CW HAZARD TO CIVILIANS

The CW agents available to the Iraqis include persistent and non-persistent agents. The former represent a contact hazard, perhaps lasting some hours after an attack (depending on the agent used, the temperature and wind speed). The effects of CW agents will be more persistent at night. During the day, agents will evaporate more quickly and this will reduce the time for which there is a hazard. For this reason, it is likely that an attack will occur at night when most civilians will be indoors and unlikely to become contaminated with droplets of liquid agent. Even in the daytime, most civilians would be expected to have received warning and be under cover during the period of an attack. The main threat to civilians is therefore assessed to be from chemical agent vapours from non-persistent agents or evaporating from persistent agents.

ANNEX B: ADVICE TO CIVILIANS USING RESPIRATORS

1. Civilians would need respirators to be fitted (four sizes are available) and briefing on how they are to be worn. MOD advise that it would be possible to produce a leaflet covering the essentials. The effectiveness of protective measures can be much enhanced by provision of general advice to civilians on the following lines:

- don protective kit on warning of an attack and continue to wear after an attack for period, as advised;
- stay at home or under cover during periods when it is advised a chemical attack may take place, and assume [since CW detection devices are not suitable for use by untrained civilians] that any bomb, shell or missile attack could involve chemical warheads;
- close windows and doors;
- seal cracks;
- turn off extractor fans and externally vented air conditioners;
- do not eat or drink unless from containers unsealed immediately prior to consumption;
- turn on the BBC World Service and stay inside until further notice. Civilians would have no precise way of knowing when a contaminated area was again safe, but could be given guidance on the maximum duration of the likely agents within broad ambient temperature bands.

Such advice could also be broadcast on the BBC World Service.

ANNEX C: BRITISH CIVILIANS IN RISK AREAS

BEFORE PHASE II ADVICE

	<u>Men</u>	<u>Women</u>	<u>Children</u>	<u>Babies</u>	<u>Total</u>
Bahrain	1,750	1,800	1,050	125	4,725
Qatar	1,350	900	580	40	2,870
Eastern P.	6,500	800	650	50	8,000
Central P.	4,000	2,000	1,000	100	7,100
<u>Total</u>	13,600	5,500	3,280	315	22,695

AFTER PHASE II ADVICE

	<u>Men</u>	<u>Women</u>	<u>Children</u>	<u>Babies</u>	<u>Total</u>
Bahrain	1,550	1,300	550	25	3,425
Qatar	1,150	350	100	10	1,610
Eastern P.	4,500 ¹	400	200	20	5,120 ¹
Central P.	3,000	1,000	300	50	4,350
<u>Total</u>	10,200 ¹	3,050	1,150	105	14,505 ¹

Notes

1 Includes 3,500 British Aerospace and Aramco personnel whose companies are making their own arrangements for CW protection, and for whom further assistance from HMG is not needed.

2 Figures comprise registered British nationals and estimates of British visitors and non-registered British nationals. Figures for children and babies are very approximate.

ANNEX D: OTHER CIVILIANS FOR WHOM HMG HAS CONSULAR
RESPONSIBILITY

BEFORE PHASE II ADVICE

	<u>Men</u>	<u>Women</u>	<u>Children</u>	<u>Babies</u>	<u>Total</u>
Bahrain	523	435	204	-	1,162
Qatar	215	140	35	10	400
Eastern P.	- ¹	-	-	-	-
Central P.	521	48	-	-	569
<u>Total</u>	1,259	623	239	10	2,131

AFTER PHASE II ADVICE

	<u>Men</u>	<u>Women</u>	<u>Children</u>	<u>Babies</u>	<u>Total</u>
Bahrain	475	200	50	-	725
Qatar	175	80	20	5	280
Eastern P.	- ¹	-	-	-	-
Central P.	400	30	-	-	430
<u>Total</u>	1,050	310	70	5	1,435

Notes

- 1 Separate figures not available for Eastern Province.
- 2 Figures for Bahrain comprise some 75% EC nationals, for whom provision may be made by other EC governments.

ANNEX E; COST OF PROVIDING RESPIRATORS TO BRITISH CITIZENS IN
THE GULF

Residual Population	Cost of Masks (£) ¹	Distribution Costs (£) ²	Total Cost (£) ³
10,000	475,000 (420,000)	364,400 (168,500)	839,400 (588,500)
20,000	950,000 (840,000)	728,000 (337,000)	1,678,000 (1,177,000)
25,000	1,187,500 (1,050,000)	911,000 (421,250)	2,098,500 (1,471,250)

Notes

1 First figures assume full price of £47.50 per respirator. Bracketed figures assume MOD "no loss" price of £42.00.

2 First figures assume transport to the Gulf by Mark 1 Hercules at full price. Bracketed figure assumes "no loss" charge rate.

3 Table makes no allowance for local distribution or marking costs, or for provision of respirators to children or babies.