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IMMEDIATE ACTION REQUIRED ON DEPLETED URANIUM

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ABSTRACT: Depleted uranium munitions are used during combat because they are extremely effective. However, in winning these battles through use of uranium munitions we have contaminated air, water, and soil. Consequently, children, women, and men have inhaled, ingested, or got wounds contaminated with uranium. Uranium is a heavy metal and radioactive poison. The toxicity is not debatable as the Director of the U.S. Army Environmental Policy Institute stated in a congressionally mandated report that “No available technology can significantly change the inherent chemical and radiological toxicity of DU. These are intrinsic properties of uranium ” (Health and Environmental Consequences of Depleted Uranium Use in the U.S. Army: Technical Report, AEPI, June 1995). The primary U.S. Army training manual: STP 21-1-SMCT: Soldiers Manual of Common Tasks states “NOTE: (Depleted uranium) Contamination will make food and water unsafe for consumption.” [Task number: 031-503-1017 “RESPOND TO DEPLETED URANIUM/LOW LEVEL RADIOACTIVE MATERIALS (DULLRAM) HAZARDS”]. Although, existing U.S. Department of Defense (DOD) directives require that prompt and effective medical care be provided to all exposed individuals (Medical Management of Unusual Depleted Uranium Casualties, DOD, 10/14/93) and the thorough clean up of dispersed radioactive contamination (AR 700-48: “Management of Equipment Contaminated With Depleted Uranium or Radioactive Commodities”); United States, British, and Australian officials refuse to comply with these directives.

RECENT EVENTS.

The United States, England, and Australia have recently used extensive amounts of weapons made from uranium, commonly called depleted uranium in Iraq, Afghanistan, and the Balkans. Medical evidence and especially the birth defects in children born to parents in areas with DU contamination is an issue of significant concern. Depleted uranium (uranium 238) along with other contaminants of war have been implicated and medical evidence supports the fact that uranium contamination exposure results in adverse health effects.

Today; after the willful use of uranium munitions during Gulf War 1, during Balkans combat, in Afghanistan, and now during Gulf War 2; warriors and non-combatants are exhibiting serious adverse health effects from exposure to depleted uranium munitions contamination, conventional weapons residue, and released toxic industrial chemicals.

However, even though medical evidence exists to prove adverse health effects United States, British, Australian, Canadian, and NATO officials continue to state specifically that there are no known adverse health effects in individuals who were exposed to uranium and other contamination. That is a willful lie as verified by actual medical records of thousands of individuals affected by war created contamination. However, despite their formal stance the British Ministry of Defence recently have acknowledged that British serviceman who serve in Iraq may be exposed to depleted uranium contamination and can obtain medical testing upon re-deployment (http://www.traprockpeace.org/du_mod_warning_cards.html).

WHAT IS DU?

Depleted uranium (DU) which is 99.8% by mass U-238 is made from uranium hexafluoride, the byproduct of the uranium enrichment process. Recent documents released by the U.S. Department of Energy and the 1995 U.S. Army Environmental Policy Institute reports state that a small proportion of other toxic heavy metals and radioactive isotopes such as plutonium, neptunium, americium, and U-236 also are present. Although the 60 % of the ionizing radiation given off by gamma emissions from U-235 and U-234 was eliminated during the enrichment process, alpha particles at 4.2 Mev and 4.15 Mev that cause significant internal ionization with consequent cellular damage were proportionally increased and gamma and beta emissions from contaminants and daughter products still are present. The continuing incomplete statement that DU is 60% less radioactive than natural uranium simply ignores the serious internal damage caused by alpha particles that impact any cell! Alpha particle emission measurements show that the dose or exposure rate is in excess of 10000 counts per minute. DU is a serious internal hazard. Consequent inhalation, ingestion, and wound contamination pose significant and unacceptable health risks due to direct cell damage from alpha and beta particle and gamma ray emissions. Spent penetrators, DU fragments, and contaminated shrapnel emit beta particles and gamma rays at 300 mrem / hour and thus can not be touched or picked up without protection.

HOW IS DU USED BY THE MILITARY?

DU is used to manufacture kinetic energy penetrators- giant pencils or rods. Each kinetic penetrator consists of almost entirely uranium 238. The United States munitions industry produces the following DU munitions with the corresponding mass of uranium 238:

- 7.62 mm with unspecified mass
- 50 cal. With unspecified mass
- 20 mm with a mass of approximately 180 grams.
- 25 mm with a mass of approximately 200 grams.
- 30 mm with a mass of approximately 280 grams.

105 mm with a mass of approximately 3500 grams.
120 mm with a mass of approximately 4500 grams.
Sub-munitions / land mines such as the PDM and ADAM whose structural body contain a small proportion of DU.
Cruise missiles with unknown quantity of DU
Bunker buster bombs with unknown quantity of DU

Many other countries now produce or have acquired DU munitions. DU is also used as armor, counter weights, radiation shielding, and as proposed by the U.S. Department of Energy as a component of road and structural materials. All of these uses are designed to reduce the huge U.S. Department of Energy stockpiles left over from the uranium enrichment process.

It is important to realize that DU penetrators are solid uranium 238. THEY ARE NOT TIPPED OR COATED! During an impact at least 40 % of the penetrator forms uranium oxides or fragments which are left on the terrain, within or on impacted equipment, or within impacted structures.

The remainder of the penetrator retains its initial shape. Thus we are left with a solid piece of uranium lying someplace which can be picked up by *children*. DU also ignites in the air during flight and upon impact. The resulting shower of burning DU and DU fragments causes secondary explosions, fires, injury, and death.

All individuals must ask if they would want tons solid uranium penetrators lying in their backyard? Does anyone want any radioactive contamination of any type lying in their backyard? The answer is simple- NO ONE!

OPERATION DESERT STORM DEPLETED URANIUM FRIENDLY FIRE AND COMBAT INCIDENTS INVESTIGATION FINDINGS

I was assigned to the 3rd U.S. Army Depleted Uranium assessment team as the health physicist and medic by order of Headquarters Department of the Army in Washington, D.C. What we found can be explained in three words: **"OH MY GOD"**.

According to official documents each uranium penetrator rod could lose up to 70% of its mass on impact creating fixed and loose contamination with the remaining rod passing through the equipment or structure to lie on the terrain. On-site impact investigations showed that the mass loss is about 40% which forms fixed and loose contamination leaving about 60% of the initial mass of the penetrator in the solid pencil form.

We found that standard radiacs will not detect this contamination. Equipment contamination included uranium fragments, uranium oxides, other hazardous materials, unstable unexploded ordnance, and byproducts of exploded ordnance. U.S. Army

Materiel Command documents sent to us stated the uranium oxide was 57% insoluble and 43 % soluble and at least 50% could be inhaled. In most cases except for penetrator fragments, contamination was inside destroyed equipment or structures, on the destroyed equipment, or within 25 meters of the equipment. During the 1994 and 1995 Nevada tests we found DU contamination out to 400 meters from a single incident.

After we returned to the United States we wrote the Theater Clean up plan which reportedly was passed through U.S. Department of Defense to the U.S. Department of State and consequently to the Emirate of Kuwaiti. Today, it is obvious that none of this information regarding clean up of extensive DU contamination ever was given to the Iraqi's. Consequently, although there still are substantial radiation contamination hazards existing within Iraq these hazards have been ignored by the United States and Great Britain for political and economic reasons at the same time additional use of uranium weapons has occurred resulting in additional confirmed contamination.

Iraqi, Kosovar, Serbian, and other representatives have asked numerous times for DU contamination management and medical care procedures but this information has not been provided. Although residents of Vieques, who are U.S. citizens, also have asked for medical care and completion of environmental remediation DOD officials still refuse to complete these essential actions.

THE U.S. ARMY DEPLETED URANIUM PROJECT AND ITS OBJECTIVES?

The probable health and environmental hazards of uranium contamination were known before the Gulf War. A United States Defense Nuclear Agency memorandum written by LTC Lyle that was sent to our team in Saudi Arabia stated that quote:

"As Explosive Ordnance Disposal (EOD), ground combat units, and civil populations of Saudi Arabia, Kuwait, and Iraq come increasingly into contact with DU ordnance, we must prepare to deal with potential problems. Toxic war souvenirs, political furor, and post conflict clean up (host nation agreement) are only some of the issues that must be addressed. Alpha particles (uranium oxide dust) from expended rounds is a health concern but, Beta particles from fragments and intact rounds is a serious health threat, with possible exposure rates of 200 millirads per hour on contact." end quote.

This memorandum, the reports that we prepared immediately after the Gulf War as a part of the depleted uranium assessment project to recover DU destroyed and contaminated U.S. equipment, the previous research, and other expressed concerns led to the publication of a United States Department of Defense directive signed by General Eric Shinseki on August 19, 1993 to quote:

"1. Provide adequate training for personnel who may come in contact with

depleted uranium equipment.

2. Complete medical testing of personnel exposed to DU contamination during the Persian Gulf War.
3. Develop a plan for DU contaminated equipment recovery during future operations."

It is thus indisputable that United States Department of Defense officials were and are still aware of the unique and unacceptable health and environmental hazards associated with using depleted uranium munitions.

Consequently, I was recalled to active duty in 1994 as U.S. Army Depleted Uranium Project Director and tasked with developing training and environmental management procedures. The project included a literature review; extensive curriculum development project involving representatives from all branches of the U.S. Department of Defense and representatives from England, Canada, Germany, and Australia. We also completed basic research at the Nevada Test Site located 120 miles northwest of Las Vegas, Nevada, to validate management procedures.

The products of the DU project included: Three training curricula:

- (1) Tier I: General Audience,
- (2) Tier II: Battle Damage and Recovery Operations,
- (3) Tier III: Chemical Officer / NCO;
- (4) Three video tapes: (1) "Depleted Uranium Hazard Awareness", (2) "Contaminated and Damaged Equipment Management", and (3) "Operation of the AN/PDR 77 Radiac Set";
- (5) The draft Army Regulation: "Management of Equipment Contaminated with Depleted Uranium or Radioactive Commodities" (currently AR 700-48, Department of the Army, Washington, D.C., 9/16/2002);
- (6) an United States Army Pamphlet specifying "Handling Procedures for Equipment Contaminated with Depleted Uranium or Radioactive Commodities" and
- (7) a redesigned radiac capable of finding and quantifying DU contamination.

Although, these products were completed, approved, and ready for distribution by January 1996, U.S. Army, U.S. Department of Defense, British, German, Canadian, and Australian officials have disregarded repeated directives and have not implemented or only have implemented portions of the training or management procedures.

The training curriculum and management procedures have not been given to all individuals and representatives of governments whose populations and environment have been exposed to DU contamination as verified by U.S. General Accounting Office investigators in a report published during March 2000 and through personal conversations.

WHAT ADVERSE HEALTH EFFECTS HAVE BEEN OBSERVED, RECOGNIZED, TREATED, AND DOCUMENTED?

Deliberate denial and delay of medical screening and consequent medical care of U.S. friendly fire casualties who inhaled, ingested, and had wound contamination and all others with verified or suspected internalized uranium exposure limits recognition and verification of health effects still continues as of December 10, 2003.

Although we recommended immediate medical care during March 1991 and many times since then United States Department of Defense, the British Ministry of Defense, Canadian, Australian, United State Department, and U.S. Department of Veterans Affairs officials are still refusing to provide thorough medical screening and necessary medical care for all DU casualties as required by their own written and published directives.

Dr. Bernard Rostker wrote to me in a letter dated March 1, 1999 that physicians and health physicists at the completion of the ground war decided that medical screening and care for uranium exposures was not required. Actual documents refute this! Today, individuals are sick (including me) and others are dead who were denied medical care even though I requested it in a letter dated May 21, 1997 which was sent to the Office of Surgeon U.S. Army Materiel Command and forwarded to Dr. Rostker.

Verified adverse health effects from personal experience, physicians, and from personal reports from individuals with known DU exposures include: (a) Reactive airway disease, (b) neurological abnormalities, (c) kidney stones and chronic kidney pain, (d) rashes, (e) vision degradation and night vision losses, (f) gum tissue problems, (g) lymphoma, (h) various forms of skin and organ cancer, (I) neuro-psychological disorders, (j) uranium in semen, (k) sexual dysfunction, and (l) birth defects in offspring.

Today, health effects have been documented in uranium processing facility employees of and residents living near Puducah, Kentucky, Portsmouth, Ohio; Los Alamos, New Mexico; Oak Ridge, Tennessee; and Hanford, Washington. Employees of and residents living near uranium manufacturing or processing facilities in New York, Tennessee, Iowa, Massachusetts, and the four corners area of southwest Colorado also have repeatedly reported health effects similar to those reported by Gulf War DU casualties.

Iraqi and other humanitarian agency physicians are reporting the same health effects in exposed populations. Scottish scientists have verified that residents of the Balkans were excreting uranium in their urine. Dr. Assaf Durakovic (a retired U.S. Army Colonel) of the Uranium Medical Research Center has also verified extremely high uranium excretion rates in Afghanistan refugees. This demonstrates that depleted uranium (U-238) is mobile and contaminating, air, water, and soil just as specified in the October 1943 letter to General Leslie Groves.

Today, verifying correlation between uranium exposures and adverse health effects, except in only in a few cases, is difficult because of deliberate delays in required screening, a radio-bioassay and medical care. Screening involves the collection and analysis of urine, fecal, and throat samples within 24 hours of exposure as required in a October 1993 Department of Defense published directive. Today, months or years after exposure, only a small fraction of the sequestered uranium will be detected. This detectable fraction represents only the mobile or soluble portion and a very small fraction of what is or was in the body. Terry Riordan's (a DU casualty) autopsy in Canada has revealed that sequestering is occurring and that the mobile fraction may not be representative of what is actually present.

Even when verified medical evidence attributing adverse health effects to DU exposures is available official recognition and documentation is limited. For example during 1994 and 1995 United States Department of Defense medical personnel at an U.S. Army installation hospital removed, separated, and hid documented diagnoses (including my own) from affected individuals and other physicians. Some medical records were retrieved during the fall of 1997, but, probably too late for many individuals. Today, this practice continues and consequently exposed individuals are not receiving adequate and effective medical care. This includes individuals whose required medical care has been requested and ordered many times.

*The denial of medical care will continue as long as the United States, British, Canadian, NATO, and United Nations officials are permitted to ignore the emerging evidence and deny medical care to **all** individuals who have been or may have been exposed to depleted uranium (uranium 238), other isotopes, and other contaminants created as result of depleted uranium munitions use. The criteria describing exposures requiring medical screening within 24 hours of exposure and consequent medical care were specified in a message from Headquarters Department of the Army dated October 14, 1993. These exposures included:*

- "a. Being in the midst of smoke from DU fires resulting from the burning of vehicles uploaded with DU munitions or depots in which DU munitions are being stored.
- b. Working within environments containing DU dust or residues from DU fires.
- c. Being within a structure or vehicle while it is struck by DU munitions."

These guidelines must be applicable to all exposed individuals with care independent of military or civilian status. They must be implemented now!

Medical care must be planned and completed to identify and then alleviate actual physiological problems rather than placing an emphasis on psychological manifestations and continued testing. Children and others are sick and deserve care for the complex

exposures that have resulted in health problems. Medical care for known uranium exposures should emphasize (concern in parentheses):

- a. neurology (heavy metal effects)
- b. ophthalmology (radiation and heavy metal effects)
- c. urology (heavy metal effects and crystal formation)
- d. dermatology (heavy metal effects)
- e. cardiology (radiation and heavy metal effects)
- f. pulmonary (radiation, particulate, and heavy metal effects)
- g. immunology (radiation and heavy metal effects)
- h. oncology (radiation and heavy metal effects)
- i. gynecology (radiation, neurological, and heavy metal effects)
- j. gastro-intestinal (systemic effects)
- k. dental (heavy metal effects)
- l. psychology (heavy metal effects)
- m. chromosomal damage (systemic effects)

Many individuals with known exposures still have not received requested care. As stated during March 10, 2003 by Dr. Michael KilPatrick, U.S. Department of Defense, only 90 individuals (including myself) are receiving minimal medical care from physicians assigned to the Baltimore Maryland Department of Veterans Affairs Depleted Uranium program. That includes only a fraction of over 400 individuals with verified extremely high exposures as the Dr. Rostker's staff told members of the Presidential Special Oversight Board on September 28, 1998.

It is impossible to get proper care and treatment. IF YOU DO NOT PROVIDE MEDICAL ASSESSMENT FOR THOSE WITH VERIFIED EXPOSURES AND HEALTH PROBLEMS THEN YOU CAN SAY DU DID NOT CAUSE ANY ADVERSE HEALTH PROBLEMS BECAUSE YOU NEVER SAW ANY HEALTH EFFECTS. SO MUCH FOR MEDICAL SCIENCE WHEN A COVER-UP IS DIRECTED BY POLITICIANS TO LIMIT LIABILITY.

The cover-up actions to avoid liability started with the infamous Los Alamos memorandum sent to our team in Saudi Arabia during March 1991. This memo told us to be sure that we should only report our findings so DU munitions could always be used. **IN OTHER WORDS LIE!**

A letter sent to General Leslie Groves during 1943 is even more disturbing. In that memorandum dated October 30, 1943, senior scientists assigned to the Manhattan Project suggested that radioactive materials; including uranium as confirmed during personal discussions with former Manhattan Project scientists; could be used to contaminate air, water, and terrain contaminant. According to the letter sent by the Subcommittee of the S-1 Executive Committee on the "Use of Radioactive Materials as a Military Weapon" to

General Groves (October 30, 1943) inhalation of radioactive materials- dirty bomb, would result in "bronchial irritation coming on in a few hours to a few days". This is exactly what happened to those of us who inhaled DU dust during Operation Desert Storm and in U.S. soldiers in the Balkans.

The subcommittee went on further to state that "Beta emitting products could get into the gastrointestinal tract from polluted water, or food, or air. From the air, they would get on the mucus of the nose, throat, bronchi, etc. and be swallowed. The effects would be local irritation just as in the bronchi and exposures of the same amount would be required. The stomach, caecum and rectum, where contents remain for longer periods than elsewhere would be most likely affected. It is conceivable that ulcers and perforations of the gut followed by death could be produced, even without an general effects from radiation".

Today, although medical problems continue to develop; medical care is denied or delayed for all uranium exposed casualties while United States Department of Defense and British Ministry of Defense officials continue to deny any correlation between uranium exposure and adverse health and environmental effects. They contend that they can spread tons of solid radioactive waste (uranium 238) in anyone's backyard without cleaning it up and providing medical care. **Their arrogance is astonishing!**

Since 1991 numerous DOD and VA directives have required compliance with these recommendations. However even though DOD, VA, and UN officials know what should be done, visual evidence, photographic and video tape evidence, on site radiological measurements, personal experience, and published reports verify that:

1. Medical care has not been provided to *all* DU casualties.
2. Environmental remediation has not been completed.
3. Individuals are not wearing respiratory or skin protection.
4. Contaminated and damaged equipment and materials have been recycled to manufacture new products.
5. Training and education has only been partially implemented.
6. Contamination management procedures have not been distributed and implemented.

Consequently,

1. All DU contamination must be physically removed and properly disposed of to prevent future exposures.
2. Specialized radiation detection devices that detect and measure alpha particles, beta articles, x-rays, and gamma rays emissions at appropriate levels from 20 dpm up to 100,000 dpm and from .1 mrem/ hour to 75 mrem/ hour must be acquired and distributed to all individuals or organizations responsible for medical care and environmental remediation activities involving depleted uranium / uranium 238 and other low level radioactive isotopes that may be present. Standard equipment will not detect

contamination.

3. Medical care must be provided to all individuals who did or may have inhaled, ingested, or had wound contamination to detect mobile and sequestered internalized uranium contamination.

4. All individuals who enter, climb on, or work within 25 meters of any contaminated equipment or terrain must wear respiratory and skin protection.

5. Contaminated and damaged equipment or materials should not be recycled to manufacture new materials or equipment.

6. The use of uranium munitions must cease immediately.

7. All individuals who may come in contact with uranium munitions or uranium munitions contamination must complete specific education and training on management of contamination and response to incidents involving uranium munitions. .

WHAT SHOULD HAPPEN NEXT?

All citizens of the world must raise a unified voice to force the leaders of those nations that have used depleted uranium munitions to recognize the immoral consequences of their actions and assume responsibility for medical care of all individuals exposed to uranium contamination and the thorough environmental remediation of all uranium contamination left as a result of combat and peacetime actions. The efforts of senior U.S. Department of Defense, U.S. Army, U.S. Department of Energy, U.S. Department of Veterans Affairs, British, Canadian, Australian, and United Nations officials to prevent acknowledgment of these problems and accept responsibility must be stopped! The overt retaliation against any of us who are attempting to get these same officials to comply with their own directives must stop. We can not continue to ignore the consequences of wartime contamination that include adverse health and environmental effects. I IMPLORE YOU TO ACT!

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