A MATTER OF INTEGRITY

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'YOU ARE GOING TO WAR"-- those words echoed through my mind, bringing back memories of my Vietnam experiences, as I sat down in my physics research laboratory at the University of Illinois after receiving a telephone call from the Lieutenant Colonel I worked for in the Army Reserve. I knew this would happen after Iraq invaded Kuwait during August 1990. I just did not know when my activation order would arrive. Anyway, on Thanksgiving Day 1990 I would be on my way to war again just as I did on Thanksgiving Day 1969. Twenty-one years to the day after going to Vietnam for the 2nd time, I was going back to war.

Today, I am a disabled and retired Army Reserve Medical Service Corps officer who specialized in nuclear medicine; and nuclear, biological, and chemical warfare operations (NBC); intelligence; medical operations; and emergency field medicine as a former enlisted combat medic. When Gulf War 1 started during August 1990, I was initially assigned to teach NBC operations to 4th U.S. Army personnel. I was finally ordered to active duty and sent to Saudi Arabia with the order "to bring them home alive". That was quite a contrast from my duties during Vietnam as a Bomb Navigation Hard-Hat on B-52's when my job was to ensure weapons systems were optimized to kill. Astonishingly I had deployed to South East Asia on Thanksgiving Day 1969 and then again for Gulf War 1 on Thanksgiving Day 1990. I was sent to Saudi Arabia as the theater health physicist assigned to the 12th Preventive Medicine (P.M.) Command professional staff. The 12th P.M. was in charge of all Preventive Medicine within the combat theater. Basically we were the public health department. I also was assigned to three special operations teams: Bauer's Raiders, the Depleted Uranium Assessment team, and the Captured Equipment team.

Today, over thirteen years since we finished Gulf War 1 and initiated combat actions in the Balkans and Afghanistan and with Gulf War 2 occurring, I am frustrated that the required medical care for "all" (combatants and noncombatants) casualties and environmental remediation of all contamination has not been completed.

Since 1991 authors of numerous Department of Defense reports have stated that medical and tactical commanders were unaware of the probable NBC-E exposures and never told about the adverse medical and environmental consequences of these exposures. They were told! They were warned! We recommended immediate and long-term medical care. We identified the probable threats and expected adverse health and environmental consequences in written messages and during courses we taught. These courses included the 3rd U.S. Army Medical Command (MEDCOM) & 3rd U.S. Army Central Command (Arcent) Medical Management Of Chemical And Biological Casualties Course (http://www.gulflink.osd.mil/), the NBC-E Defense Refresher Course, the COMBAT LIFESAVER COURSE, and the Decontamination Procedures Course. We taught these courses to over 1200 persons assigned to individual units and those assigned to the theater command staff between December 1990 and February 1991. I gave the threat briefing specifically identifying the anticipated NBC-E exposures and taught the NBC-E Defense Refresher Course, the Combat Lifesaver Course, and Decontamination Procedures Course between December 1990 and February 25, 1991. We also discussed preventive medicine issues such as

food and water borne illnesses, endemic diseases, and hazardous materials exposure issues. Therefore, most unit commanders, medical; staff, specified individuals at all levels knew what to expect and how to respond to any given incident!

Today, uranium munitions have been used again during recent combat actions causing air, water, and soil contamination and adverse health effects even though the United Nations Sub-commission on Human Rights has ruled DU munitions are an illegal weapon. Unbelievably, U.S. Department of Defense officials continue to refuse to comply with their own written directives requiring immediate medical care "Medical Management of Army Personnel Exposed to Depleted Uranium (DU)" Headquarters, U.S. Army Medical Command 29 April 2004 and the previous directive "Medical Management of Unusual Depleted Uranium Casualties", DOD, Pentagon, 10/14/93 and still refuse to complete thorough environmental clean up as required by U.S. Army Regulation 700-48, Logistics, "Management of Equipment Contaminated With Depleted Uranium or Radioactive Commodities", Headquarters, Department of the Army, Washington, D.C., 16 September 2002 and Department Of The Army Technical Bulletin 9-1300-278: Guidelines For Safe Response To Handling, Storage, And Transportation Accidents Involving Army Tank Munitions Or Armor Which Contain Depleted Uranium (Headquarters, Department Of The Army, July 1996). Basically United States military personnel illegally disposed of tons of solid radioactive waste in other nations then ignored the consequences. 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"]. This acknowledgment indicates that uranium munitions should never be used because food and water contamination will affect all individuals for eternity. The critical fact is that the contaminated food and water can never be made safe for consumption. The toxicity of uranium munitions also is acknowledged by Army leaders. Assistant Army Secretary Walker, in a December 1992 memorandum ordered the Director of the U.S. Army Environmental Policy Institute, AEPI, as mandated by the U.S. Senate to figure out how to reduce the toxicity of depleted uranium. The AEPI director stated in the final report that "No available technology can significantly change the inherent chemical and radiological toxicity of DU. These are intrinsic properties of uranium." (AEPI Executive Summary, June 1995). These acknowledgments substantiate the ruling by the United Nations Sub-commission on Human rights that DU munitions are illegal. (http://www.traprockpeace.org/karen_parker_du_illegality.pdf)

The continuing concerns regarding known adverse health and environmental effects of depleted uranium, confirmed inadequate preparation of military personnel, and preliminary findings of the AEPI study resulted in the creation of the U.S. Army Depleted Uranium Project. On August 1, 1994 I was recalled to active duty as the Director of the U.S. Army Depleted Uranium Project in response to congressional inquiries and the June 8, 1993 order from the Deputy Secretary of Defense to:

- "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."

The DU project and review of previous research reinforced our original 1991 conclusions and recommendations that:

- 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(cpm) up to 100,000 dpm (cpm) 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.

Since 1991 numerous DOD and VA directives (http://www.spidersmill.com/gwvrl/) based on the previous directives and then the findings and recommendations of the AEPI study and DU Project have required medical care and environmental clean up. 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.
- $\ensuremath{\text{6.}}$ Contamination management procedures have not been distributed and implemented.

The unceasing efforts by 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. Recently Colonel Robert Cherry, U.S. Army retired and formerly the Pentagon's Senior Radiation Protection officer, sent out emails stating that (quote): 'He(Dr. Rokke) was

not the director of the "U.S. Army depleted uranium project." No such project with that name ever existed' (end quote). This and other lies by senior Department of Defense officials are designed to sustain use of uranium munitions avoid liability for adverse health and environmental effects by discrediting and destroying any of us who attempt to ensure DOD officials comply with their own existing medical care and environmental remediation requirements. We can not continue to ignore the consequences of depleted uranium weapons use that include adverse health and environmental effects. No person or nation has the right to disperse tons of radioactive toxic waste throughout any nation then ignore adverse health and environmental effects. There is one question that U.S., British, and Australian officials refuse to answer. That is: What right do they have to willfully disperse radioactive materials into any nation then refuse to clean the contamination and refuse to provide medical care for all exposed individuals?

Consequently, 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 reported but now discredited anthrax threat within the continental United States and against deployed military personnel as posed by Iraq fails to acknowledge that Iraqi scientists originally obtained anthrax spores from the United States Army's Fort Detrick laboratory with administration consent prior to Gulf War 1. The approved transfer of chemical and biological agents was confirmed during congressional investigations. (Begin quote): "The Senate Committee on Banking, Housing, and Urban Affairs has oversight responsibility for the Export Administration Act. Pursuant to the Act, Committee staff contacted the U.S. Department of Commerce and requested information on the export of biological materials during the years prior to the Gulf War. After receiving this information, we contacted a principal supplier of these materials to determine what, if any, materials were exported to Iraq which might have contributed to an offensive or defensive biological warfare program. Records available from the supplier for the period from 1985 until the present show that during this time, pathogenic (meaning "disease producing"), toxigenic (meaning "poisonous"), and other biological research materials were exported to Iraq pursuant to application and licensing by the U.S. Department of Commerce." (End quote). Although numerous WMD agents were shipped according to the Riegle Commission report, I am only including approved shipments of anthrax spores to Iraq: (begin quote)

"Date: May 2, 1986 Sent To: Ministry of Higher Education Materials Shipped:

- 1. Bacillus Anthracis Cohn (ATCC 10)
 Batch # 08-20-82 (2 each)
 Class III pathogen
- 12. Bacillus Anthracis (ATCC 14185)
 Batch #01-14-80 (3 each)
 G.G. Wright (Fort Detrick)
 V770-NP1-R. Bovine Anthrax
 Class III pathogen
- 13. Bacillus Anthracis (ATCC 14578)
 Batch #01-06-78 (2 each)
 Class III pathogen

Date: September 29, 1988 Sent To: Ministry of Trade Materials Shipped:

- 1. Bacillus anthracis (ATCC 240)
 Batch # 05-14-63 (3 each)
 Class III pathogen
- 2. Bacillus anthracis (ATCC 938)
 Batch # 1963 (3 each)
 Class III pathogen
- 5. Bacillus anthracis (ATCC 8705)
 Batch # 06-27-62 (3 each)
 Class III pathogen
- 8. Bacillus anthracis (ATCC 11966)
 Batch #05-05-70 (3 each)
 Class III pathogen"

(end quote)(http://members.aol.com/vetcenter/reigle.htm)

This known threat created in part by our own actions resulted in the administration of the anthrax vaccine during Gulf War 1. Even though thousands of individuals had adverse reactions to the anthrax vaccine during Gulf War 1 and since then Department of Defense officials continue to insist that the anthrax vaccine is safe. The deaths that have been attributed, in part, to the anthrax vaccine are also ignored to avoid liability. This reluctance to admit problems even though Congressional (http://home.att.net/~dstormmom/metcalf.htm), General Accounting Office (www.gao.gov), and uncensored U.S. Federal Drug Administration reports indicate otherwise is just one more example of our leaders ignoring problems. According to GAO and FDA and congressional testimony and reports, anthrax vaccine production at BioPort was only recently approved after many years of recognized manufacturing problems. However, DOD has actually administered the vaccine since 1990 not since 1998 as stated by DOD officials. This includes vaccine whose production was never approved. Although a December 2003 federal Court decision granted an injunction stopping the involuntary administration of the anthrax vaccine DOD officials bought more vaccine: (begin quote): "BioPort Corp.*, Lansing, Mich., was awarded on Dec. 31, 2003, a delivery order amount of \$29,722,975 as part of a \$245,539,956 firm-fixed-price contract for anthrax vaccine doses. Work will be performed in Lansing, Mich., and is expected to be completed by Dec. 31, 2004. Contract funds will not expire at the end of the current fiscal year. This was a sole source contract initiated on Nov. 18, 2003." (End quote). Then during early January 2004 the court lifted its injunction permitting continuation of anthrax immunizations. The concerns regarding approval and use of the anthrax vaccine from a sole source provider are significant because former DOD officials involved in the initial decisions and transfer of anthrax spores to Iraq own shares in BioPort.

During January 2004, Mr. David Kay, U.S. chief weapons inspector, acknowledged that there is no evidence that Iraq possessed weapons of mass destruction, an ongoing program, nor the ability to deliver these weapons as claimed by President Bush. Prime Minister Blair, and Prime Minister Howard in their justification for the 2003 preemptive invasion of Iraq. This revelation verifies that statements by Scott Ritter

(http://www.traprockpeace.org/scott_ritter_disarmament.html) and Richard Butler (http://www.abc.net.au/adelaide/stories/s897035.htm) prior to and since the invasion were correct.

Given the expected threat of chemical and biological weapons from those that we and other nations provided to Iraq and from those they then manufactured, General Schwartzkopf and General Horner with General Powell's approval decided during December 1990 to blow up Iraq's known stockpiles of WMDs (N. Schwartzkopf, It Doesn't Take A Hero, pg 390, Bantam books, 1992). Iraq also released WMDs on coalition troops during Gulf War 1 as verified by thousands of chemical agent alarm activations. Although U.S. Army personnel started on site destruction of Iraq's WMD stockpiles during March 1991 UNSCOM continued this effort until 1998. Consequently adverse health and environmental effects have occurred due to uncontrolled and deliberate releases and exposures. During 1998 UNSCOM team members under Scott Ritter (W. Pitt & S. Ritter, War on Iraq, Context Books, 2002) were ordered to leave Iraq by U.S. Department of Defense officials and President Clinton's staff.

My source of frustration is that today our warnings, requests for medical care, and requests for environmental remediation were and are still ignored!

Why should I or anyone continue to try to obtain medical care and completion of environmental remediation when no one in our government seems to care and they continue to deny what has occurred to avoid liability for economic and political reasons. We applied technology during battle without considering the potential and expected adverse consequences of our actions. We shipped WMD agents including anthrax to Iraq, released toxic chemicals during combat actions, used depleted uranium munitions, and now our leaders ignore these facts in order to avoid liability. We have contaminated the earth! Our actions have resulted in and continue to cause serious adverse health and environmental effects!

Since 1967, I have answered "the call" during two wars and various special projects. Today, I am retired from the U.S. Army Reserve with a 40% VA disability. My objectives throughout my military career were to research, write procedures, write education and training programs, teach, and evaluate programs to improve combat readiness, complete environmental remediation, and provide medical care for all casualties. I was assigned, accepted, and completed various dangerous missions. These included (1) planning, conducting, and evaluating military medical operations, (2) making sure everyone was prepared for expected use of weapons of mass destruction, (3) cleaning up the hazardous materials and uranium contamination, (4) developing the U.S. Army environmental compliance and education programs, (5) serving as the Depleted Uranium Project Director, (6) serving as Director of the U.S. Army's Edwin R. Bradley Radiological Laboratories, (7) developing, teaching, and evaluating civilian and military emergency WMD response programs, (8) researching and developing the U.S. Department of Defense's environmental remediation and education program for Formerly Used Defense Sites.

The personal cost for trying to finish my assigned mission and to make our leaders take care of the troops has been rejection, lost jobs, family turmoil, missing and probably destroyed medical and personnel records, and medical problems. I and thousands of other warriors now receive delayed or inadequate medical care. We served our nation and thus earned optimal medical care for service-connected wounds, injuries, and illnesses. But instead, we have been abandoned! We have been raped! I now experience retaliation from Department of Defense and Department of Veterans Affairs officials because I refused to comply with the March 1991 Los Alamos memorandum (http://www.spidersmill.com/gwvrl/) to ensure depleted uranium can always be

used during U.S. Department of Defense combat or peacetime actions. But I am not alone. Anyone who demands medical care and environmental remediation faces ongoing and blatant retaliation.

Today, war must be considered obsolete because we can not deal with either the adverse health or environmental consequences caused by destroying a nation's infrastructure thus releasing toxins that affect all combatants and noncombatants. The human cost of war is staggering. Today, over 340,000 Gulf War 1, Balkans Conflict, Afghanistan, and Gulf War 2 U.S. military combat veterans who are wounded, ill, or injured must fight for the medical care they earned while serving our nation. However the actual casualty count also includes thousands of noncombatants, primarily children, woman, and the elderly of nations we attacked. Health problems are not limited to U.S. warriors but affect all exposed individuals. World wide estimates exceed 2 million casualties. While over 340,000 of America's finest are wounded or ill, thousands have died, including too many of my friends. Consequently, as one of the individuals asked many times to clean up a mess, it is frustrating when Department of Defense and Department of Veterans Affairs officials do not implement the programs we developed to protect our earth and treat all casualties.

Our nation's sons and daughters answered our nation's call. Too many have died and continue to die while others who were injured, exposed to toxic compounds, and became sick have been abandoned by our Nation's leaders as has happened throughout history. Although the published casualty count at the end of Gulf War 1 was approximately 760 (World Almanac, 2002)) today the casualty count is over 325,000 (Encyclopedia Britannica Almanac 2003, page 808-809). The human cost is increasing because many got sick and died after they returned home and that number is still increasing at this time. Our leaders knew what happened and is happening! However, these same DOD, DA, VA leaders still keep denying what has occurred and will not implement the programs we designed to resolve the serious health and environmental issues. Numerous orders and military regulations specifying medical care for depleted uranium exposures have been ignored and continue to be ignored. These requirements always will be ignored. This is about avoiding liability for observed adverse health and environmental problems caused by combat and peacetime military actions.

Today, the Department of Veterans Affairs acknowledged Gulf War casualty count is 27,571 (July 22, 2004) and increasing hourly while the published casualty statistics for Gulf War 1 reveal that 325,000 individuals are now receiving disability compensation, including myself, for combat injuries and illnesses out of 580,400 U.S. Gulf War 1 veterans for a casualty rate of 56% in contrast to Vietnam War casualty rate where currently 741,000 individuals are receiving disability compensation out of 8,752,000 for 8.5% The combined Gulf War 1 and 2 casualty count is absolutely unacceptable especially since DOD and VA officials still are not providing our veterans with prompt and effective medical care.

When political correctness and avoiding economic costs are used to determine what medical care is provided, to whom medical care is provided, when care is provided, and what environmental remediation is completed then we, warriors and civilians alike, lose. Our leaders have decided to ignore the problems hoping that they will just go away. Their objective is to avoid liability for adverse health and environmental consequences of their willful actions and war.

Our leaders have abandoned our nation's and the world's citizens and

consequently I believe they are ignoring President Lincoln's immortal words spoken during his Gettysburg Address: "It is for us the living, rather, to be dedicated to the great task remaining before us---that from these honored dead we take increased devotion to that cause for which they gave the last full measure of devotion--that we here highly resolve that these dead shall not have died in vain--that this nation, under GOD, shall have a new birth of freedom--and that the government of the people, by the people, for the people, shall not perish from the earth."

Today as a combat veteran and patriot; I pray that GOD will answer my and others call for intervention and thus guide our leaders to finally provide the necessary medical care to all casualties and to complete the environmental remediation required to restore our precious resources. I will never cease my efforts to do what is right for GOD and the citizens of the world because this has become "A MATTER OF INTEGRITY". Although I have been a "warrior in battle" today I must be a "warrior for peace".