

Veterans Panel





Dr. Doug Rokke, USA

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. We have been implicated and medical evidence supports the fact that uranium contamination exposure results in adverse health effects.

Today; after the wilful 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 wilful lie as verified by actual medical records of thousands of individuals affected by war created contamination.

What is DU?

Depleted uranium (DU) which is 99.8% by mass U-238 is made from uranium hexafluoride, the by-product 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 10,000 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.

The question all individuals must consider is: Who would want tons solid uranium penetrators lying in your backyard? Who would want any uranium contamination of any type lying in your backyard? The answer is simple- No one!

According to official documents each uranium penetrator rod could loose 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 by-products 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 Kuwait. 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 [1991] 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.”

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:
 - “Depleted Uranium Hazard Awareness”,
 - “Contaminated and Damaged Equipment Management”, and
 - “Operation of the AN/PDR 77 Radiac Set”;

- (5) The draft Army Regulation: "Management of Equipment Contaminated with Depleted Uranium or Radioactive Commodities";
- (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 Paducah, 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. Asaf Durakovic 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-bio-assay 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 (systematic effects)
- k.) dental (heavy metal effects)
- l.) psychology (heavy metal 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 a 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!

The U.S. Army depleted uranium project recommendations

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 particles, x-rays, and gamma ray emissions at appropriate levels from 20 dpm (cpm) up to 100,000 dpm (cpm) and from .1mrem/ 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.

What has occurred?

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. Contaminated and damaged equipment and materials have been recycled to manufacture new products.
4. Training and education has only been partially implemented.
5. Contamination management procedures have not been distributed and implemented.

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!

*Interview with David Bradbury,
film maker, Australia*



Susan Riordon, Canada

SUSAN RIORDON DU VETERAN'S WIDOW, CANADA
WORLD DU/UW CONFERENCE, HAMBURG GERMANY
16 OCTOBER 2003

Good afternoon ladies and gentlemen. My name is Susan Riordon, widow of Captain Terry Riordon, Canadian Military. Terry served as Security Officer in UAE, Dubai. He also filled the role of Counter-Intel and Intel Operator from his return at the end of February, 1990, to departure on December 26, 1990.

The attached A1- military fitness report of July 1990 shows the excellent level of physical fitness Terry enjoyed. His security clearance was rated as "other", Cosmic Clearance. The rapid deploy-

ment notification arrived December 25, 1990. The departure date, December 26, 1990. This restricted issued materials from the Canadian Military. For example, a personal NCBW (Nuclear, Chemical and Biological Warfare) Suit to an ill equipped personal radac meter. Issuances of inoculations were not, and have never been accounted for. Support staff was "to follow", leaving Terry to arrive in Theatre creating security assessments immediately. He was able to draw on the Canadian supply ship for former Military Police Officers and volunteers to maintain housing and hand over of supply ship staff and material.

At one time, Maritime Command Headquarters, Halifax failed to establish contact with Terry - they sought information from myself. Through a long-term marriage, and an understanding of having actually married "into the military", I was able to supply information to the Sending Unit.

Terry was certainly performing Security Officer duties. However, in addition, he set up two "safe homes," with alternate "safe routes," all based upon "threat assessment" and "hide in plain sight theory." Wearing of normal clothing and not a uniform indicated this. He drove an unmarked vehicle, and maintained thousands of U.S. dollars at any given time. In this area, Terry maintained and utilized an Intel and Counter-Intel Unit, which supplied excellent information through several chains of command. His co-workers in this endeavour were Coalition members and local population (assets) persons.

Enclosed, please note the Military PER (Personal Evaluation Report) on Terry's activities at that time. Enclosed, in the interest of time saving, see the several Prelim Intelligence Reports, which reached many three letter U.S. agencies, Canadian, and other Coalition countries. These reports are officially on the record for an explanation to myself as to why Terry's access to CIA, FBI and Joint Chiefs of Staff were not mentioned in the PER.

Terry maintained a fitness routine, in spite of long hours and was very puzzled at the end of January when his health was of concern. Reasonably, for that time, we deemed it to be stress, sleep deprivation and irregular duties and tasking.

However, when Terry returned to Canada, his ill health continued to the period of March, when he sought investigation within a Military Medical Hospital. (Attached A 2 - symptoms and areas of concern). Within a military setting, visits to hospital are rare unless the need is great, as lack of health is a career threat. Terry's health declined to the extent that the man who answered his Country's call for rapid deployment to the Persian Gulf, disappeared. He disappeared as a husband, a father and in some manners, the worst disappearance was of himself.

In continuing to seek medical fitness and a resemblance of health over the years, Terry endured ridicule, dismissive care and clinical diagnosis that were not disclosed to him till three years after forced medical retirement. Having departed Military Service in July 1995, he saw his military Gulf War clinic diagnosis by then-Lt. Col. Ken Scott of Gulf War Syndrome. This clinical diagnosis was repeated several times over 1995 and even in early 1996. (Attached A3).

Terry reached an "existence stage," equal to "feed and water." With a medical team who saw his illness as more than PTSD, or true Somatic Disorder, he maintained a medication

treatment of an assortment of 50 separate prescriptions. The final additions being morphine, Depends, wheelchair and cognition of one to three hours per week.

Dr. Asaf Durakovic, whom I found thanks to a friend within the UK, took Terry into his study on DU and urine testing. On April 26, 1999 then UMP (now UMRC) notified myself that Terry's test was „positive“ for DU. As holder of power of attorney for many years, I was pleased Terry's cognitive abilities were present on April 27th. We discussed the test result; the implications and the fact science can only maintain research upon urine for a limited time. It was then Terry requested a promise from me. That promise, in several parts, was that when he died, Asaf was to harvest his organs at will or need, leaving this to be Terry's gift to the international veterans community. Terry's third part communications with Ray Bristow had reached his cognition and he relied upon Ray's wisdom.

April 27th, I enlisted the husband sitting from my parents while I purchased a wheelchair adaptable home, our current one unsuitable. I also directed the construction company to commence.

April 29th, Terry died. He died in his medical bed, within his own room, his cat lying curled up next to him. Lividity had set in, lips were blue and escaping gas could be faintly heard. He was cold to the touch. He was DEAD. This was also a first for myself, or the first in many years, interrupting the look upon his dead face. I had not seen this look since December 1990. The look was PEACE.

The matters then escalated to a fast pace. Notification to his medical team, call to 911, arrival of Acting Coroner with RCMP to first investigate a no fault death due to Terry's age of 45. The house Terry suffered and died in was a "crime scene", which lasted only 20 minutes. Members present were verbally informed of the „DU-positive“ condition, throwing fear upon many. I informed the Acting Coroner that Terry was to be handed to Dr. Durakovic for scientific research, and he made contact with the Toronto Coordinator who immediately contacted Asaf. Dr. Durakovic -- acting with care, and swiftness -- devoted his full attention to Terry's and direction of a collection team to obtain all harvested organs. This began and ended within short hours on the day of death. Had Dr. Durakovic not acted in the effective manner he did, the National Secrets Act (Canada's only Death Penalty being violation of this act, termed Treason) was still imposed upon Terry. This is applicable even in death.

However DND had no opportunity to express an objection as their notification followed the harvested organs departure. A General Provincial pre-arranged autopsy occurred on April 30th, official cause of death, again, discussed with medical team, Coroner and Pathologist: Gulf War Syndrome. The Provincial Pathologist, in brief, filed his full report 7 months later as "see Dr. A. Durakovic". Nothing pointed to a normal general population death. Research would and did supply cause: Depleted Uranium, 238/235 ratios "highly significant", with trace elements of 236.

One again, as I speak with you, Terry is under Asaf's care for research. With assistance of very respected and learned scientists in two other countries, Terry's final volume he has to speak will be told through his ashes within the urn and the remaining body organs. As I held Terry's brain within my hand, the fact that he now enters year five of his death - he fills a need for his countrymen and woman and the international community again. I maintain my promise and protection to and for Terry.

*Sanna Miericke, photographer, FRG and
Jamila Takahashi, Iraqi Peacekeeper, Japan*

Terry's bones and organs have spoken. His next speech will be his final one. He endures his own Countrys distain and dismissive, callous uncaring to this day. Many in the Canadian Military have found a use to use his name without authorization, without respect for facts or care. However, a dead man may tell science much, and a dead man's widow will complete her promise, to care and protect.

(Please see author Col. K. Scott - keeping the DU issue in Perspective enclosed for your information).

In Closing, we know why we are here, we have Terry's path to follow into further research and hope. We, who have prior knowledge of the DU torture, must seek protection of others through a ban within organ donation and transplant. (Attached Dr. A. Durakovics advisory letter).

We must also ask the question: The vast environmental damage of DU and other toxins poison our Earth; this would appear to also make the human race the endangered species would it not? We have knowledge -- that means we must assist and/or prevent the horrific birth defects, the emotional and fincial rape of our veterans and families, such as my family continues to suffer, along with far too many others. Who will protect the new Endangered Species?



Patricia Rodriguez, Spain

PATRICIA RODRIGUEZ SPAIN WORLD DU/UW CONFERENCE, HAMBURG GERMANY 16 OCTOBER 2003

My name is Patricia; I come from Spain. And actually I'm going to talk representing myself and representing the office of the Defender of the Soldiers in Spain – it's an office who tries to protect the Spanish soldiers, and to protect their rights.

I'm an indirect victim of Depleted Uranium (DU). When my boyfriend died, he was 22 years old. He was a soldier. He was doing a peacekeeping mission in Kosovo in the year 2000. He was there from April until July of 2000. When he came back, a month and a half later, he began to feel a little bit tired, and, a week later, he began to have a very high fever. And 15 days later, he was dead.

At the beginning, they said he had pneumonia, bi-lateral pneumonia. And 2 days later they discovered that he had a very, very acute leukemia. His lungs and his kidneys collapsed, and he



was dead very soon. Inclusive the doctors -- they were civil doctors, they were not military doctors. - thought that for acute leukemia, it was too fast to die. I didn't know anything about DU at that moment, so, I was very sad and in depression, I didn't think about it.

He died on the 31st of October, and in December, one day I saw on TV some news about the situation of Italian soldiers who were dying of leukemia or various strange diseases and all of them had been in Kosovo, very, very similar to my boyfriend. The news said that maybe it was because of some kind of ammunition made of a substance called "depleted uranium" that covered the ammunition, that was used to drill the armor of the military vehicles. And this have a very, very high power of destruction. I've never heard about it before. It is the same I think for the rest of the Spanish people.

What I did, the first thing I did was to call to the Spanish media, because in the news they said that this was the case of the Italian soldiers, but there was not another case in Spain, similar case. So I called and I said, "Hey! I know one case, one very similar case - my boyfriend." Then, what happened then, there was a great storm in Spain of news of another new people who called, saying, talking about relatives or friends that has been in Kosovo or Serbia or in Montenegro that have became ill too. So there was a great movement in Spain; but this movement only was for a month and a half. After that - silence. Complete silence in Spain. That is very, very usual, as I can see in the other countries.

What happened - I want to talk to you about what the Spanish government did about it. The lies, because someone said here about the lies of the governments. I want to share with you the lies of the Spanish government.

The first thing they did when I came out to the media talking about my boyfriend, was that my boyfriend, Antonio Gonzales, had never been in the zones where the bombs were thrown, in the hot zones. That he was outside of the dangerous places. This is a lie, because, okay, my boyfriend was in a logistic unit, and he stayed in Mitrovica (sp.?) near the border with Kosovo. But, as a logistic unit, he had to provide fuel, ammunition and so on to the other operative units. So, he had to do a lot of trips to the hot zones. I had to demonstrate that the government was lying; I had to share with the journalists the letters my boyfriend sent me, talking to me about the travels and the photos he did, because he wanted to have foreign scenes, and he wanted to have lots of photographs.

After that, they said, "Okay, he was in the hot zones, but we actually didn't know anything about the danger of, about the risks of depleted uranium. We were not informed about it."

This a lie, too, because we know that the United States informed about the use of depleted uranium before the war, and recommended that he had to do protection measures, special protection measures. So this is a lie, too.

Anyway, if you have not been in the dangerous zones, I met one month later Ray Bristow. I think you know him. He's a Gulf War [1991] veteran from Great Britain. And he is very ill. But he never was in the Gulf War directly; he was too many kilometers away from the hot zones. So, if my boyfriend didn't do a lot of trip to Kosovo, I think it doesn't matter so much, because we're talking about particles very, very small. They can go with the air very fast, very long away. So, [in] Autumn, the NATO confirmed to have thrown about thirty thousands rounds of depleted uranium -- I don't know if that is accurate; maybe the professional people of the panel can give more accurate accounts of that.

So, there is -- when my boyfriend was in the hospital, some friends of him came to me. They had been with him in Kosovo, too. And they said to me, "Eh, Patricia. Maybe have you thought about the illness of Antonio. Maybe it could be caused by something toxic, or something radioactive in Kosovo. I don't know, maybe we could go to ask some doctors about it." So we went to the doctors, and they said to me, "Forget about it. To cause a leukemia like this you need a very high account of radioactivity, and this, you can only find this in some kind of atomic submarines. So, forget about it." So I never thought about it again, until I knew about depleted uranium.

So, when I met the Gulf War veterans, and when I met some other people and some other organizations who were fighting against depleted uranium they said to me - "The first thing you have to do is to create an organization with all the veterans in Spain, " Like there is some in Great Britain, there is some in the United States, like there is another in France called AviGolfe. And I tried; I really tried. But, there was a great problem. I have to talk representing the Defenders of the Soldiers. The Defender of the Soldiers, I met him two years ago and he told me that to create an organization like this is very difficult in Spain because the law doesn't give you permission if you are a soldier to create any kind of organization. If you are a

soldier you cannot get into a group, or you cannot create any kind of organization that fights for your rights – is forbidden.

So, I tried to create an organization with the families, not the military people; with the families. But it was very difficult too, because I said to the Defender of the Soldier that I want to have contact with all the effected soldiers in Spain and he talked to all of them, but, only about eight of them called me. And most of them told me, “I don’t want to do it because I’m afraid. I received – I’m under pressure. They are threatening me.” Those were the guys who were still in the Army, in the Spanish Army. The guys who were not in the Army, they said to me that they didn’t want to have problems; that they didn’t want the people to know that they were ill, that -- some other reasons that I couldn’t understand very well. But, it was very difficult to me, too.

So, my other priority was to make the medical tests to the soldiers. And the Ministry of Defense from Spain became a campaign to make urine tests and blood tests to the soldiers who had came back from Kosovo. But, these tests was not the tests we needed to isolate isotopes of uranium. This was only tests to find, I think, cadmium and lead. But this was not to, to find... it was a lie; it was a great lie for the public, for the sick people. The only laboratory in Spain that had the things, the spectrometer to find, to isolate the uranium is in Madrid. And the analysis are very, very expensive. So that was very important to make an organization to find the funds to make the analysis.

By the moment, I could not do it; and I have contact with [Prof. Asaf] Durakovic [of UMRC in Canada] to find some help from him, because he was in the uranium medical project. He told me that he was giving some training to a Spanish physician to these techniques of isolation; and this Spanish physician was coming back soon., and he will have contact with me. He never did it, because two months later the Defender of the Soldier called me and tell me “Yeah, I know that physician, but he had told me that he’s afraid to lose his job. He’s working in the University. He’s under pressure, too, and he’s afraid to lose his job, and he’s not going to do the analysis of the soldiers. So, this way was not possible. And sometimes I felt very tired in the fight.

What’s the situation right now? With the Spanish soldiers about the diseases we have found? We have about 70 effects, soldiers that we know. Seventy people who have called us to tell us about their diseases. We have 17 cancers; 15 chronic degenerative pathologies; 7 psychiatric problems

with depressions and so on; 13 people with symptoms of not known, or unknown diseases; some that they don’t know, his mouth is bleeding, his nose, and they don’t know the origin of it, and so on.

And, these other cases of people who have called us, but we don’t know exactly which is the number of effected people because they don’t use—we know about some other cases, but they don’t call us. They prefer to be silent, and we cannot do anything.

The Ministry of Defense deny any relationship between the use, between the diseases and the use of depleted uranium. For us, for the Ministry to provide economic and sanitary attention to the effected soldiers in Spain is necessary to demonstrate the opposite – that there IS as relationship. So, this supposed to begin civil actions with the personal and the economic costs that these involve. And also, most of all, the most difficult thing is to demonstrate facing the reports of the military doctors that the direct cause of this illness is the use of the depleted uranium. There is a lot of problems we have to face, but we are not going to give up. So the Spanish organizations that are involved in this fight are going to keep on trying, are going to keep on fighting and to demonstrate this is the thing that I hope to achieve one day.

Thank you very much.

Alfredo Embid, Spain



Philip Steele, Australia

PRESENTATION TO THE CONFERENCE IN HAMBURG
OCTOBER 16-19 2003

Interest in DU and the Health of Veterans

My interest comes from wanting to assist other Veterans. After being discharged from the RAN I did not know how to get help from the Government and the RAN.

Some other veterans and members of Ex Service Organizations helped me, so I am trying to do the same with others that look for help.

Introduction

My name is Philip Steele and I am a 41-year-old Australian Gulf War Veteran. I spent 8 years in the Royal Australian Navy (RAN) before being medically discharged in 1992. I am in receipt of a Disability Pension due to my service in the Persian Gulf. My diagnosis is Generalized Anxiety Disorder, complicated by Depression with PTSD.

I do volunteer work at the Association of Totally and Permanently Incapacitated Ex Service men and women here in Western Australia.

I was diagnosed with Generalized Anxiety Disorder complicated by Depression with PTSD, as Gulf War Syndrome is not recognized in Australia as a medical condition

Repatriation Medical Authority 18 August 2003-<http://www.rma.gov.au/>

Concluded its investigation into Gulf War Syndrome, with the issuing of a declaration. This declaration was expected to appear in the Gov-



ernment Notices Gazette of 20 August 2003. The RMA formed the view that Gulf War Syndrome is not a "disease" as defined in section 5D of the Act.

Other Australian Defence Forces (ADF) personnel who have served in the Gulf War 1 are still battling with undefined illnesses and a stigma that the Gulf War was not a war.

Australian Government position- refer to the Media releases and Hansard

Selection of quotes from Media Releases from the Minister of Veteran Affairs

1. A major independent study into the health of veterans of the 1991 Gulf War has found no Gulf War Syndrome.
2. The study also found that the number of deaths and cancers amongst Gulf War veterans was lower than those expected in the general population.
3. No personnel serving on ADF operations in the 1991 Gulf War were given anthrax vaccinations
4. Veterans taking part in the study were examined and their health compared to a similar group of Australian Defence Force members who did not serve in the Gulf, as well as against the health of the general population.
5. "Some 80 per cent of Gulf War Veterans agreed to be examined for the study, enabling the study team to achieve results that were as accurate as possible,"

Australian Military position on the use and exposure of DU

The Acting Chief of the Australian Defence Force, Lieutenant General Des Mueller, confirmed today that Defence was aware of the growing concern about the possible health effects of depleted uranium munitions used in the Balkans.

"There have been a number of Australian Defence Force personnel who have served with the peacekeeping forces in Bosnia and on attachment to allied units in Kosovo," Lt Gen Mueller said. "Whilst it is unlikely that ADF personnel in the Balkans have been exposed to depleted uranium, I have directed that those individuals who have served in the Balkans be identified and

their degree of exposure assessed. However, on the information available, any risk to ADF personnel would be minimal," he said.

"The Australian Defence Force does not use depleted uranium and holds no depleted uranium stocks", he said. "Whilst depleted uranium ammunition was provided with the initial purchase of the Phalanx anti missile system fitted to some RAN Ships in the early 1980s, the ammunition was phased out before 1986 and replaced with the Australian-developed tungsten-tipped ammunition".

Possible exposures of Australian's in Iraq, Afghanistan, Balkans, etc.-

1. Croatia, Bosnia, Herzegovina and Macedonia (The Former Yugoslavia). 12 January 1992- December 1992
2. The Former Yugoslav Republic (FYR) 25 Jan 1997 - Present
3. Kosovo 24 Aug 1999 - Present
4. Kuwait 15 Feb - 8 Mar 1998
5. Persian Gulf, Kuwait, Diego Garcia, Tajikistan, Uzbekistan, Pakistan & Afghanistan Nov 2001 - December 2002.
6. Diego Garcia, The Persian Gulf, Jordan, Kuwait, Saudi Arabia, Qatar, and Iraq. January 2003 -June 2003

There are still Australians serving in Iraq approximately 800 and there are other Australian personnel serving in places like the Middle East, Afghanistan and East Timor to mention just a couple

Brief description of the Australian Gulf War Veterans in Australia

There were several different deployments. Most primarily involved Royal Australian Navy (RAN) personnel, and these included personnel on Her Majesty's Australian Ship (HMAS) Darwin, HMAS Adelaide and HMAS Success deployed in Operation Damask I; HMAS Brisbane, HMAS Sydney and HMAS Westralia deployed in Operation Damask II; HMAS Darwin deployed in Operation Damask III; Clearance Diving Team 3; and Task Group Medical Support Element (TGMSE) deployed to USNS Comfort.

Female Australian Defence Force (ADF) personnel served on HMAS Westralia, in Operation Habitat and in the TGMSEs deployed on USNS Comfort.

The Royal Australian Air Force (RAAF) supplied transport and logistic support but did not fly combat missions. Other ADF personnel who were involved in Gulf operations included intelligence officers, mainly RAAF but some RAN and Royal Australian Army (RAA) and RAA linguists. Some individual officers (mainly RAA) were on secondment to United Kingdom (UK) and United States of America (USA) forces and deployed to the region with those forces.

Australian Gulf War Veterans Health Study- DU part of the Health Study Chapter 3.10

It appears therefore, that Australian Naval personnel were unlikely to have been exposed to DU, unless from a battle field tour. The only people likely to have been exposed to DU were those ADF personnel deployed with US or UK contingents involved in the special situations described above, or those who took souvenirs from damaged and destroyed tanks hit by DU rounds.

Gulf War II

The possible exposure for the New Gulf War Veterans seems to be a lot greater than when I was in the first Gulf War, as we have had more members of the Australian Defence Force on the ground in Iraq as part of the Coalition.

So this is another reason for my interest in coming to this Conference, so we can get first hand information, to take back to Australia and use it to assist any Veterans that may have been exposed to DU and also to lobby the Australian Government if need be to make sure that these new Veterans are adequately cared for by the Australian Government



*Photograph taken during the day in the Gulf.
RAN Chopper amongst the pollution*



Photograph of the uniform we wore during the War.



The Frigate HMAS SYDNEY

*Sources of Information for the Presentation
Mr Paul Copeland National President
Australian Peace Keepers and Peace
Makers Association.
<<http://www.peacekeepers.asn.au/>>*

*Australian Department of Veterans affairs
<<http://www.dva.gov.au/>>Australian Gulf
War veterans Health study-*

Photographs from Gulf War I

Dennis Kyne, USA

Greetings, I am Dennis Kyne

From 1987 until September 10th of 2003 I served the American Military in four different branches of the United States Army

I was assigned to the 18th Airborne Corps during Desert Storm as a Medic. Working with the 24th Infantry Division I was as far forward as Operation Desert Storm went.

Prior to this conflict I had attended Nuclear Biological Chemical School on FT Benning, Georgia and was educated in all forms of non conventional warfare. I served as an NBC specialist in addition to my role as a medic.

On January 17th 1991 Desert Storm started. We dropped Depleted Uranium rounds on Iraq and Kuwait for forty five days before the ground troops were sent in late February. We were on the way to Baghdad, not one US Army soldier will ever

say different. We stopped right in our tracks after three days of advancement. We turned around and the miles we covered in days were recovered in hours as we evacuated a contaminated area. It was contaminated with our own weaponry and that is why the war stopped, that is why the cease fire was called.

Soldiers were becoming sick, and they were dead. There was no explanation. But, they were not combat casualties when they died after the cease fire was called. The cease fire did not occur because America was winning, it occurred because America was losing, very badly. Losing the fighting strength which I, as a medic, had been trained to conserve.

These soldiers exhibited symptoms that no body had ever witnessed. They had walked into areas so contaminated that instantly they would have effects they could feel but not explain. As we waited to depart the middle east after the cease fire,





Renate Domnick, Media Coordinator, FRG

soldiers had stares that looked far beyond the endless desert. They were lost in their sickness, radiation sickness, that not one Officer in the Military ever said a word about.

When I returned I attended Drill Sergeant School where I was entrusted with the health and welfare of thousands of young soldiers. This is where my analysis begins as I realized how much I knew from NBC School and how little we were teaching these privates.

In Desert Storm we took photographs to record and illustrate what was causing illnesses, this is a requirement that we fulfilled. The pictures I have had in my possession for thirteen years meet the definition of a nuclear weapon. The definition of nuclear that I am using is, "Kills all living Cells (things), and keeps property in tact. These pictures meet this definition. US Army soldiers arrived on these scenes repeatedly and got sick, horribly sick, within minutes. If one is familiar with Wadi's, defined as a free flowing river in the Arabian Desert, they will realize that there is only one way into Baghdad. The United States doesn't do a very good job of teaching geography, topography, or agriculture types such as Sand. After spending an incredible amount of resources to remove

vehicles from these Wadi's, the US Troops were forced to converge on the Highway, referred to as the Highway of Death. These soldiers entered this area and worked in this environment for countless days and nights. US Army FM (field manual) 3-100 states specifically that, "The area receives such a powerful dose of initial neutron radiation that it remains a militarily significant hazard for 2 to 5 days after the blast. Some hazards remain for a longer period. It is dangerous to cross such an area or remain in it while it is radioactive without taking precautions." These manuals also state that if you know an area has been hit with depleted uranium you are to mark it with a NUCLEAR sign. If you were to ask the private in Iraq right now about this, you would get a really confused look. This is not what they are being told, they are being told that depleted uranium is not a threat to their health. That is why I left the military last month after fifteen years of service.

The Military Manuals I was given in NBC school explain nuclear flash, nuclear blast, nuclear fallout and the symptoms of soldiers who have been exposed. As far as I know America is still the only one talking about putting low level nuclear weapons into play. It is my contention that they have been doing it and training us for it since at

least 1987 when I entered. I am sure training can be confirmed further back than that right here at the conference. Currently soldiers are falling ill in Southwest Asia with the same symptoms my fellow soldiers fell ill too. American Marines died in their driveway as their insides fell out. They had been sent home from the VA without care and died with the melted insides falling out of them. Crew Members of the 498th Air Ambulance Company had their skin peeling off, peeling all the way off, all the way to death. And countless American Troops have had children that share the life of the children of Hiroshima and Nagasaki, a life that has been radioactively contaminated. Those who didn't have children had miscarriages.

The training manual I teach from shows privates how to respond to a nuclear hazard. Unless there is another nation who has used this madness, I am assuming as a Drill Sergeant I was teaching privates to respond to ourselves. It talks about the nuclear flash that rolls out, rolls back, and shoots up into a mushroom cloud. I saw this mushroom cloud over Um Quasar in this recent conflict. On the beloved CNN they showed the city with a black cloud over it that had been there for days. The CNN commentator was saying, "we don't know what that is, what it is from, but it has been there for almost a week now." That is the mushroom cloud they were teaching me about in NBC School. That is the nuclear fallout. As the scientists have explained to me, these metals are so heavy a finger full would drop you to the ground. That fall-out sat over Um Quasar and was too heavy to be blown away. That is what they taught me in NBC school was a non-conventional weapon. A nuclear weapon. That is why I left the military last month, after fifteen years.

The Pictures, display an area that was hit with a depleted uranium round. A round that has the waste of Americas Nuclear Plants in it. The military touts it as the best because it is Armor Piercing.

Problem number one, an anti-armor weapon hit a non-armor vehicle. Where are the studies that show the implications of this. What is the flash to bang, fallout radius of this. It has to be something because we know they did all the testing against armor that absorbed a great deal of the flash bang and fallout. I would guess that 80 percent of the 320 tonnes of Depleted Uranium that dropped landed on non armored areas. The international health problems it caused or undeniable. That is a causal relationship between nuclear waste and health problems. The combat climate was nowhere near the testing climate, which means every study that has ever been done in support of uranium weapons is faulty because

it fails to meet the real world paradigm that most victims of combat are civilians who don't have armored vehicles.

Problem number two is that this battlefield was left contaminated. Every person who ever showed up with a Geiger counter knew it was radioactive. America sent Troops back over the battlefield that was contaminated and added more of the toxic garbage to it. The international community was well aware of it and made it very obvious when they refused to send along their soldiers to walk the contaminated lines. American Soldiers are falling ill daily now to pneumonia? Cancer, and on the list goes ... it is depleted uranium.

Problem number three is outlined in the same FM 3-100 as residual effects.

The book reads, "Suburb of Hiroshima, 5 Aug 45 Satoshi Nakamuri, a reporter, jumps on his bicycle and begins pedaling toward Hiroshima. He feels an unusually strong wind followed by a heavy downpour. The raindrops are large and extremely dark, almost black. Within a few seconds, his fingers become stained with black rain. He had never heard of fallout, but he lives to write about it many years later. Nakamuri was 8 miles from the city."

The residual contamination effects caused by nuclear explosions are fallout and induced radiation. Residual contamination effects produce casualties in much the same way as the initial radiation except that it may take longer to build up the required dosage. When American troops acquire the required dosage it usually equates into death.

The rest of this story is being written as we share this space together, I Hope we live to write about it many years from now. Inner Peace.

<http://www.denniskyne.com>