

DEATHSTAR II

DEPLETED URANIUM

http://images.google.com/imgres?imgurl=http://www.iraqwar.co.uk/kimphuc2.jpg&imgrefurl=http://www.greatdreams.com/death/deathstar2.htm&usg=__qtiTDE3rVgCnGkyirvqEvNnKFRs=&h=528&w=710&sz=102&hl=en&start=22&um=1&tbnid=dp93toyyuQ81IM:&tbnh=104&tbnw=140&prev=/images%3Fq%3DWhite%2BPhosphorus%26start%3D18%26ndsp%3D18%26um%3D1%26hl%3Den%26sa%3DN



There is more than one thing going on - making earth the 'death star'.

320 METRIC TONS DROPPED IN IRAQ WILL TAKE 25 BILLION YEARS TO DISINTEGRATE

340 tons of DU munitions were fired during the 1991 Gulf War; 11 tons fired in the Balkans 1990 (about 70-80% of all DU munitions penetrators remain buried in the soil).

ALL WILL TAKE 25 BILLION YEARS TO DISINTEGRATE

The **United States** has sold **DU** weapons to 29 countries

The U.S. Department of Veterans Affairs stated in August 2004 that over 518,000 Gulf-era veterans (14-year period) are now on medical disability, and that 7,039 were wounded on the battlefield In that same period. Over 500,000 U.S. veterans are homeless.

See: <http://video.google.com/videoplay?docid=-1144673265921073656>

Just 467 U.S. personnel were wounded in the three-week Persian Gulf War in 1990-1991. Out of 580,400 soldiers who served in Gulf War I, 11,000 are dead, and by 2000 there were 325,000 on permanent medical disability. This astounding number of disabled vets means that a decade later, 56 percent of those soldiers who served now have medical problems.

The number of disabled vets reported up to 2000 has been increasing by 43,000 every year. Brad Flohr of the Department of Veterans Affairs told American Free Press that he believes there are more disabled vets now than even after World War II.

They brought it home

compiled by Dee Finney

Depleted Uranium Situation Worsens - Dr. Doug Rokke, PhD.

Sat Jul 5, 2008 13:20

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Dr. Doug Rokke, PhD. Dlind49@aol.com wrote:

**Depleted Uranium Situation Worsens Requiring Immediate Action
By President Bush, Prime Minister Brown, and Prime Minister Olmert**

**Dr. Doug Rokke, PhD. Dlind49@aol.com
former Director, U.S. Army Depleted Uranium project
June 11, 2008**

During the summer of 1991, the United States military had collected artillery, tanks, Bradley fighting vehicles, conventional and unconventional munitions, trucks, etc. at Camp Doha in Kuwait. As result of carelessness this weapons depot caught fire with consequent catastrophic explosion resulting in death, injury, illness and extensive environmental contamination from depleted uranium and conventional explosives. Recently the emirate of Kuwait required the United States Department of Defense to remove the contamination.

Consequently, over 6,700 tons of contaminated soil sand and other residue was collected and has been shipped back to the United States for burial by American Ecology at Boise Idaho. When Bob Nichols, an investigative journalist, and I contacted American Ecology we found out that they had absolutely no knowledge of U.S. Army Regulation 700-48, U.S. Army PAM 700-48, U.S. Army Technical Bulletin 9-1300-278, and all of the medical orders dealing with depleted uranium contamination, environmental remediation procedures, safety, and medical care.

They had never heard of U.S. Environmental Protection Agency guidelines for dealing with mixed – hazardous waste such as radioactive materials and conventional explosives byproducts. (reference "Approaches for the Remediation of Federal Facility Sites Contaminated with Explosives or Radioactive Wastes", EPA/625/R-

93/013, September 1993). The shipment across the ocean, unloading at Longview, Washington State port, transport by rail, and burial in Idaho endangers not only the residents of these areas but poses a significant agricultural threat through introduction of pests, microbes, etc. foreign to our nation.

Sadly the known adverse health and environmental hazards from uranium weapons contamination are in our own backyard.

The EPA has listed the former Nuclear Metals- Starmet uranium weapons manufacturing site in Concord Ma. On EPA's Superfund National Priority List because it poses a significant risk to public health and the environment. Consequently the community in which our nation was born on April 18, 1775 is now the location of America's own closed dirty bomb factory that will endanger the health and safety of the descendants of our original patriots- "the Minutemen".

The previous delivery of at least 100 GBU 28 bunker busters bombs containing depleted uranium warheads by the United States and their use by Israel against Lebanese targets has resulted in additional radioactive and chemical toxic contamination with consequent adverse health and environmental effects throughout the middle east. Israeli tank gunners are also using depleted uranium tank rounds as photographs verify.

Today, U.S., British, and now Israeli military personnel are using illegal uranium munitions- America's and England's own "dirty bombs" while U.S. Army, U.S. Department of Energy, U.S. Department of Defense, and British Ministry of Defence officials deny that there are any adverse health and environmental effects as a consequence of the manufacture, testing, and/or use of uranium munitions to avoid liability for the willful and illegal dispersal of a radioactive toxic material - depleted uranium.

The use of uranium weapons is absolutely unacceptable, and a crime against humanity. Consequently the citizens of the world and all governments must force cessation of uranium weapons use. I must demand that Israel now provide medical care to all DU casualties in Lebanon and clean up all DU contamination.

U.S. and British officials have arrogantly refused to comply with their own regulations, orders, and directives that require United States Department of Defense officials to provide prompt and effective medical care to "all" exposed individuals. Reference: Medical Management of Unusual Depleted Uranium Casualties, DOD, Pentagon, 10/14/93, Medical Management of Army personnel Exposed to Depleted Uranium (DU) Headquarters, U.S. Army Medical Command 29 April 2004, and section 2-5 of U.S. Army Regulation 700-48.

Israeli officials must not do so now.

They also refuse to clean up dispersed radioactive Contamination as required by Army Regulation- AR 700-48:

"Management of Equipment Contaminated With Depleted Uranium or Radioactive Commodities" (Headquarters, Department Of The Army, Washington, D.C., September 2002) and U.S. Army Technical Bulletin- TB 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, Washington, D.C., JULY 1996). Specifically section 2-4 of United States Army Regulation-

AR 700-48 dated September 16, 2002 requires that:
(1) "Military personnel "identify, segregate, isolate, secure, and label all RCE" (radiologically contaminated equipment).

(2) "Procedures to minimize the spread of radioactivity will be implemented as soon as possible."

(3) "Radioactive material and waste will not be locally disposed of through burial, submersion, incineration, destruction in place, or abandonment" and

(4) "All equipment, to include captured or combat RCE, will be surveyed, packaged, retrograded, decontaminated and released IAW Technical Bulletin 9-1300-278, DA PAM 700-48" (Note: Maximum exposure limits are specified in Appendix F).

DOD leaders are not showing the DU training tapes to military personnel. These three video tapes: (1) "Depleted Uranium Hazard Awareness", (2) "Contaminated and Damaged Equipment Management", and (3) "Operation of the AN/PDR 77 Radiac Set" are essential to understanding the hazards from the use of uranium weapons and management of uranium weapons contamination. DOD leaders must show these tapes to all military personnel involved in the use of uranium weapons and the consequent management of uranium contamination.

The previous and current use of uranium weapons, the release of radioactive components in destroyed U.S. and foreign military equipment, and releases of industrial, medical, research facility radioactive materials have resulted in unacceptable exposures. Therefore, decontamination must be completed as required by U.S. Army Regulation 700-48 and should include releases of all radioactive materials resulting from military operations.

The extent of adverse health and environmental effects of uranium weapons contamination is not limited to combat zones in the Balkans, Iraq, and Afghanistan but includes facilities and sites where uranium weapons were manufactured or tested including Vieques; Puerto Rico; Colonie, New York; Concord, MA; Jefferson Proving Grounds, Indiana; and Schofield Barracks, Hawaii. Therefore medical care must be provided by the United States Department of Defense officials to all individuals affected by the manufacturing, testing, and/or use of uranium munitions. Thorough environmental remediation also must be completed without further delay.

I am amazed that fifteen years after was I asked to clean up the initial DU mess from Gulf War 1 and over ten years since I finished the depleted uranium project that United States Department of Defense officials and others still attempt to justify uranium munitions use while ignoring mandatory requirements.

I am dismayed that Department of Defense and Department of Energy officials and representatives continue personal attacks aimed to silence or discredit those of us who are demanding that medical care be provided to all DU casualties and that environmental remediation is completed in compliance with U.S. Army Regulation 700-48. But beyond the ignored mandatory actions the willful dispersal of tons of solid radioactive and chemically toxic waste in the form of uranium munitions is illegal (http://www.traprockpeace.org/karen_parker_du_illegality.pdf) and just does not even pass the common sense test and according to the U.S. Department of Homeland Security, DHS, is a dirty bomb.

DHS issued "dirty bomb" response guidelines,

http://www.access.gpo.gov/su_docs/aces/fr-cont.html

on January 3, 2006 for incidents within the United States but ignore DOD use of uranium weapons and existing DOD regulations. These guidelines specifically state that:

"Characteristics of RDD and IND Incidents: A radiological incident is defined as an event or series of events, deliberate or accidental, leading to the release, or potential release, into the environment of radioactive material in sufficient quantity to warrant consideration of protective actions. Use of an RDD or IND is an act of terror that produces a radiological incident." Thus the use of uranium munitions is "an act of terror" as defined by DHS. Finally continued compliance with the infamous March 1991 Los Alamos Memorandum that was issued to ensure continued use of uranium munitions cannot be justified.

In conclusion: the President of the United States- George W. Bush, the Prime Minister of Great Britain-Gordon Brown, and the Prime Minister of Israel Olmert must acknowledge and accept responsibility for willful use of illegal uranium munitions- their own "dirty bombs"- resulting in adverse health and environmental effects.

President Bush, Prime Minister Brown, and Prime Minister Olmert should order:

1. medical care for all casualties,
 2. thorough environmental remediation,
 3. immediate cessation of retaliation against all of us who demand compliance with medical care and environmental remediation requirements,
 4. and stop the already illegal the use (UN finding) of depleted uranium munitions.
- References- these references are copies the actual regulations and orders and other pertinent official documents:

<http://www.traprockpeace.org/twomemos.html>

http://www.traprockpeace.org/rokke_du_3_ques.html

http://www.traprockpeace.org/du_dtic_wakayama_Aug2002.html

http://www.traprockpeace.org/karen_parker_du_illegality.pdf

http://www.access.gpo.gov/su_docs/aces/fr-cont.html

<http://cryptome.org/dhs010306.txt>

http://www.boston.com/news/local/articles/2008/05/15/razing_urged_for_waste_site/
http://www.tdn.com/articles/2008/04/29/area_news/doc4816651072f72767559743.txt

Photo by David Silverman (Getty Images) Image 71440735

<http://editorial.gettyimages.com>

RE: DU ALERT....

<http://www.apfn.org/apfn/du.htm>

DU ALERT 2

<http://www.apfn.org/apfn/du2.htm>

please distribute this world wide...

[The Weapon of Mass Destruction Is Cancer](#)

June 24, 2008

In March, 2003 my sister, Army Captain Chaplain Fran E. Stuart was deployed to Iraq with the rest of her battalion, from Ft. Campbell, Kentucky, the 101st Airborne. The uncharted desert would not only hold uncertainty for Operation Iraqi Freedom and Operation Enduring Freedom, but if she survived during her one-year deployment, she would return to the U. S. forever changed.

Although the changes that would occur two years to the day from her return home were changes she never could have fathomed. Not only had the desert sand, gun blasts and heat penetrated the armor of her psyche, but a carcinogen did too. It made a home in her body, mixed between the Anthrax Vaccine, depleted uranium, crude oil smog, and contaminated water dished up with every meal. It would, in two years, become part of the wrapping around her inner organs like an Octopus, gathering its fuel from her central abdomen. The volleyball size tumor would become the pregnancy she never had -- and the birth of cancer she'd never forget.

In March 2006, the 41-year-old captain was diagnosed with a rare, aggressive, stage IV Dysgerminoma cancer, the "germ cell" cancer usually only seen in pregnant women, or teenage girls. Captain Stuart was medevaced from her new tour in Germany to Walter Reed Army Medical Center (WRAMC) in D.C. to undergo further testing and immediate surgery to remove the massive tumor, only to discover three more. It would take ten months of treatments to corral the cancer. After 35 rounds of chemotherapy and two more surgeries was she deemed in clinical remission.

While her family was supporting Captain Stuart at WRAMC, my exclusive access to WRAMC exposed cancer as a affliction suffered by many soldiers are returning from Iraq/Afghanistan, unknown to the public and unacknowledged by the military.

Although WRAMC Forrest Glen Fisher House provides housing exclusively for soldiers with cancer, undergoing surgeries, chemotherapy or radiation treatments at Walter Reed -- the DoD hasn't gone public with their findings. WRAMC has dedicated floors six and seven to the stricken soldiers arriving daily -- their life may have been spared on the battlefield, but the savage beast within -- cancer -- had created its own war.

Soldiers face a more deadly and rapidly moving carcinogen that covertly infiltrates all ranks, ethnicities, gender and ages from 21-57. Developing different stages and forms of rare cancers within 4-24 months, a portion are medevaced to WRAMC from Iraq already ill. Others, like my sister, are diagnosed two years post-deployment. Since soldiers are uninformed about depleted uranium (DU), they are not wearing protective gear and are unknowingly inhaling and ingesting the toxic dust.

Through the world of military red tape and their language: acronyms, I've witnessed and reported firsthand the challenges and struggles OIF and OEF soldiers undergo as they battle cancer while in the military. While the DoD denies that cancer is a "War Wound," many are left inflicted with the life-threatening illness, uncertain and fearful of their own mortality and military career.

The new veterans of the Iraq War are left afraid of the future. They wrestle with

hopelessness and helplessness while they're tucked away alone in VA hospitals across the county, thinking they are the only ones. The response is, no, they're not alone. But, their story on a national and International/ level, remains untold....

Captain Stuart, soldiers fighting daily for their life, and those brave military loved ones who have succumbed to the carcinogen -- put a face on Cancer in the military post Operation Iraqi Freedom & Operation Enduring Freedom, as Vietnam Veteran's did twenty years later with Agent Orange, and Desert Storm Veteran's did ten years after with The Gulf War Syndrome. Only let's not wait that long... let the faces be seen, let the names be read, let the stories unfold and let the voices be heard now. And it begins with Army Captain Chaplain Fran E. Stuart.

August 2002, seven months before the Iraq war commenced, U. S. Army Colonel J. Edgar Wakayama wrote a report for the military on DU Munitions, and the risks to health and the environment. He noted DU is produced as a by-product of the enrichment process for nuclear reactor-grade or nuclear weapon-grade uranium. Due to its extreme density (1.7 times the density of lead), it is used as the armor plating [DU penetrators] in 16 different model/size cartridges of U. S. ammunition. DU is radioactive and produces Alpha particle, Beta particle, Gamma ray.

Col. Wakayama addressed the Epidemiological Studies after Wars in Gulf and Balkans where 340 tons of DU munitions were fired during the 1991 Gulf War; 11 tons fired in the Balkans 1990 (about 70-80% of all DU munitions penetrators remain buried in the soil). The estimated DU intake for most soldiers on the battlefield: 0.1 mg uranium/g kidney, but long-term effect is unknown.

The emerging environmental concerns include a significant exposure to DU among children playing in the impact sites by ingesting heavily-contaminated soil, slow leaching of DU in local water supplies over years, consuming DU contaminated food sources (animals and plants). He outlined the three major routes of human exposure to DU is wounding by shrapnel, inhalation (lungs and thoracic lymph nodes), ingestion (contaminated soil, contaminated drinking water and food in the community).

Once the alpha particle is taken inside the body in large doses there's a hazardous producing cell damage and cancer (he reports lung Cancer is well documented), clothing and skin protects from external alpha exposure. The beta particle is hazardous to the skin and the lens of the eyes. The gamma radiation is an electromagnetic radiation of high energy that penetrates through the body. DU is chemically toxic due to heavy metal like lead, the target organ is the kidney and bone. The cultured human stem bone cell line with DU also transformed the cells to become carcinogenic. Urine samples containing uranium are mutagenic as determined by the Ames test.

Lastly, Col. Wakayama noted in the brief, the radiation effects of inhalation exposure is to the lungs and thoracic lymph nodes. A large inhalation of dust (without radiations) equate long-term respiratory effects (lung fibrosis, in addition to risk of lung Cancer). DU can be deposited in bone causing DNA damage by the effects of the alpha particles. Immune deficiency is a negligible effect, with an extra risk of death from leukemia and other Cancers.

After this study was completed for the DoD, seven months later the U.S. Military began the Shock & Awe Campaign on Iraq. In the early months of the war the U.S. dropped 320 metric tons of DU munitions on Iraq. The radioactive drenched soil in Iraq was reported in 2003 by journalist Scott Peterson, *The Christian Science Monitor*, with a Geiger counter

registering radiation in Baghdad 1,900 times higher than normal. DU has a half-life of 4.5 billion years, and total disintegration estimated after 25 billion years.

November 2006, the BBC reported "Depleted Uranium Risk 'Ignored.'" The investigation found that UK and US forces have continued to use depleted uranium weapons despite warnings they pose a cancer risk. Noting, scientists have pointed to health statistics in Iraq, where the weapons were used in the 1991 and 2003 wars.

February 2007, CNN's *American Morning* aired a two part special with Greg Hunter, "Is DU Effecting our Troops?"

July 2007, Iraq's environment minister blamed "at least 350 sites in Iraq being contaminated during bombing" with depleted uranium weapons for about 140,000 cases of cancer there and for between 7,000 and 8,000 new cases each year.

May 22, 2008, Representative Jim McDermott a Democrat of Washington, in the most recent Institute of Medicine report, "Review of the Toxicologic and Radiologic Risks to Military Personnel from Exposure to Depleted Uranium During and After Combat," secures DU Amendment in Department of Defense Authorization Bill. The amendment requires the Secretary of Defense to report to Congress within 120 days of the legislation becoming law.

McDermott, a medical doctor who has long expressed concerns over potential health risks to U.S. soldiers and Iraqi civilians from exposure to DU. McDermott said there are anecdotal and seemingly unexplained stories of cancers striking previously healthy young American soldiers who have served in Iraq, and as a scientist he wants independent and in-depth scientific research conducted to determine if there is any link between exposure to DU and their illnesses.

He reiterates, depleted uranium, is a dense and toxic, low level radioactive material used by the U.S. military to super-harden munitions to penetrate armor. Upon impact the munitions pulverize into a fine dust that can be inhaled into the lungs when breathing, or fall to the ground as a microscopic dust where it can remain in the soil and leach into the groundwater over time. Hundreds of tons of DU were used during the First Gulf War and at the beginning of the Iraq war.

Depleted uranium: the silent killer stalks streets of Fallujah

June 21, 2008

by Simon Assaf

The US military is attempting to cover up a great crime taking place in the Iraqi city of Fallujah.

Every week an average of five children are born there with major congenital malformations, including heart defects, cleft lip or palate, Down's syndrome, limb defects and eye deformities. One child was born with two heads.

Meanwhile cemetery workers in the city speak of burying half a dozen stillborn babies

every day – many of them with severe deformities.

These are the victims of a silent killer unleashed on Fallujah during savage bombardments in 2004 when the city in the Anbar province rose in rebellion against the occupation.

Medical officials in Fallujah are reluctant to speak out, and the US military and its Iraqi allies have blocked attempts to open an investigation.

But all the evidence points to the use of depleted uranium weapons. These are made out of the waste product from enriched uranium, and are favoured by the military because shells can punch through steel armour and reinforced concrete.

As it hits its target, it vaporises creating a toxic, radioactive cloud of uranium oxides. These particles are blown into the air and can be carried hundreds of miles by winds.

They contaminate wounds and can be inhaled or ingested. In the longer term these particles seep into the soil and contaminate water supplies – turning areas into toxic wastelands.

The US has admitted to dropping around 1,200 tonnes of depleted uranium on Iraq since the 2003 invasion.

It has refused to confirm that it used these weapons during its assault on Fallujah. But one US soldier who took part in the fighting described the final days of the battle to GI Special, the anti-war bulletin for US troops:

“Occasionally, on the outskirts of the isolated impact area, you could hear tanks firing machine guns and blazing their cannons. It was amazing that anything could survive this deadly onslaught. Suddenly a transmission came over the radio approving the request for ‘bunker busters’.

“Apparently, there were a handful of insurgent compounds that were impenetrable by artillery. I was told that the incredibly massive explosions were a direct result of these ‘final solution’ type missiles.”

Bunker busters – bombs capable of penetrating 20 feet of concrete – have depleted uranium tips.

Evidence of the use of depleted uranium weapons is hard to come by.

But one Iraqi witness told independent journalist Dahr Jamail that following the 2004 battle in Fallujah US troops began to remove the top soil from certain sites, while leaving others untouched. Others told him that soldiers hosed down certain streets.

Both US and British governments deny that depleted uranium causes any long term health risk. These denials have been rubbished by every serious scientific survey into its impact.

According to a report by the United Nations, “ingestion could occur in large sections of the population if their drinking water or food became contaminated with depleted uranium.

“In addition, the ingestion of soil by children is also considered a potentially important

pathway.”

A 2005 report by epidemiologists, who study patterns of disease, concluded that “the evidence is consistent with increased risk of birth defects in offspring of persons exposed to depleted uranium”.

These weapons were first used extensively in the 1990-1 Gulf War – leaving a deadly legacy for Iraqis and coalition troops. Depleted uranium dust is widely blamed for “Gulf War Syndrome”, the severe illness affecting thousands of veterans that is also blamed for birth defects in their offspring.

Now cases of depleted uranium-related illnesses are being reported among a new generation of US troops.

In Fallujah doctors are struggling to deal with the consequences of these weapons. The parents of one deformed infant said, “It’s the flagrant aggression they launched against us. God knows what they dropped on us in Fallujah.”

The following should be read alongside this article:

» [Sadr movement plans new offensive](#)

The Queen's 'Death Star' Depleted Uranium Measured in British Atmosphere from Battlefields in the Middle East



The remains of an Iraqi tank abandoned in the demilitarized zone near the Kuwaiti border. The two holes in the side of the tank were made by DU penetrators. (January 2000, near Safwan, Iraq)

By: Leuren Moret

3-5-06

"Did the use of Uranium weapons in Gulf War II result in contamination of Europe? Evidence from the measurements of the Atomic Weapons Establishment (AWE), Aldermaston, Berkshire, UK," reported the Sunday Times Online (February 19, 2006) in a shocking [scientific study](#) authored by British scientists Dr. Chris Busby and Saoirse Morgan.

The highest levels of depleted uranium ever measured in the atmosphere in Britain, were transported on air currents from the Middle East and Central Asia; of special significance were those from the Tora Bora bombing in Afghanistan in 2001, and the "Shock & Awe" bombing during Gulf War II in Iraq in 2003.

Out of concern for the public, the official British government air monitoring facility, known as the Atomic Weapons Establishment (AWE), at Aldermaston, was established years ago to measure radioactive emissions from British nuclear power plants and atomic weapons facilities.

The British government facility (AWE) was taken over 3 years ago by Halliburton, which refused at first to release air monitoring data to Dr. Busby, as required by law.

An international expert on low level radiation, Busby serves as an official advisor on several British government committees, and co-authored an independent report on low level radiation with 45 scientists, the European Committee on Radiation Risk (ECRR), for the European Parliament. He was able to get Aldermaston air monitoring data from Halliburton /AWE by filing a Freedom of Information request using a new British law which became effective January 1, 2005; but the data for 2003 was missing. He obtained the 2003 data from the Defence Procurement Agency.

The fact that the air monitoring data was circulated by Halliburton/ AWE to the Defence Procurement Agency, implies that it was considered to be relevant, and that Dr. Busby was stonewalled because Halliburton/ AWE clearly recognized that it was a serious enough matter to justify a government interpretation of the results, and official decisions had to be made about what the data would show and its political implications for the military.

In a similar circumstance, in 1992, Major Doug Rokke, the Director of the U.S. Army Depleted Uranium Cleanup Project after Gulf War I, was ordered by a U.S. Army General officer to write a no-bid contract "Depleted Uranium, Contaminated Equipment, and Facilities Recovery Plan Outline" for the procedures for cleaning up Kuwait, including depleted uranium, for Kellogg, Brown and Root (KBR), a subsidiary of Halliburton.

The contract/proposal was passed through Madeleine Albright, the Secretary of State, to the Emirate of Kuwait, who considered the terms and then hired KBR for the cleanup.

Aldermaston is one of many nuclear facilities throughout Europe that regularly monitor atmospheric radiation levels, transported by atmospheric sand and dust storms, or air currents, from radiation sources in North Africa, the Middle East and Central Asia.

After the "Shock and Awe" campaign in Iraq in 2003, very fine particles of depleted uranium were captured with larger sand and dust particles in filters in Britain. These particles traveled in 7-9 days from Iraqi battlefields as far as 2400 miles away.

The radiation measured in the atmosphere quadrupled within a few weeks after the beginning of the 2003 campaign, and at one of the 5 monitoring locations, the levels twice

required an official alert to the British Environment Agency.

In addition to depleted uranium data gathered in previous studies on Kosovo and Bosnia by Dr. Busby, the Aldermaston air monitoring data provided a continuous record of depleted uranium levels in Britain from the other recent wars.

Extensive video news footage of the 2003 Iraq war, including Fallujah in 2004, provided irrefutable documented evidence that the US has unethically and illegally used depleted uranium munitions on cities and other civilian populations.

These military actions are in direct violation of not only the international conventions, but also violate US military law because the US is a signatory to The Hague and Geneva Conventions and the 1925 Geneva Gas Protocol.

TITLE 50 > CHAPTER 40 > § 2302§ 2302. Definitions Release date: 2005-03-17 In this chapter: (1) The term “weapon of mass destruction” means any weapon or device that is intended, or has the capability, to cause death or serious bodily injury to a significant number of people through the release, dissemination, or impact of— (A) toxic or poisonous chemicals or their precursors; (B) a disease organism; or (C) radiation or radioactivity. (2) The term “independent states of the former Soviet Union” has the meaning given that term in section 5801 of title 22. (3) The term “highly enriched uranium” means uranium enriched to 20 percent or more in the isotope U-235. [source](#) 27feb2006

After action mandates have also been violated such as US Army Regulation AR 700-48 and TB 9-1300-278 which requires treatment of radiation poisoning for all casualties, including enemy soldiers and civilians, and remediation.

Dr. Busby's request for this data through Halliburton from AWE, and subsequently provided by the Defence Procurement Agency, was necessary to establish verification of Iraq's 2003 depleted uranium levels in the atmosphere.

These facts demonstrate why Halliburton (AWE) refused to release the 2003 data to him, and it obviously establishes that weaponized depleted uranium is an indiscriminate weapon being distributed all over the world in a very short period of time, immediately after its use.

The recent documentary film BEYOND TREASON details the horrific effects of depleted uranium exposure on American troops and Iraqi civilians in the Gulf region in 1991; not to speak of those civilians continuing to live in permanently contaminated and thus uninhabitable regions.

Global increases since 1991 of melanoma, infant mortality, and frog die-offs can only be explained by an environmental contaminant. Alarming global increases in diabetes, with high correlation to depleted uranium wars in Iraq, Bosnia/Kosovo, and Afghanistan, demonstrate that diabetes is a sensitive indicator and a rapid response to internal depleted uranium exposure.

Americans in 2003 reported visiting Iraqi relatives in Baghdad who were suffering from an epidemic of diabetes.

After returning to the US following 2-3 weeks in Iraq, they discovered within a few months that they too had diabetes.

Japanese human shields and journalists who worked in Iraq during the 2003 war are sick and now have symptoms typical of depleted uranium exposure.

Likewise, after the US Navy, several years ago, moved depleted uranium bombing and gunnery ranges from Vieques Island in Puerto Rico to Australia, health effects there are already being reported.

The documentary film [BLOWIN' IN THE WIND](#), has an interview with a family with two normal teenage daughters, living near the bombing range where depleted uranium weaponry is now being used.

The parents showed photos of their baby born recently with severe birth defects. The baby looked like Iraqi deformed babies, and like many of the Iraqi babies, died 5 days after birth.

Other than anonymous British government officials denying that Iraq was the source of the depleted uranium measured at Aldermaston by AWE, and some unnamed 'establishment scientists' blaming it on local sources or natural uranium in the Iraq environment, there is no one, as of this writing, willing to lend their name or office to refuting this damning evidence reported by Dr. Busby.

All of the anonymous statements used by the media thus far are contradicted by the factual evidence found in the filters, which was all transported from the same region.

The natural abundance of uranium in the crust of the earth is 2.4 parts per million, which would not become concentrated to the high levels measured in Britain during a long journey from the Middle East. These particles traveling over thousands of miles would dilute the concentration rather than increase it.

There are no known natural uranium deposits in Iraq which make it impossible for these anonymous claims to have scientific credibility.

Unnamed government sources blamed local sources in Britain such as nuclear power plants; however that would also leave evidence of fission products in the filters which were not in evidence.

The lowest levels measured at monitoring stations around Aldermaston were at the facility, which means it could not be a possible source. Atomic weapons facilities would be more likely to produce plutonium contamination, also not reported as a co-contaminant at Aldermaston.

In other words, all factual evidence considered, the question must be asked, what were the media's anonymous experts and government officials basing their claims on?

Dr. Keith Baverstock exposed a World Health Organization (WHO) cover-up on depleted uranium in an Aljazeera article, "Washington's Secret Nuclear War" posted on September 14, 2004. It was the most popular article ever posted on the Aljazeera English language website.

See: [Radiological toxicity of DU](#) K. BAVERSTOCK, C. MOTHERSILL & M. THORNE Repressed WHO Document 5nov01

Baverstock leaked an official WHO report that he wrote, to the media several years ago

after the WHO refused to publish it. He warned in the report about the mobility of, and environmental contamination from, tiny depleted uranium particles formed from US munitions.

Busby's ECRR report challenged the International Committee on Radiation Protection (ICRP) standards for radiation risk, and reported that the mutagenic effects of radiation determined by Chernobyl studies are actually 1000 times higher than the ICRP risk model predicts.

The ECRR report also establishes that the ICRP risk model, based on external exposure of Hiroshima and Nagasaki victims, and the ECRR risk model, based on internal exposure, are mutually exclusive models. In other words, the ICRP risk model based on external exposure cannot be used to estimate internal exposure risk.

The report also states that a separate study is needed for depleted uranium exposure risks, because it may be far more toxic than nuclear weapons or nuclear power plant exposures. In July of 2005, the National Academy of Sciences reported in their new BEIR VII report on low level radiation, that there is "no safe level of exposure".

The report also finally admitted that very low levels are more harmful per unit of radiation than higher levels of exposure, also known as the "supralinear" effect.

This is extremely alarming information on low level radiation risk, since the AWE data from Aldermaston confirms that rapid global transport of depleted uranium dust is occurring.

Dr. Katsuma Yagasaki, a Japanese physicist at the University of the Ryukyus in Okinawa, has estimated that the atomicity equivalent of at least 400,000 Nagasaki bombs has been released into the global atmosphere since 1991, from the use of depleted uranium munitions.

It is completely mixed in the atmosphere in one year. The "smog of war" from Gulf War I was found in glaciers and ice sheets globally a year later.

Even more alarming is the non-specific catalytic or enzyme effect from internal exposures to nanoparticles of depleted uranium. Soldiers on depleted uranium battlefields have reported that, after noticing a metallic taste in their mouths, within 24-48 hours of exposure they became sick with Gulf War syndrome symptoms.

Who is profiting from this global uranium nightmare? Dr. Jay Gould revealed in his book **THE ENEMY WITHIN** [[see excerpt](#)], that the British Royal family privately owns investments in uranium holdings worth over \$6 billion through Rio Tinto Mines. The mining company was formed for the British Royal family in the late 1950's by Roland Walter "Tiny" Rowland, the Queen's buccaneer.

Born in 1917 through illegitimate German parentage, and before changing his name, Roland Walter Fuhrhop was a passionate member of the Nazi youth movement by 1933, and a classmate described him as "...an ardent supporter of Hitler and an arrogant, nasty piece of work to boot."

His meteoric rise and protection by intel agencies and the British Crown are an indication of what an asset he has been for decades to the Queen, as Africa's most powerful Western

businessman.

Africa and Australia are two of the main sources of uranium in the world. The Rothschilds control uranium supplies and prices globally, and one serves as the Queen's business manager.

Filmmaker David Bradbury made BLOWIN' IN THE WIND to expose depleted uranium bombing and gunnery range activities contaminating pristine areas of eastern Australia, and to expose plans to extract over \$36 billion in uranium from mines in the interior over the next 6 years. Halliburton has finished construction of a 1000 mile railway from the mining area to a port on the north coast of Australia to transport the ore.

See documentary:

The Carlyle Group Exposed / [Low Bandwidth Version](#) / [High Bandwidth Version](#) / [MP3 audio](#) of the soundtrack.

The Queen's favorite American buccaneers, Cheney, Halliburton, and the Bush family, are tied to her through uranium mining and the shared use of illegal depleted uranium munitions in the Middle East, Central Asia and Kosovo/Bosnia.

The major roles that such diverse individuals and groups as the Carlyle Group, George Herbert Walker Bush, former Carlyle CEO Frank Calucci, the University of California managed nuclear weapons labs at Los Alamos and Livermore, and US and international pension fund investments have played in proliferating depleted uranium weapons is not well known or in most instances even recognized, inside or outside the country.

God Save The Queen from the guilt of her complicity in turning Planet Earth into a "Death Star."

[See: [Did the use of Uranium weapons in Gulf War 2 result in contamination of Europe?](#) Busby & Saoirse1jan06]

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Radiological toxicity of DU
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Abstract:

Background: The military use of depleted uranium (DU) and/or recycled uranium (RU) has given rise to public concern as to the impact on public health of exposure to environmental sources. Exposure to soluble natural uranium, through drinking water and the food chain, is ubiquitous. After military use, DU / RU are present in the environment either as metal or as oxide dusts. Due to the low specific activity of uranium, the potential effects of exposure are generally attributed to chemical toxicity. Insoluble particulates may be an exception.

Results: DU/RU dusts are a mixture of oxides of differing solubility, such that, if retained in the lung, partial dissolution occurs over the time scale of about a month. As DU has been shown to be capable of transforming human cells to a tumourigenic phenotype without the involvement of radiation, such particles present a unique radiological/chemical toxic hazard. The bystander effect may be of relevance where an alpha-particle emitter of low specific activity is distributed over the lung.

Conclusions: The health risks of exposure to DU/RU are likely to be only partially reflected by the radiation dose per received. Further work on the chemical transforming ability of DU, the potential for an interaction between its chemical and radiological toxicities and the significance of the bystander effect in this context is required to fully estimate the public health significance of exposure to DU/RU.

[1]

Disclaimer

The ideas and views expressed herein are those of the author and should not be taken to necessarily represent those of the World Health Organization.

1. 0 Introduction

The military use of depleted, and or reprocessed uranium, in Iraq and the Balkans, as penetrators in various munitions and as armour, has raised questions as to the radiological toxicity of these forms of uranium. Although it should be emphasized that there is no established evidence (as opposed to media claims) that links exposure to the environmental residuum of these weapons to diseases that would normally be associated with radiation, that populations live close to contaminated zones inevitably gives rise public health concerns. In addition, claims of illness in military personnel who have served in theatres where DU has been employed are currently being investigated. In this connection the UK Royal Society (RS 2001) have examined the health hazards of DU munitions to military personnel and the United Nations Environmental Programme has carried out an environmental assessment. (UNEP 2001)

This paper is concerned with the health implications of exposure to DU after its military use. Although the primary emphasis is with its radiological toxicity, aspects of chemical toxicity are also addressed.

Various studies on employees in the Uranium processing industry (eg. Ritz 1999; Archer 1981; Cardis and Richardson 2000; Dupree, Cragle et al. 1987; Checkoway, Pearce et al. 1988; Kathren and Moore 1986, Kathren, McInroy et al. 1989; Loomis and Wolf 1996; McGeoghegan and Binks 2000; Ritz, Morgenstern et al. 2000) do not present a clear picture of the health effects of exposure to uranium due to small numbers and potentially confounding exposures. However, associations with lymphopietic, lung, bone and kidney malignancies cannot be ruled out. At the same time, uranium is also ubiquitous in the natural environment. It is often argued that this natural exposure can be used as a

"benchmark" for exposures such as that to DU after its military use. We show here that this is not necessarily the case, and that both the chemical form and the route of entry into the body may have a critical influence on toxicity.

Following military use, DU will be distributed in the environment either as the metal, in anything from whole armaments to fragments and shards, or as oxide particulates with diameters ranging from the order of microns to nanometres. The dissolution of the metal into aqueous solution will be a slow process, leading to the contamination of groundwater and soils over a period of several hundred years. Uptake by plants from contaminated soils will be limited, as uranium is relatively strongly excluded from root uptake (Sheppard and Evenden 1988). Overall, the natural uranium content of soils, plants, animals and drinking water will be somewhat increased over the area in which the depleted uranium is dispersed. In these circumstances, the chemical toxicity of the additional uranium is of much greater interest than its radiological toxicity. Furthermore, chemical toxicity will only be of importance if the depleted uranium is present at concentrations that are comparable to, or higher than, those of available natural uranium (i.e. excluding that component of natural uranium that is incorporated in uraniferous minerals and hence is not available for uptake). In most soils this concentration is a few parts per million. (WHO 2001)

1.1 The origins of depleted uranium and its military application

Uranium is a naturally occurring element with isotopes of long radioactive half life and, therefore, low specific activity. The principal isotopes in natural uranium are ^{238}U , ^{235}U and ^{234}U . Depleted uranium (DU) is a waste product of non-nuclear enrichment processes (e.g., gaseous diffusion of uranium hexafluoride) in which the content of ^{235}U in natural uranium is enriched, leaving the DU with a reduced content of the lower atomic weight isotopes. The enriched uranium can be used to generate ^{239}Pu by partially "burning" it in a nuclear reactor. After extraction of the ^{239}Pu and other radioisotopes of elements other than uranium, the residual uranium can be enriched for further burning and plutonium production, generating additional uranium depleted of the lower atomic weight isotopes. As this material, which has been subject to nuclear processes, is potentially contaminated by isotopes generated by the neutron flux in the reactor (e.g. technetium, plutonium, neptunium, americium) it should be distinguished from the material arising from the first enrichment process, and here it is termed reprocessed uranium (RU).

In terms of its physical properties, uranium is a dense and hard metal that is pyrophoric. It is these properties that give the effectiveness at penetrating armour and destroying tanks and their occupants. On burning, uranium produces a dense smoke, which, in a confined space, is rapidly suffocating.

1.2 Initial considerations in estimating the toxicities of environmentally distributed DU and RU

The isotopic composition of an element makes no substantial difference to its chemical properties but may influence its radiological properties through modification of its specific activity. Since ^{235}U and ^{234}U have higher specific activities than ^{238}U , the radiological toxicity of DU is expected to be lower than that of natural uranium by about 40%.

The specific activity of RU will depend on the extent to which the uranium is contaminated by fission products and other nuclides produced by the neutron flux in a nuclear reactor, and not removed by the subsequent processing.

There are only very limited animal and human data on the radiological and chemical

toxicities of DU and none relating to RU, but there is much more abundant evidence from the ubiquitous exposure to natural uranium, particularly in terms of its chemical toxicity. These data can be used as a reliable guide to the effects to be expected from DU, provided account is taken of the chemical form and route of entry into the human body. Limited epidemiological data are available from studies of workers in uranium milling plants who were exposed to dusts containing uranium. Studies of the behavior of inhaled dusts in the lung have resulted in models from which the radiation doses to lung and other body tissues can be calculated. Such models provide both absorbed and equivalent doses in Gy or Sv per Bq of inhaled dust, contingent on the solubility and size distribution of the dust particles. Thus, if the specific activity (Bq/ unit mass) of the inhaled material, characterized by its solubility and particle size distribution, is known, the radiation doses to the lung and other tissues can, in theory, be estimated. (ICRP 1995).

The burning of uranium produces a mixed oxide dust, part of which is relatively soluble in lung fluids and a part of which is insoluble. As the burning of DU arises almost exclusively in military operations, reliance has to be placed on the limited data released by the military authorities. Much of this information is summarized in a US Department of Defense Report (CHPPM 2000). According to this report, DU burns on impact with a hardened target, such as the armour of a tank. The extent of burning depends upon the characteristics of the impact and factors such as the degree of fragmentation of the DU. The extent of release of DU oxides to the wider environment also depends on the particular situation. In some cases, where the DU penetrates the target, most of the DU oxides will be retained within the structure of the target. However, a hardened target may lead to fragmentation and burning of the DU in the open and a release of the DU oxide dusts to the environment.

Of relevance to environmental exposures to DU/ RU are the following:

1. Total mass of DU/ RU delivered into the environment.
2. Proportion of that mass that hits a "target".
3. Proportion of the material hitting the target that burns to produce DU/RU oxide dusts.
4. Proportion of that dust that is released to the wider environment.
5. Mobility and lifetime of the dust in the environment.
6. Exposure of humans to the dust and its respirability.
7. Proportion of DU/ RU dust that is soluble in the lung.
8. Particle size distribution of the DU/ RU oxide dust. (This is also related to solubility.)
9. Specific activity of DU/RU oxide dust for each of the radionuclides present.

1.3 Evaluating the extent of DU/ RU oxide contamination of the environment

In any given instance of environmental contamination by DU/ RU, the situation will need to be assessed by environmental monitoring. However, the CHPPM report gives some indications that would allow an initial "desk" assessment, from readily obtainable information, to be made. Given that the total mass used is available, the CHPPM report estimates that, for an aerial attack about 10% of penetrators hit a target. It can, therefore, be assumed that about 90% of the material will be on the ground or buried, in a metallic form. In a tank-to-tank battle the proportion of hits on targets will be greater.

The extent to which the DU hitting a target burns, and the fraction of oxide released to the environment depends on the circumstances and could be anything from a few to several tens of percent. According to CHPPM, a representative figure could be 70% burned, up to half of which is released as highly insoluble oxides. (RS 2001)

Little quantitative information exists on particle-size distribution. Generally, it is concluded that a substantial fraction falls within the respirable size range and that ultra-fine particles, which have a tendency to coalesce, are also formed. (RS 2001)

The CHPPM report has little to say on the question of RU. It notes that traces of other nuclides, notably plutonium, neptunium and americium are contained in some of the so-called DU used in armour and some munitions but that this additional activity "adds less than one percent to the internal radiation risks." However, the report leaves open the question of whether, in the case of all munitions, this 1% is a maximum.

It can, therefore, be concluded that environmental contamination by DU/ RU does have a potential for both chemical and radiological toxicity, thus creating the necessity for assessing the public health impact for those living in contaminated zones.

2.0 Exposure Routes and Biokinetics of Uranium

Because of the importance of uranium separation, enrichment and fabrication in both military and civil applications of nuclear power, there is over fifty years of experience in working with the metal and a wide variety of its chemical compounds. Over that period, tens of thousands of workers have been exposed, both by ingestion and inhalation. In consequence of this operational experience and complementary experimental studies on both humans and animals, there is comprehensive understanding of the biokinetics and toxicology of uranium. This understanding is relevant to an appreciation of the specific issues relating to the use of depleted uranium in projectiles and armour.

Uptake of ingested uranium from the gastrointestinal tract is relatively low. Even for soluble salts of the element or for uranium incorporated in food, the fractional gastrointestinal absorption (f_1) is less than about 0.05. Results from a recent study on uranium in drinking water from Finland (Kurtio, Auvinen et al., in press) find a value for f_1 @ 0.003. This is the first human study for which this value has been determined. It is possible that some uranium in well water is in an insoluble form and that this accounts for the relatively low value of f_1 . For insoluble salts, such as UO_2 , the fractional absorption is much less, typically less than 0.01 (ICRP, 1995).

The uptake of inhaled uranium to the systemic circulation can be much greater. Typically, about 60% of inhaled material is deposited in the respiratory system, with the remainder lost upon exhalation (ICRP, 1994). For soluble salts of uranium, almost all the deposited material is transferred to the systemic circulation on a time scale of a few days. For insoluble uranium, the situation is rather different. Mechanical processes clear the majority of uranium in the upper respiratory tract, including the bronchial tree, on a time scale of hours to days. The cleared material is swallowed and is almost entirely lost by faecal excretion. However, insoluble salts of uranium deposited in the deep lung (the pulmonary parenchyma) are typically retained with a biological half life of around 100 days (or longer for high-fired UO_2). Clearance of this material occurs by both mechanical clearance, often of particles ingested by phagocytes, and by solubilisation. A few percent of inhaled insoluble material reaches the systemic circulation by dissolution. A further small fraction may be translocated as particles to the tracheo-bronchial lymph nodes and from there to the systemic circulation (ICRP 1994, ICRP 1995).

Once uranium has reached the systemic circulation, its subsequent biokinetics is well described by the model developed by the ICRP (ICRP 1995) (see Figure 1).

A large fraction of uranium that enters the systemic circulation is taken up and retained in

mineral bone. Smaller fractions exchange with the liver and general soft tissues. Although there is a very limited degree of excretion from the liver to the gastrointestinal tract, almost all excretion is in the urine. It is the urinary excretion component that is of specific relevance to the chemical nephro-toxicity of uranium. This urinary excretion path is illustrated schematically in Figure 2 (based on Leggett 1989).

In body fluids, the main form of uranium is thought to be the uranyl ion, UO_2^{++} (Leggett 1989). However, in the blood plasma approximately 40% of uranium is present as transferrin complexes and 60% as low molecular weight anionic complexes. These low molecular weight anionic complexes are filtered rapidly by the glomerulus and enter the lumen of the kidney tubule. The rapidity of this process may be illustrated by noting that, in the first 24 hours after entry of uranium nitrate into the systemic circulation, around 80% will have been filtered by the glomerulus (Leggett 1989).

As the filtered uranium complexes pass along the renal tubules they are subject to a fall in pH. This results in their partial dissociation. Whereas some complexed uranium plus a proportion of the uranyl ions produced on dissociation is excreted in the urine, the remainder of the uranium binds to the luminal membranes of the renal tubules. The bound uranium is removed from the luminal membranes by combining with ligands in the urine, shedding of microvilli, sloughing of dead cells, or entering cells. The rate of loss by each of these processes is thought to be dependent on the magnitude of the exposure to uranium, such that the fraction of uranium retained in the kidneys increases with increasing administered amount (Leggett 1989).

It is thought that the mode of entry of uranium into renal tubule cells may be primarily by endocytosis. Intracellular accumulation is mainly in lysosomes, with microcrystals formed at high concentrations. Destruction of the lysosomes then releases these microcrystals into the cytosol.

Although intracellular uptake is primarily into lysosomes, smaller amounts of uranium accumulate in the nucleus, mitochondria and other intracellular organelles. (Leggett 1989)

Overall, uranium-containing debris may be retained for an extended period in the lumen of the tubule or in reticuloendothelial cells.

Retention of uranium in the kidney is known to give rise to a variety of biochemical effects that may have implications for the clinical toxicity of the element (Leggett 1989). These include the following:

- o Binding to the brush-border membrane may reduce reabsorption of sodium, glucose, proteins, amino acids, water and other substances;
- o Structural damage to plasma and lysosomal membranes may occur, the latter resulting in the release of damaging enzymes;
- o Mitochondrial dysfunction and defects of energy production may occur;
- o Transport of calcium may be affected, leading to accumulation of that element in renal tubule cells.

At an overall tissue level, the kidney may develop tolerance to uranium exposure after repeated or chronic exposure, but this is associated with regenerated cells with a degraded brush border. Impairment of function can be associated with such tolerance. For example, tolerant animals have been observed to exhibit high urine volumes and a

diminished glomerular filtration rate. It has been concluded that acquired tolerance to acute effects does not prevent chronic damage. (Leggett 1989)

Conventionally, it has been assumed that if kidney concentrations of uranium are maintained at less than 3 m g/g, symptoms of clinical toxicity will be avoided. However, this limiting concentration was based on tests of limited sensitivity and on criteria for toxicity that are less stringent than would now be employed. In view of these considerations, it has been suggested (Leggett 1989) that it may be prudent to lower this long-standing level by one order of magnitude.

3.0 The Relative Significance of Chemical and Radiological Toxicity for Depleted Uranium

The oxide particulates may be much more refractory to dissolution than the metal, if they are primarily composed of UO₂. Refractory particles inhaled at the time of their production or subsequently, as a result of resuspension, could be of greater significance radiologically than through the chemical toxicity of their uranium content. This is because such particles can be retained in various organs and tissues, including the respiratory and reticuloendothelial systems, irradiating their surroundings. If such particles are leached only slowly, they will contribute to only a limited degree to an increase of uranium concentrations in the kidneys.

The distribution and retention of inhaled radioactive refractory particulates has been studied extensively. In particular, a great deal of work has been undertaken on high-fired PuO₂. Particles, with aerodynamic diameters of up to a few tens of micrometres are readily inhaled. Particles with aerodynamic diameters of more than a few micrometres are mainly deposited in the upper part of the respiratory tract (the nasal passages, trachea and larger bronchi) and are largely cleared by mechanical action on a time scale of a few hours. Smaller particles penetrate more deeply into the lungs and sub-micrometre particles are deposited mainly in the respiratory tissues (the pulmonary parenchyma) comprising the bronchioli and alveoli. (ICRP 1994)

Material deposited in the alveoli is beyond the limits of the region from which direct mechanical clearance can occur (ICRP 1994). Therefore, clearance from this region is due mainly either to solubilisation or to incorporation and transport of particles in phagocytes (the alveolar macrophages). These macrophages may either migrate to the bronchial region and be mechanically cleared, or they may penetrate the alveolar interstitium and be carried to the regional lymph nodes.

In the 1970s, there was considerable interest in whether such focal sources of radiation ('hot particles') were of greater concern than homogeneous irradiation of respiratory tissues to a similar average radiation dose. In general, it was found (Burkart and Linder 1987) that such focal sources were no more radiotoxic than uniform irradiation and could be substantially less toxic. The latter result was attributed to cell sterilisation effects around the focal sources, as sterilised cells are incapable of reproduction and cannot be the precursors of cancer. However, some caution should be exercised in interpreting the results that were obtained, because the work was largely based on the assumption that only cells that are 'hit' by radiation tracks can be transformed to neoplastic precursors. More recent studies have demonstrated a bystander effect, in which unirradiated cells close to irradiated cell populations can exhibit genetic alterations. It may, therefore, be prudent to examine again the question of whether focal sources of irradiation could induce a spectrum of effects that differs from that induced by more uniform irradiation. In the specific context of uranium, it is of interest also to consider whether the enhanced soluble uranium concentrations that could exist in the vicinity of individual particles or

aggregates could interact synergistically with the localised irradiation of tissues, particularly if some of the effects of irradiation are mediated by substances released from the irradiated cells.

In considering whether such effects could occur, it is appropriate to recognise that particles could accumulate or aggregate in interstitial tissues of the lung, in pulmonary lymph nodes or in reticuloendothelial tissues. In the context of reticuloendothelial tissues, an analogy can be drawn with the colloidal radiographic contrast medium Thorotrast (ThO₂). This was found to give rise to substantial aggregates in the liver, spleen and bone marrow, and excesses of both liver cancer and leukaemia have been observed in the exposed populations (Van Kaick, Muth et al. 1986). However, too much weight should not be placed on this analogy, as the masses of Thorotrast used were large (around 25 g per patient) and it was introduced directly into the systemic circulation giving enhanced opportunities for aggregation and deposition into reticuloendothelial tissues.

4.0 Health impacts of uranium

4.1 Inhalation of uranium oxide dusts

Breathing uranium containing dusts is an established occupational hazard with which clear health consequences are associated. Most information relates to uranium miners, whose exposure to uranium ore dusts is compounded by collateral exposure to radon daughter products. The much greater activity concentrations of radon daughters in air leads to relatively larger doses to the lung than from the uranium itself, and thus the established yield of lung cancer from such exposures is attributed to radon. However, workers in uranium milling plants, where the radon daughters are not so abundant, also show indications of increased disease that could be due to radiation (Cardis and Richardson 2000). Lung cancer is elevated in a number of studies (see Cardis and Richardson 2000; Ritz 1999; Checkoway, Pearce et al. 1988; Loomis and Wolf 1996), although it should be noted that the situation is compounded by exposures other than to internal α -emitters and, in individual studies, numbers are generally small.

In the most recently reported study of uranium plant workers at Springfields in the UK (McGeoghegan and Binks 2000), where uranium ore was handled, there was a substantial healthy worker effect and no absolute excess or trend with dose for lung cancer.

In other stages of the uranium processing industry, where soluble uranium may be inhaled as aerosols, there are indications of increases in lymphopoietic (Loomis and Wolf 1996, Ritz, Morgenstern et al. 2000) brain, kidney, breast, prostate (Loomis and Wolf 1996) and upper aerodigestive tract (Ritz, Morgenstern et al. 2000) cancers.

In a response to an editorial (McDiarmid 2001) in the British Medical Journal, Alvarez has drawn attention to health effects seen among uranium process workers, as described in an unpublished report (see <http://www.bmj.com/cgi/letters/322/7279/123>). As noted, (Ritz 1999) there were positive associations for several cancer sites with chemicals used in the uranium processing industry. It is, therefore, clear that working in the uranium processing industry is associated with a number of different types of cancer, but whether this is due to insoluble or soluble uranium or other chemicals used in the processing is not clear.

The uranium dusts encountered in the milling process may be more insoluble than the dusts generated by burning DU and are almost certainly of different particle size distribution. Burning metal has the tendency to produce sub-micron particles as well as the more usual 1 to 10 micron Activity Median Aerodynamic Diameter particles that are

generally associated with radiological toxicity. Such sub-micron particles present some features that may be significant in evaluating the toxicity of DU (as opposed to natural uranium). These ultra-fine particles may be more soluble in physiological fluids, thus creating a local environment of enhanced uranium concentration in the cells proximal to the particle of DU-oxide. In this respect it is notable that DU-UO₂²⁺ cation is capable of transforming human osteoblast cells in culture to a tumourigenic phenotype (Miller, Fuciarelli et al. 1998). Similar transformation can be achieved with nickel and, to a lesser extent, with lead, leading to the conclusion that this transformation may have little to do with the radioactivity of DU. This conclusion is confirmed by the small fraction (0.0014%) of cells hit by alpha particles at the uranium concentrations used.

It is relevant to note that nickel is an established carcinogen (IARC 1990) and has been shown to induce a genomic instability similar to that induced by radiation (Coen, Mothersill et al. 2001).

Partially soluble dust particles, either because of chemical composition or size, produce a unique situation in which a volume of tissue a few cell diameters in radius, around the particle will be subject to both a relatively high concentration of UO₂²⁺ and the occasional alpha particle from decay of the ²³⁸U. A 1 μm particle of pure ²³⁸U weighs 5.8x10⁻⁶ g and on average emits 2 alpha-particles per year. Assuming that over a period of weeks half the material dissolves and is retained within a volume of radius 3 cell diameters, or 30 μm, the concentration of UO₂²⁺ in this tissue volume is about 20 μg/g or 0.8 mM – well in excess of the 10 μM concentration at which cellular transformation associated with (or leading to) tumour formation in nude mice was seen.

For a total intake of 1 mg of such a dust and assuming that 25% is retained for a long period in the lung of which 50% behaves as a Class M (ICRP 1994) material and dissolves relatively slowly, the remainder being insoluble, there would be about 0.4 x 10⁸ such foci with 20% (8 x 10⁶) also experiencing one alpha passage in the first month. This is not a situation that has been experienced in any exposure situation for an alpha or any other emitter in the lung. It is not possible to extrapolate the risk of such an exposure from human experience. In particular the risk to the lung of exposure to DU dusts cannot be inferred from the experience gained from uranium miners, or from survivors of Hiroshima and Nagasaki, upon which the current ICRP radiological protection standards are based.

A second factor is the potential for small particles to become trapped in the interstitial spaces where they may form aggregates. Clearance is likely to be to the local tracheobronchial lymph nodes (TBLN), where they may be retained indefinitely.

A significant excess of lymphatic and haemopoietic cancers, other than leukaemia, (4/1.02) in uranium mill workers, whose concentration of uranium in urine was elevated, is noted (Archer, Wagoner et al. 1973). It is suggested that these malignancies could have resulted from an accumulation of long-lived radioactive materials in the lymph nodes.

However, Baverstock and Thorne (Baverstock and Thorne 1989), in reviewing evidence for consequences of irradiation of the lymphatic system from material retained in the tracheobronchial lymph-nodes, concluded that, in spite of the real possibility of substantial doses, there was little reason to expect an excess of lymphatic leukaemia. They noted, however, that their arguments could not be wholly conclusive.

Furthermore, small particles (10 to 100nm) are capable of passing through the pulmonary blood vessels into the blood stream. Experience with directly injected colloidal particles of thorium oxide, in the form of the x-ray contrast medium Thorotrast, shows that such

particles have a tendency to aggregate in reticuloendothelial tissues, where they are retained, if insoluble, over long periods. In the case of Thorotrast, the long-term consequences were liver cancer and leukaemia. Doses from the injection of Thorotrast are likely to have been very much larger than could be obtained from inhaling DU smoke, as the direct transfer through pulmonary blood vessels is only a minor lung clearance route.

Overall, there seems to be a compelling case for investigating whether uranium, internally incorporated through inhalation, has a combined chemical and radiological carcinogenic potential, which can potentially lead to cancers in the lung and other parts of the body, including the lymphatic system, the bone marrow, the bone and the kidney. Therefore, the extent to which DU, present in the environment as dust and smoke from burning metal, is able to cause these consequences, though a combined radiological and chemical effect, is a matter for further research.

The implications of the bystander effect also need to be considered in this context. It has been convincingly demonstrated that changes, similar to those caused directly by irradiation, can be wrought in cells growing close to a cell that has been irradiated, or even if they receive activating signals in medium harvested from irradiated cells, even though the changed cells experienced no ionising event. Such changes include genomic instability, widely associated with the cancer process, and even mutations, also widely believed to be related to cancer induction (Mothersill and Seymour 2001). The basis for this phenomenon is not well understood, but it has been demonstrated that a calcium pulse occurs and resolves within 5 minutes of exposure of non-irradiated cells to medium harvested from exposed cells. Alpha particle radiation is known to be a potent cause of bystander effects, particularly in the form of genomic instability and, since heavy metals can also cause instability (Coen, Mothersill et al. 2001), there is a strong case that the mixed radio-chemical exposure may be acting in this context.

As directly inflicted DNA damage is precluded as a cause of the bystander effect, it can be inferred that a chemical agent is transmitted from the irradiated cell and that this changes the state of the recipient cell in an apparently irreversible manner. A recent study (Belyakov, Malcolmson et al. 2001), using micronucleus formation as an endpoint and a micro-beam facility capable of passing a single alpha particle through the nucleus of a specific cell, showed a three-fold increase in damaged cells within the environment of the irradiated cell. Typically, 5000 cells were scored with some 100 excess damaged cells. However, excess affected cells were found at distances of mm from the irradiated cell and thus the number of potentially affected cells per particle can be very large. Within 1 mm radius of the irradiated cells there are approximately 10⁶ cells, thus if the same ratio of affected cells applied some 2 x 10⁴ could be affected.

The bystander effect is predominant at low tissue doses, where few cells experience an alpha particle passage. At higher doses, recipient cells increasingly experience alpha passages themselves, with a high probability of cell killing and almost certainty of inducing other changes, thus reducing the relative effectiveness of the bystander effect. For this reason, uranium particles, which emit few alphas, would have a greater chance of inducing effects through the bystander mechanism than "hotter" particles.

The implication of the combined chemical and radiological transforming capability of uranium and the bystander effect, means that, in estimating its significance in causing cancer, the simple assumptions, based on committed effective dose, ie (committed absorbed dose to the lung, modified by a radiation weighting factor for the fact that the radiation arises from alpha particles) as has been adopted in recent reports by the Royal Society (RS 2001), the WHO (WHO 2001) and UNEP (UNEP 2001) would be an inadequate

basis for predicting risks.

4.2 Other considerations

The usual assumption, based on the specific activity of uranium, standard tissue and radiation weighting factors (ICRP 1991) and the distribution of uranium between different tissues, is that impairment of kidney function will always be more important than any carcinogenic effect. This assumption can, however, be questioned on two grounds, namely the potential for synergy between chemical and radiation toxicities, and the bystander effect, as discussed above.

In the experiments with osteoblasts (Miller, Blakely et al. 1998), the concentration of UO_2^{++} was 10m M, which is close to the 0.3m g/g level in the kidney assumed to be below the threshold for toxic effects. In the transformation assay, this produced a ten-fold increase in the tumourigenic phenotype with about 1 in 10⁵ cells being hit by an alpha particle. It is feasible to explain the transformation in the osteoblasts by the bystander effect alone, but the similar level of transformation brought about by the same concentration of nickel ions cannot be explained radiologically.

If there is indeed a synergistic effect between the chemical and radiological properties of uranium, why is exposure to naturally occurring uranium apparently without radiological health consequence? One answer to this question is that natural uranium is almost entirely ingested. The fraction of even soluble uranium crossing the GI tract is low (typically around 0.02, see ICRP Publication 69 (ICRP 1995)), most being excreted in faeces. In the occupational context, the primary route of entry will be inhalation of aerosols. Where the uranium is soluble, the transfer to blood of deposited material is rapid and complete (ICRP 1995). Potentially much higher body burdens could be acquired in this way.

Among the soft tissues in which systemic uranium locates are the testes. This raises the prospect of hereditary effects arising from systemic burdens. The non-specific nature of the location of uranium at the cellular and sub-cellular levels implies that all testicular cells are at some degree of risk, including the spermatogonial stem cells. The relevance of the transforming effect observed for uranium is problematic. If that transforming ability is mediated by mutations then a synergy may also be expected here. In the Miller study (Miller, Blakely et al. 1998), changes in gene expression and sister chromatid exchanges were observed, leaving the question open.

5.0 Practical public health implications of the use of DU/RU in two theatres of war, the Balkans and Iraq/Kuwait.

Ammunitions containing DU and RU have been used in the Balkans and Iraq/Kuwait. Comparing the two instances there are important differences that have a bearing on public exposure to DU/RU. (RS 2001). In the Balkans, the ammunition was exclusively fired from aircraft, whereas in Iraq the tank-to-tank battles also took place. In air-to-ground fire, fewer DU/RU rounds hit targets such as tanks, most, as much as 90 to 95%, becoming buried in the ground. Thus, only 5 to 10% was at risk of fragmentation and burning. In Iraq/Kuwait, a larger percentage will have hit hardened targets and burned to produce the oxide smoke and dust. The United Nations Environment Programme has carried out an environmental assessment in Kosovo (UNEP 2001).

Metallic DU/RU buried in the ground will slowly dissolve (over centuries) so somewhat enhancing the natural level of uranium in the natural environment. It is legitimate to place

the risks of this exposure in the context of naturally occurring uranium levels in the environment and it seems unlikely that the small increase in uranium levels this will entail (except in the circumstance that a penetrator lodges in very close proximity to a drinking water well) will constitute a hazard to health. Given the climatic conditions in the Balkans, it seems unlikely that re-suspension of the dusts resulting from the 5 to 10% of munitions burning will lead to prolonged exposure of the population by this route although in the first year or two hot summer weather may have led to some resuspension. In any case weathering and leaching of the dust on the ground will result in a lowering of its potential toxicity. The health risks to the civilian populations, peacekeeping troops and aid workers in Balkans are, therefore, likely to be minimal in the future, the principal risks being confined to those who were on the ground during the actual time of use of the weapons, namely a small minority of the indigenous population and the Serbian troops.

The situation in the Iraq/Kuwait theatre, for which there is no environmental assessment, is somewhat different. Given the higher percentage of burned DU/RU in the tank-to-tank fire, the generally dry and arid climatic conditions of the area and the presence of a civilian population at the time of the battles, the potential for exposure to dusts and smoke of the combatants and civilian populations present during and after the battles is much greater. However, these exposures have to be seen against the background of other exposures to potentially toxic agents associated with this war. Although exposure to DU may have played a role in the induction of any health effects demonstrated to have been induced, it may prove difficult to disentangle its effects in this multiple exposure situation and make clear attributions of specific health consequences to specific agents. Nevertheless, continued exposure to re-suspended DU/RU dusts could have posed and could continue to pose, a health hazard to the civilian population in the regions affected by the hostilities. As the soluble component is "weathered" away the risks will tend to converge towards those predicted on the basis of the ICRP lung model, taking into account the particle size distribution and any influence of the bystander effect.

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FROM: [http://www.thepeoplesvoice.org/cgi-bin/blogs/voices.php/2006/03/05/the queen s death star depleted uranium](http://www.thepeoplesvoice.org/cgi-bin/blogs/voices.php/2006/03/05/the_queen_s_death_star_depleted_uranium)

DEPLETED URANIUM PENETRATORS

Leukemia, congenital defects - 430,000 US troops in contaminated areas

Huge amounts of depleted uranium (uranium 238 from which most uranium 235 has been extracted) are generated in the process of enriching uranium for nuclear weapons or nuclear reactors. Denser and more penetrating than lead, DU has proven to be extremely effective when used for penetrators fired from anti-tank guns. Quick to ignite from friction, DU burns on impact, dispersing minute radioactive particles into the air. This radiation, in combination with high chemical toxicity, contaminates the environment and produces harmful effects in animals and humans.

During the Gulf War, US and British troops fired from tanks and planes a combined total of about 950 thousand rounds (about 320 tons of DU) over a wide geographical area. As a result, it is estimated that 436,000 US ground troops entered areas contaminated with radioactivity, inhaled particles of depleted uranium, and were thus exposed to radiation.

As of July 1999, of the 579,000 American veterans who participated in the Gulf War, 251,000 (43%) were seeking medical treatment from the Department of Veterans Affairs. About 182,000 (31%) were seeking compensation for medical disabilities or damage related to illness or injury. The illnesses for which claims are being filed include leukemia, lung cancer, chronic kidney and liver disorders, respiratory ailments, chronic fatigue, skin spotting, and joint pain.

To date, more than 9,600 veterans have died, and quite number of their children, born after the war ended, suffer from congenital defects. Similar health problems have appeared among the British soldiers who took part in the war.

In Iraq, soldiers who managed to survive the combat show an increased incidence of leukemia, lymph cancer, and a variety of other cancers, as do Iraqi civilians and children. A conspicuously large number of newborns are being born with congenital abnormalities. The shortage of medicines and medical equipment resulting from UN-based economic sanctions against Iraq applied by the US, Japan and the Western allies aggravates the situation tragically.

The US Defense Department and the British Ministry of Defence refuse to concede that depleted uranium shells harm human bodies or the environment in any way. The US military used DU again in the bombing of Yugoslavia in 1999. In a letter on Kosovo sent to UN Secretary General Kofi Annan on February 7 this year, the North Atlantic Treaty Organization (NATO) officially admitted that about 31,000 depleted uranium shells were

used.

In the US, the effects of DU are apparent among employees working at factories that produce DU munitions, those who live near those factories, and those who live near firing ranges, but a comprehensive picture of DU radiation exposure has yet to emerge.

Radioactive War Crimes

Most of the world knows of the horrors of depleted uranium (DU), especially the people of Bosnia, Serbia, Afghanistan and Iraq, who have all experienced first hand the eerie blaze, the charred remains of incinerated soldiers, the cancers, the gruesome birth defects. Yet the Pentagon continues to insist that DU is "only slightly radioactive", the mainstream media has buried the story, and Americans remain largely unaware of the pernicious damage of this sophisticated weaponry.

Thousands of sick vets (war veterans) tell a different story. Thanks to determined activists and alternative periodicals, the truth is coming out, and peace organizations are beginning to take a stand.

On February 11, 2005, Melissa Sterry, a vet from the second Gulf War, testified at a hearing before Connecticut legislators that her crippling symptoms are due to radiation from depleted uranium weapons. Under consideration is a bill (introduced by Patricia Dillon) that would require that Connecticut National Guard troops now serving in Iraq and Afghanistan be properly screened and treated for depleted uranium contamination.

Like most vets suffering from the devastating symptoms of so-called "Gulf War Syndrome," Sterry stated that she has received no help from the Department of Veterans Affairs, because the government insists that its studies show depleted uranium "won't cause any long-term health risks". More than half the vets from the first Gulf War are disabled; Sterry testified that exposure during the second war was even worse.

On February 12, Veterans for Peace, a UN-recognized non-governmental organization and a veterans' advocacy group, called for Dr Howard Dean to use his professional responsibility as a physician, and his influence in the Democratic National Committee to end the use of depleted uranium (DU) munitions.

With threats of an American attack on Iran looming, this call for a halt cannot come too soon.

Depleted uranium or U-238 is a waste product from the uranium enrichment process used to extract the tiny amount of highly radioactive U-235 used in nuclear reactors from natural uranium. U-238 is at least 60 per cent as radioactive as the raw uranium.

But DU is pyroforic, which means it ignites spontaneously, releasing a cloud of radioactive alpha particles in a 25-mile radius. The particles have a half-life of 4.5 billion years.

When a highly charged alpha particle enters the body through inhalation or ingestion, it behaves like a tiny bomb lodged in the tissues. DU is also chemically toxic, causing kidney damage.

DU is used in shells, tanks, armor, and some warheads. Its value to the Pentagon lies in its superior penetration capability. It is also almost free to the industry because the

Department of Energy has nearly a million tons of it in expensive storage facilities. Some of this waste is contaminated with other transuranics, including plutonium, the most deadly substance known to humans.

According to unofficial estimates, between 1000 and 4000 tons of DU have been used since the first Gulf War. San Francisco-based human rights lawyer Karen Parker charges that DU is illegal according to the Geneva Convention because it is indiscriminate, it spreads beyond the field of battle, it damages the surrounding environment, and its effects continue long after the battle has ended. Parker has filed a suit against the US through the Organization of American States, accusing it of war crimes.

Two international citizens' tribunals, one for Afghanistan and another for Iraq, found George W Bush guilty of war crimes - both cited the use of depleted uranium in their judgments. The tribunals, modeled on those designed by the United Nations to try Slobodan Milosevic, were not reported in the American press.

The International Criminal Tribunal for Afghanistan (ICTA), was held December 12-13, 2003 in Tokyo after 16 public hearings in various countries. Niloufer Bhagwat was one of five judges who agreed unanimously that Bush is guilty. A Professor of Comparative Constitutional Law, Administrative Law and Jurisprudence in India, Bhagwat said in an e-mail interview, "The People's Tribunal was a reaction to the failure of all national and international legal systems and institutions."

Although the decision is not binding, "historically it was necessary for us to be even more exacting with the evidence than in a normal trial, as the Judgment has to stand the test of history."

Bhagwat considers "the use of Depleted Uranium a crime against humanity and a war crime, as the nature and property of these weapons has resulted in a creeping genocide in Afghanistan and Iraq caused by widespread cancer in particular among children, serious fetal abnormalities and alteration of the genetic code of all living species or 'omnicide', caused by the unacceptably high levels of radioactive count spread from particles of these weapons in the affected areas."

Omnicide is a term used by Canadian epidemiologist Rosalie Bertell to describe species annihilation. She calls it the "ultimate human rejection of the gift of life...more akin to suicide or murder than to a natural death process." Likening these war crimes to Hitler's, Bhagwat concludes that, "It is the Constitution of the United States which provides the stark answer as to how this tyranny is to be changed."

The Tribunal held for Iraq in December 2004 came to the same conclusions.

Geoscientist Lauren Moret, a whistleblower who worked at Lawrence Livermore National Laboratory in Berkeley, California has travelled all over the world speaking about the horrible effects of uranium weapons. She testified at the Tribunal for Afghanistan.

Moret has said that the radioactive uranium dust will affect areas within a 1000-mile radius of the explosion. That means the entire area from the Balkans to India is contaminated. The dust, Moret says, will travel all around the globe in the course of a year due to high desert winds and the global wind pattern. "We are turning the planet into a death star," she says.

The European Parliament called for a moratorium on the use of DU in 2001. The British Navy has discontinued its use. Yet, DU weapons remain standard in the US arsenal. Asked by American Free Press journalist Christopher Bollyn whether the United States is using DU weapons in Iraq, principal spokesman Lt Col Joe Yoswa replied, "DU is the standard round on the M-1 Abraham Tanks".

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March 13, 2005

Stephanie

Hiller

By arrangement with [Womens Feature Service](#)

'It all went very well,' said the general. 'Another effective day'

The
5/15/99 *By Robert Fisk in Brussels*

Independent

A massacre on the road to Prizren, more than 100 civilians - most of them ethnic Albanians - torn apart in the village of Korisa, stories of women and children ripped apart by Nato cluster bombs. And how did Nato kick off its three o'clock follies yesterday afternoon? Without a single word about these frightful reports, not a single bloody word of astonishment or compassion.

Instead, Jamie Shea and his Luftwaffe general droned on about Nato's successful operations over Kosovo. "They went very well," Major-General Walter Jertz informed us. "It was another very effective day of operations."

In Saigon, during the Vietnam War, they had the five o'clock follies. In the 1991 Gulf War, the Americans boasted of their military successes at the four o'clock follies. In Brussels, Nato's follies start at three o'clock. But yesterday, the Shea and Jertz show was theatre of the obscene.

Indeed, as we all waited to hear Nato's reaction to what might be its most terrible bloodbath to date (or Serbia's most successful propaganda), a Nato technician projected a massive test slide on to the screen next to the 19 flags of the alliance. "They say we're young and we don't know - won't find out until we grow," the words said on the screen. Were these lines from the Sonny and Cher song supposed to be gallows humour or just monumental ill-taste? The moment Shea and Jertz walked to the podium, we knew.

"We still see no indications of a Serb ground force redeployal (sic)," General Jertz announced. Forty tons of supplies had reached the Red Cross at Pristina. "I can assure you we will do everything possible to ensure the safe passage of these convoys."

All of us in the darkened Joseph Luns auditorium at Nato headquarters were holding our breath. Several journalists (the television coverage never shows this, of course) shook their heads in disbelief. There had, it seemed, been no safe passage in Kosovo. We were thinking of the first reports coming in - of Nato cluster bombs bursting amid 500 Albanian refugees, many of them children, of a massacre that would make even the Prizren-Djakovica slaughter in April small scale. We wanted to know about those who were young but would never grow.

But no, General Jertz of the Luftwaffe - or the "German Air Force" as we are for some reason encouraged to call it here - wanted to tell us that there had been 679 Nato missions over Yugoslavia in 24 hours, that there had been attacks on oil refineries, electricity stations, and the Batajnica airfield.

Projected on to the slide screen - incredibly - were the words "A GOOD DAY". Then Mr Shea - the Horatio Bottomley of Nato - launched into his usual denunciations of Serb atrocities, exhuming some old pictures of alleged mass graves and some (slightly) newer ones of burnt villages.

He quoted from old human rights and newspaper articles and managed to mispronounce the names of seven Kosovo villages. "God knows, frankly, what we are going to find when Kosovo is open," he said, solemnly shaking his head.

God knows, I'm sure, what Mr Shea was thinking; he was far more frightened of what Western journalists - bused to the scene by the Serb authorities - would find in the village of Korisa. Fifty tractors had been destroyed in the attack, the Serbs were reporting, close to an area that had been the scene of sustained Nato attack.

It was, you see, significant that Mr Shea had not mentioned - had not alluded for a second - to these extraordinary reports. Had he thought for a moment that the Serbs had slaughtered these people, he would have told us all he knew. But he was silent. A colleague muttered in my ear that when Mr Shea was asked about the reported massacre, he would express no compassion for the dead but "promise another of his full and thorough investigations".

And when at last he was asked, Mr Shea expressed no compassion for the dead but promised "a full and thorough investigation". He hoped, he added sarcastically, that the journalists bused to the village by the Serbs would "insist on their right to go around freely and do their own research" - Mr Shea is now apparently a professor of journalism as well as Nato flak - and that they would investigate "ethnic cleansing" in the nearby town of Prizren. "You know Nato - we give the truth on these issues, every single time, the full facts."

But it doesn't. Nato does not give "the full facts" (or "the full fax" as Mr Shea keeps saying).

It lies. When I asked for Nato's reaction to the KLA appointment of one of the most notorious ethnic cleansers as its new military commander - Agim Ceku, one of the planners of Croatia's ethnic cleansing of 300,000 Serbs in Krajina - Mr Shea said he had no comment because "Nato has no direct contact with the KLA".

This is totally untrue. Nato liaises with the KLA, holds security and intelligence meetings with its commanders, maintains radio contact with KLA men in Kosovo. Nato officials (including J Shea Esq) regularly announce KLA operations with approval.

When I asked General Jertz if Nato was using depleted uranium munitions in Serbia, he said it had not done so for two weeks but that depleted uranium is harmless. This, too, is a lie. There is growing evidence that the dust from spent depleted uranium shells has caused an epidemic of cancers in southern Iraq and may well be a cause of Gulf War syndrome.

British weapons testing sites are meticulously washed down after depleted uranium test-firings, their contents sealed in concrete. Nothing to worry about, said the general. "You find uranium in all sorts of things - in rocks, soil ..." No harm could be caused by the use of such shells, Mr Shea added. So much for the deformed babies now being born in Basra. And so much, I suppose, for the contaminated homes of Kosovo to which Nato claims it will return all of the Albanian refugees.

I kept wondering what this whole farce reminded me of. Here were the two Nato men recording, minute after minute, hour after hour, day after day, the destruction of the Kosovo population - the fault of the Serbs, to be sure, but the symbol none the less of Nato's total, abject failure in the Balkans. Every day, they tell us about mass graves and death and torture. And I recalled after a while what it all reminded me of - the discreet voices, the dipped lights, the flags hanging like dead flowers behind the podium, even the sinister iron Death Star, which stands grimly outside Nato headquarters. It reminded me of an undertaker's office.

The mock soul-searching, the old pictures, the expressions of regret. The cockney and the general were the morticians, as unable to contemplate an end to Nato's bombardment of Serbia as they were to arrest old age or find a cure for death.

Kosovo is dead. Its people are dead or dispossessed. For investigation, read autopsy. And after a while it dawned on me, as it has dawned on others attending these preposterous gatherings, that we are being prepared for the death of Nato.

[The Independent](#)

All bold and underlining is Mr. Fisk's, not mine.

US Military, President
Out Of Control
What Does 'Mildly Radioactive' Mean, Anyway?
By Bob Nichols
Project Censored Award Winner
2-21-5

"I believe in the end that ... you will comprehend that the amount of DU [Depleted Uranium] released into the atmosphere since 1991 is far more than my estimate. Whatever you or I think or differ about, the disaster is worse than we even know ... but that tale will be told each year, each decade, each century. Humanity has changed the genome of the entire planet forever." - Leuren Moret

(Oklahoma, Red State, "Land of the Free") -- The Russians just recently stopped a weightlifter coming across the border with about 100 pounds of "highly radioactive depleted uranium." The guy said he was using it for dumbbells in weightlifting.

The American Department of Defense and other government departments all are unanimous in calling so-called depleted uranium "mildly radioactive depleted uranium." They like to use it for bombs, shells and heavy caliber bullets.

Highly radioactive, mildly radioactive, moderately radioactive.

What does it mean? Whom to believe?

The godless former Commies or the brave Iraq-smashing Americans?

Decide for yourself.

Radioactivity is a standard property of the metal uranium, used by Americans for bombs, shells and bullets, and one gram will always give off 12,000 "atomic disintegrations" per second.

This lasts forever, as far as we are concerned. Think of the "atomic disintegrations" as little atomic bullets. The kind that are only harmful from inside the human body. What do you think? Does 12,000 per second rank high or low with you? What if it is in your lung?

Delicate lung cells of 19 year old American troopers and 60-year-old Iraqi "guerrillas" don't have the ability to "spin" what is turning them into infection, pus and cancer.

Just so you know, that is 43 million, 200 thousand little bullets per hour. This nuclear bombardment at the heart of a cell in the lung or the rest of the body never stops. Of course, the "throwaway soldiers" will get cancer and die; but, the chicken-hawk Neo-Cons in the Bush Administration say that is OK! They just don't want to pay for it.

Remember the 100-hour-long First Gulf War? Only an unlucky few were killed. We Americans used 375 tons of uranium munitions. Out of the one half million, or so, soldiers in the prime of life in the war, 11,000 are now dead. and hundreds of thousands are on Medical Disability.

The latest good journalist to "Drink the Government Kool-Aid" was Bob Evans of the Daily Press in Virginia. Evans used the deceptive Government term "mildly radioactive" over and over, in his recent seven-part series on uranium weapons in use by the US Military. In his effort to be fair, Evans, a respected veteran journalist, never used the forbidden words "illegal" or "war crimes." The Daily Press readership includes a large segment of "retired military."

Since uranium is a metal that also catches on fire and burns, the bombs, shells and bullets burn and vaporize when they hit something hard like a tank, bunker, or building. Uranium gas and smoke ends up in the nose, throat and lungs of our kids and friends in the US Military and any unlucky Iraqi around. Some of the gas also hitches a ride on the desert winds to the rest of the world, including the American ally, Israel.

This is a real bummer for the American Troopers and the Iraqis. Uranium by the thousands of tons has been dispersed this way in Iraq during Gulf War I, the No-Fly Zones era, Gulf War II, the war after the war, and to this very day. Once the uranium gas and dust is in their lungs and bodies the soldiers and civilians become radiation poisoning victims and are forever changed.

There is no way to remove the uranium smoke from the body. It is radioactive. There is no treatment; there is no cure. This stuff stays dangerous, lethal even, forever and a day. After all, it is highly radioact ... err, ... pardon me, "mildly radioactive," ... err ... whatever!

Our victimized soldiers don't have forever, though. With the same absolute certainty of the Atomic Clock the US Government uses to tell time, the constant ticking of the "atomic disintegrations" (little bullets) starts the countdown to death from radiation poisoning for

the soldiers and civilians alike. It's just a matter of the dose of lethal poison they received. A greater dose equals less time.

It gets worse. Captain Terry Riordon unknowingly brought radiation poisoning home with him from Iraq to his wife, Susan Riordon. As recounted in the November, 2004 issue of the mainstream Conde Nast publication Vanity Fair, Mrs. Riordon was constantly burned by her husband's semen during intercourse.

Seems Terry's semen was turned to a fiery alkali by the radioactive uranium that settled in his testicles. The happily married couple had no idea what this new and horrifying complication was in this intensely private part of their life together. Little did they know the American Department of Defense had hopped into bed with them with a deadly intent.

With her husband slowly dying of radiation poisoning and in intense pain herself, Mrs. Riordon resorted to filling condoms with frozen green peas to use on herself to obtain relief from the internal burning's intense, excruciating, lasting pain. Other couples do that and other wildly frantic and imaginative measures seeking relief. The burning can leave blisters and contamination.

"It hurt [Terry] too. He said it was like forcing it through barbed wire," Riordon says. "It seemed to burn through condoms; if he got any on his thighs or his testicles, he was in hell." In a last, desperate attempt to save their sex life, says Riordon, "I used to fill condoms with frozen peas and insert them [after sex] with a lubricant." That, she says, made her pain just about bearable. Perhaps inevitably, he became impotent. "And that was like our last little intimacy gone."

Children produced from radioactive soldier's couplings have devastating birth defects; both to war's children born in the United States and in Iraq. After all, uranium gas is just a dumb radioactive metal; it does not care one whit about the nationality of the body parts it targets.

In Iraq, women call the doomed pregnancies the "jelly belly." The world simply calls it "Genocide." That's the purposeful targeting of a race or ethnic group of people for extermination. That's our red blooded, By Gawd, All American Policy. Exterminate them! That is one answer to the question Americans are always indignantly asking "Why do they hate us so? Haven't we set them free!?!"

Bob Evans, in his series, even inadvertently let a Classified Specification out of the bag. The 140,000 pound Abrams Main Battle Tank, a primary dispenser of radioactive, poisonous uranium gas and dust in Iraq, fires its big gun at a spectacular 2,100 MPH or three times the speed of sound (MACH III.)

The three foot long solid uranium projectiles then vaporize and burn at temperatures ranging from an estimated 3,000 to 10,000 degrees as they penetrate their target. Mr. Evans, guru-like, informs us the temperature is 5,600 degrees.

What is the difference in "highly radioactive in Russia or "mildly radioactive" in Virginia? Is it the same metal? Yes, it is. Are both metals radioactive? Yes! Whether they are in Russia or the United States, yes, they are: at 12,000 little bullets per second, anywhere in the known universe! Uranium is our own perverse absolute value.

Well, this is kind of a bummer for all US citizens. President Bush and the US Military have gone and screwed the pooch. Turns out that using uranium for weapons is, like, kind of a "Big Time" War Crime. Not only is it a War Crime, it is a War Crime four different ways,

according to famous UN War Crimes and humanitarian lawyer Karen Parker, JD.

Parker stated "My 'four-point' test is especially intelligible: people understand. "It spreads" (beyond the field of battle); "it lasts" (can't be turned off when the war ends); "it injures people in impermissible ways" (as in making an as yet unborn child deformed); and "it harms the environment".

Ever since we Americans obliterated Hiroshima and Nagasaki, Japan with nuclear weapons in August of 1945, immediately killing an estimated quarter of a million people, the rest of the world has taken a really dim view of actually using nuclear weapons.

Uranium bombs, shells and bullets are just different forms of slow-acting, stealth nuclear weapons. They are slower than the instant big boom and flash of Nagasaki type Nuclear Weapons - the atom bomb and hydrogen bomb. They are the answer to the Administration's dedicated Crusade for the Holy Grail of a "usable" nuclear weapon.

Time has telescoped from 1945 instantly -- past to present; World War II is just over, and we used nuclear weapons on civilians. Now we are using the next generation of nuclear weapons on the hapless guerrillas and civilians of Iraq. They never had a chance. Not a prayer.

Uranium weapons spread deadly radioactivity that kills and contaminates forever. Iraq is simply "toast" because of the indiscriminate, promiscuous and criminal use of millions of pounds of uranium weapons by our kids and friends in the US Military, at the command of their political masters. The masters and troopers are war criminals, and we, the U.S. taxpayers, are accessories to war crimes.

US Military Out of Control - Defies Law

So, what to do? It's all right there, in US Army Regulations, according to Maj. Doug Rokke, Ph.D. Ret., the former Director of the Pentagon Depleted Uranium Project. U.S. Army Regulations AR 700-48 and TB 9-1300-278 require the Army to "Clean and Treat." The Army is required by US law to treat all persons affected and all areas contaminated by the radioactive uranium munitions. There are no ifs, ands, or buts.

The self-claimed right to use war crime weapons carries the with it big responsibility to clean up after oneself. Refusing to clean up and treat is purposeful genocide. It is that simple. We are guilty as sin.

Dennie Williams' breakthrough CommonDreams.org article of November 11, 2004 sets the record straight on the US Military's view of using and cleaning up after illegal uranium munitions. "The Department of Defense 'does not clean up DU [depleted uranium weapons] once it leaves a U.S. weapons system such as a Bradley Fighting Vehicle and hits an enemy building, or vehicle', said Melissa Bohan, an Army public affairs official."

The "suits" in the Pentagon can't be anymore clear than that. They absolutely refuse to treat the people poisoned, including their own troopers, and refuse to clean up the poisoned radioactive land. The US Military did the same thing in Vietnam with the chemical Agent Orange, which was denied and covered up for decades. As one Vietnam War medic says "Uranium weapons are like Agent Orange on steroids."

Therefore, the situation is this: the political leadership of the U.S. decided to secretly use thousands of tons of a genocidal weapon, uranium, in Iraq. Their servants in the US Military are gung-ho to irradiate the Iraqis and poison their land, forever, with illegal

uranium-based war crimes weapons. The Army refuses to obey their own Regulations, that have the force of law, to Clean & Treat, in their slavish obedience to the sub-human, sick, perverted genocidal desires of their politically appointed controllers.

What's wrong with this picture?

This is real Nazi Germany stuff, isn't it? Closer to home, it is very similar to Andrew Jackson's policy of exterminating Native Americans. Citizens here in the U.S. may not want to know or accept that fact, but that is the sleight-of-hand dealt to us mere citizens in America in 2005 by our corporate-owned and sponsored politicians and media.

Denying a fact situation does not make it disappear. The facts, and the thousands of tons of weaponized uranium oxide gas and dust, just hang in there. This is impossible for supposedly patriotic "My Country Right or Wrong - Love It or Leave It" type Americans to explain away.

Uranium is as real as it gets, and it never goes away. As long as there are congenitally deformed Iraqis left in the world, and until the Iraqis are finally exterminated by these long-lived genocidal weapons, they will continue to whisper and croak in whatever voice left to them: "America Exterminated Me, Punish Them!" and demand justice.

Americans of all political stripes should be enraged to hear of what our US Military has done to Iraq. It is not OK, and they should feel betrayed by the Bush Administration, perhaps especially the center-right Americans responsible for twice electing Bush. (And the results of Both elections are still disputed.)

It was real Americans some 60 years ago "The Greatest Generation," as network news reader Tom Brokaw called them, in his book of the same name, who with the Russians, Free French, British and others stomped the fascist war makers in Germany and their Axis ally Japan in World War II.

Now the "World's Only Superpower's" American Army has taken the place of Hitler's Storm Troopers in ruling the modern world. It is supremely ironic that their own uranium weapons kill them as well as the "enemy" civilians, as they set out to control. These unthinking soldiers will ultimately destroy the world, and that seems to be the desired outcome of Administration's cult like "Rapture Me" Christofascist radical religious tradition.

In the famous Nuremberg War Crimes Trials, established after World War II to try Nazi War Criminals and assess their guilt and punishment, the Chief Prosecutor said of the German people something that applies directly to Americans today. He speaks knowingly and directly across more than 50 years of time to resolutely instruct American citizens on exactly what our duty is today, right now:

"Individuals have international duties which transcend the national obligations of obedience therefore have the duty to violate domestic laws to prevent crimes against peace and humanity from occurring."

- Nuremberg Tribunal, 1950

The statement was affirmed by the Nuremberg Tribunal. It is now international law and by extension, U.S. law. It is our duty as American citizens. The fascist government controlling

the United States and the US Military can no longer be allowed to exist. The world and international law holds us all accountable, and the price is dear.

These white-collar criminals must all be impeached and imprisoned for their war crimes, commensurate with their degree of complicity and guilt. If the House will not impeach and the Senate will not put them on trial, then, we have a problem.

We will have to do it ourselves. Additionally, we have to vote out the co-conspirators in the Senate and the House for refusing to impeach. That is the law, handed down in 1950 after a disastrous world-wide war. We Americans must follow the law. It is our sacred duty. As President Bush likes to say "they [the House and Senate] are either for us or against us."

Can we wait till tomorrow, next week, or, next year to impeach?

In a word, "No!"

Leuren Moret, world famous former Lawrence Livermore Nuclear Weapons Lab scientist, said the following in an Email on Valentine's Day, 2005, requesting hundreds of physicists, scientists, professionals, managers, writers and others to join in the world-wide effort to stop the current flagrant use of illegal uranium weapons:

"I believe in the end that ... you will comprehend that the amount of DU [Depleted Uranium] released into the atmosphere since 1991 is far more than my estimate. Whatever you or I think or differ about, the disaster is worse than we even know ... but that tale will be told each year, each decade, each century. Humanity has changed the genome of the entire planet forever."

"How can you help us present the disaster in a way that ordinary people can comprehend? Infant mortality is increasing globally for the first time in 41 years..."

"This planet is being turned into a death star," Moret added.

The time to act is now. The Bush Administration controls the big media on this issue. They do not control you. Tell your friends and email this article everywhere. As U.S. citizens, as human beings, we know what we should do, and we know that we cannot afford to wait any longer.

Writers & Warriors Speakers Group:

Contact Bob Nichols at info-radiation-wars@cox.net for College Distinguished Lecture Series Speakers, Commencement Speakers, People's Events and Rallies.

FROM: [rense.com](http://www.rense.com)

<http://www.rense.com/general63/genome.htm>

More on the Use of Napalm in Iraq - the story that won't die

by [dbnkr](#)



That the US has used white phosphorus to firebomb civilian targets with MK77 ordinance in assaults on Fallujah has been well known and leaking out around the edges of the US corporate media for more than a year.

It also has been admitted to, indirectly, by the Pentagon.

In June of 2005, the Independent/UK ran an [article](#) titled "US lied to Britain over use of napalm in Iraq war." Excerpt follows:

Despite persistent rumours of injuries among Iraqis consistent with the use of incendiary weapons such as napalm, Adam Ingram, the Defence minister, assured Labour MPs in January that US forces had not used a new generation of incendiary weapons, codenamed MK77, in Iraq.

But Mr Ingram admitted to the Labour MP Harry Cohen in a private letter obtained by The London Independent that he had inadvertently misled Parliament because he had been misinformed by the US. "The US confirmed to my officials that they had not used MK77s in Iraq at any time and this was the basis of my response to you," he told Mr Cohen. "I regret to say that I have since discovered that this is not the case and must now correct the position."

Mr Ingram said 30 MK77 firebombs were used by the 1st Marine Expeditionary Force in the invasion of Iraq between 31 March and 2 April 2003. They were used against military targets "away from civilian targets", he said. This avoids breaching the 1980 Convention on Certain Conventional Weapons (CCW), which permits their use only against military targets.

Of course Ingram was still being fed a load of crap by the Pentagon. MK77 is a 750-lb [bomb](#) consisting of an aluminum container filled with 75 gallons of kerosene-based jet fuel, polystyrene and benzene. When detonated it creates a sticky combustible gel that cannot be extinguished. As if this type of weapon was not dangerous enough, there is no stabilizing tail or fin on the MK77, thus making the bomb very imprecise. In military parlance it is what's called a "dumb bomb." Used against any densely-populated area it is

an indiscriminate killer.

On the rare occasion where the US media has touched on the story, it has obscured it by burying it. Consider the following excerpt from a San Francisco Chronicle [report](#) on the attack on Fallujah from 2004, beginning with graph 26:

"Usually we keep the gloves on," said Army Capt. Erik Krivda, of Gaithersburg, Md, the senior officer in charge of the 1st Infantry Division's Task Force 2-2 tactical operations command center. "For this operation, we took the gloves off."

Some artillery guns fired white phosphorous rounds that create a screen of fire that cannot be extinguished with water. Insurgents reported being attacked with a substance that melted their skin, a reaction consistent with white phosphorous burns.

Kamal Hadeethi, a physician at a regional hospital, said, "The corpses of the mujahedeen which we received were burned, and some corpses were melted."

Some independent journalists have had the courage to expose what the US has been up to.

Dahr Jamail, who has reported aggressively on the US assaults on Fallujah, has authored numerous articles on the use of unconventional weapons and what amount to war crimes by the United States. The articles entitled Covering up Napalm in Iraq; 'Unusual Weapons' Used in Fallujah; An Eyewitness Account of Fallujah; Iraq: The Devastation; Odd Happenings in Fallujah; More Evidence Indicts US; The Failed Siege of Fallujah; US Claims Over Siege Challenged; and Media Held Guilty of Deception can be found [here](#), [here](#), [here](#), [here](#), [here](#), [here](#), [here](#), [here](#), and [here](#).

The long-term significance of the RAI News 24 documentary is that the story of US war crimes in Iraq, while still untold by a compromised US media, won't stay buried.

It's sure to come back again and again as the secrets behind the greatest foreign policy disaster in American history spill out.

There can be no effective inoculation against a virus attacking the soul a nation other than truth.

*"You smell that? Do you smell that? Napalm, son. Nothing else in the world smells like that. I love the smell of napalm in the morning... The smell...that gasoline smell...smell[s] like...victory."
-- Robert Duvall, "Apocalypse Now" (1979)*

U.S. signs \$38 million deal for depleted uranium tank shells

John
Published: March 2, 2006

Byrne

The U.S. Army quietly placed an order for \$38 million in depleted uranium rounds last week, bringing the total order from a West-Virginia based company to \$77 million for fiscal year 2006, [RAW STORY](#) has learned.



The munition is highly controversial. While the Pentagon has been ambiguous about its health toll, leftover rounds from the first Gulf War are believed to have caused a significant increase in cancer and birth defects in Iraq. According to a detailed article by the Seattle Post-Intelligencer in 2002, "Many researchers outside Iraq, and several U.S. veterans organizations, agree; they also suspect depleted uranium of playing a role in Gulf War Syndrome, the still-unexplained malady that has plagued hundreds of thousands of Gulf War veterans."

The new \$38 million order was placed with Alliant Techsystems for 120-mm ammunition. Once the new pact is completed the firm will have produced 35,000 rounds for the U.S. military.

The Pentagon uses depleted uranium in its rounds because they say it is extremely effective in penetrating heavy armor.

Depleted uranium remains radioactive for 4.5 billion years. The byproduct of manufacturing nuclear weapons or reactors, the rounds contaminate water and soil. Along some highways in Iraq where the weapon was used during in the first Gulf War, radiation levels register 1,000 times normal background radiation levels. Cancer levels in Iraq are attributed to the shells.

A destroyed Iraqi tank in Basra destroyed by the U.S. weapon registered [2,500 times](#) normal background radiation.

Read more on depleted uranium in the Guardian [here](#), and from the Post Intelligencer [here](#).

In a release, the firm making the weapon said, "Its state-of-the-art composite sabot, propellant, and penetrator technologies give it outstanding accuracy and lethality." UPI first reported on the deal [Feb. 20](#).

FROM: <http://rawstory.com/news/2006/U.S. signs 38 million deal for 0302.html>

The Bush administration intends to spend nearly \$3 billion in the next five years to expand NASA's nuclear space program.

According to NASA Chief Sean O'Keefe everything that is done at the space center will now be "dual use," meaning every mission will have both military and civilian applications.

NASA is scheduled to launch two Mars Exploration Rovers, powered by radioactive

sources, from the space center in May and June of 2003. Already over budget by \$100 million, the Mars Rovers are the next step in a massive expansion of space nuclear devices to be launched from Florida. Carrying plutonium-238, cobalt-57, and curium-244, the toxic materials will provide heat to prevent the Mars Rover instruments and batteries from freezing.

The Mars Rovers will explore the surface of the red planet doing soil identification that NASA hopes will ultimately lead to manned colonies on Mars to mine for uranium, cobalt, magnesium and water. NASA has said that the eventual mining colonies would be powered with nuclear reactors. When the day comes that space mining is profitable NASA intends to turn operations over to the aerospace industry.

Nuclear rockets, with reactors for engines, are also now being designed at the University of Florida's Nuclear Engineering Department and the Department of Energy's Los Alamos Labs in New Mexico for future Mars missions.

In the Environmental Impact Statement (EIS) for the Mars Rover missions, NASA acknowledges that there is a 1 in 34 chance of a launch vehicle accident. The possibility of a release of deadly toxins in such an accident are "likely" says the NASA document. The EIS also outlines a 60 kilometer radius surrounding the space center that they say would be a "potentially affected area" following any launch accident. Homeowner insurance policies will not cover any space nuclear accident.

The Pentagon is now developing several weapons technologies that will give the U.S. the ability to "control and dominate" space and the earth below. Since all warfare on earth is now coordinated from space, whoever control space wins all the wars. The space-based laser (called the Death Star at the Pentagon) would destroy other countries satellites and hit earth bound targets. In order to provide the massive power projection capability for the laser the military says they must have nuclear reactors on-board.

Floridians have been protesting against NASA's nuclear launches since 1989. As the space agency increases the number of radioactive space missions in coming years, they also dramatically increase the risk of a massive contamination of large portions of the heavily populated central Florida region. Our tax dollars should not be wasted on this dangerous and risky space nuclear program. Come join with us. Help us call for sanity and the protection of our precious environment. We must keep space for peace.

FROM: <http://www.space4peace.org/actions/2003.htm>

http://www.rawstory.com/news/2007/CNN_Agent_Orange_tame_compared_to_0206.html

Army made video warning about dangers of depleted uranium but never showed it to troops

David Edwards
Published: Tuesday February 6, 2007

A special investigation on the effects of depleted uranium reveals the Army made a tape warning of the effects of depleted uranium which was never shown to troops despite the fact the Pentagon knew the agent to be potentially deadly, CNN reports Tuesday.

Depleted uranium -- or DU -- was used in the Gulf War as a projectile that could penetrate tank armor. A group of soldiers are suing the US government because they are sick from

exposure; despite the unshown video, the Army denies that depleted uranium represents a serious health risk.

CNN reporter Greg Hunter explains. The soldiers "report similar ailments. Painful urination, headaches and joint pain. They say Army doctors blame their symptoms on post traumatic stress. We showed them a tape the Army made in 1995, a tape the Army never distributed. It warned of potential D.U. hazards. The army's expert on D.U. training concedes some information contained on the tape is true. For instance, radioactive particles can be harmful."

A doctor who once investigated DU for the Army now believes that the health risks are serious.

"In the 1990s this doctor studied D.U. health effects for the U.S.military," Hunter says. "Now a private researcher, he says his own test of these veterans showed abnormally high levels of D.U. this their urine and that those levels pose a serious health threat."

"One doctor... calls it, quote, 'a radiological sewer,'" Hunter adds. "The Army adamantly denies that."

[Gulf War Vets Home Page](#)

Article published Aug 9, 2005

Depleted uranium is WMD

<http://www.battlecreekenquirer.com/>

by Leuren Moret

My grandfather, U.S. Army Col. Edwin Joseph McAllister, was born in Battle Creek in 1895. He does not know that his first grandchild is an international expert on depleted uranium. I have worked in two U.S. nuclear weapons laboratories, and in 1991 I became a whistleblower at the Livermore lab. Depleted uranium is very, very, very nasty stuff:

- Depleted uranium (DU) weaponry meets the definition of weapon of mass destruction in two out of three categories under U.S. Federal Code Title 50 Chapter 40 Section 2302.
- DU weaponry violates all international treaties and agreements, Hague and Geneva war conventions, the 1925 Geneva gas protocol, U.S. laws and U.S. military law.
- Since 1991, the U.S. has released the radioactive atomicity equivalent of at least 400,000 Nagasaki bombs into the global atmosphere. That is 10 times the amount released during atmospheric testing which was the equivalent of 40,000 Hiroshima bombs. The U.S. has permanently contaminated the global atmosphere with radioactive pollution having a half-life of 2.5 billion years.

- The U.S. has illegally conducted four nuclear wars in Yugoslavia, Afghanistan and twice in Iraq since 1991, calling DU "conventional" weapons when in fact they are nuclear weapons.
- DU on the battlefield has three effects on living systems: it is a heavy metal "chemical" poison, a "radioactive" poison and has a "particulate" effect due to the very tiny size of the particles that are 0.1 microns and smaller.
 - The blueprint for DU weaponry is a 1943 Manhattan Project memo to Gen. L. Groves that recommended development of radioactive materials as poison gas weapons - dirty bombs, dirty missiles and dirty bullets.
 - DU weapons are very effective kinetic energy penetrators, but even more effective bioweapons since uranium has a strong chemical affinity for phosphate structures concentrated in DNA.
 - DU is the Trojan Horse of nuclear war - it keeps giving and keeps killing. There is no way to clean it up, and no way to turn it off because it continues to decay into other radioactive isotopes in over 20 steps.
 - Terry Jemison at the U.S. Department of Veterans Affairs stated in August 2004 that over 518,000 Gulf-era veterans (14-year period) are now on medical disability, and that 7,039 were wounded on the battlefield in that same period. Over 500,000 U.S. veterans are homeless.
 - In some studies of soldiers who had normal babies before the war, 67 percent of the post-war babies are born with severe birth defects - missing brains, eyes, organs, legs and arms, and blood diseases.
 - In southern Iraq, scientists are reporting five times higher levels of gamma radiation in the air, which increases the radioactive body burden daily of inhabitants. In fact, Iraq, Yugoslavia and Afghanistan are uninhabitable.
 - Cancer starts with one alpha particle under the right conditions. One gram of DU is the size of a period in this sentence and releases 12,000 alpha particles per second.

Before my grandfather died, he told me that his generation had made a mess of this planet. I wonder what he would say to me now I would tell him to see "Beyond Treason" (www.beyondtreason.com), a new documentary about the history of treason by the U.S. government against our own troops: Atomic veterans, MK-Ultra, Agent Orange and DU. After Vietnam, Henry Kissinger said, "Military men are just dumb, stupid animals to be used as pawns in foreign policy. . ." (from Chapter 5 in the "Final Days" by Woodward and Bernstein).

Leuren Moret is an international radiation specialist, with a B.S. degree in geology from University of California at Davis, a M.A. degree in Near Eastern studies from University of California at Berkeley and has done post-graduate work in the geosciences at UC-Davis. She is environmental commissioner for the City of Berkeley, Calif.

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TITLE	AUTHOR	DATE
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Depleted Uranium Situation Worsens Requiring Immediate Action	Dr. Doug Rokke	Friday Aug 25th, 2006 6:58 AM
Retired Staff Sergeant Herbert R. Reed	Herbert R. Reed	Friday Aug 25th, 2006 2:08 AM

Sickened Iraq Vets Cite Depleted Uranium

By DEBORAH HASTINGS
ASSOCIATED PRESS

<http://www.lasvegassun.com/sunbin/stories/nat-gen/2006/aug/12/081206197.html>

NEW YORK (AP) -

It takes at least 10 minutes and a large glass of orange juice to wash down all the pills - morphine, methadone, a muscle relaxant, an antidepressant, a stool softener. Viagra for sexual dysfunction. Valium for his nerves.

Four hours later, Herbert Reed will swallow another 15 mg of morphine to cut the pain clenching every part of his body. He will do it twice more before the day is done.

Since he left a bombed-out train depot in Iraq, his gums bleed. There is more blood in his urine, and still more in his stool. Bright light hurts his eyes. A tumor has been removed from his thyroid. Rashes erupt everywhere, itching so badly they seem to live inside his skin. Migraines cleave his skull. His joints ache, grating like door hinges in need of oil.

There is something massively wrong with Herbert Reed, though no one is sure what it is. He believes he knows the cause, but he cannot convince anyone caring for him that the military's new favorite weapon has made him terrifyingly sick.

In the sprawling bureaucracy of the Department of Veterans Affairs, he has many caretakers. An internist, a neurologist, a pain-management specialist, a psychologist, an orthopedic surgeon and a dermatologist. He cannot function without his stupefying arsenal of medications, but they exact a high price.

"I'm just a zombie walking around," he says.

Reed believes depleted uranium has contaminated him and his life. He now walks point in a vitriolic war over the Pentagon's arsenal of it - thousands of shells and hundreds of tanks coated with the metal that is radioactive, chemically toxic, and nearly twice as dense as lead.

A shell coated with depleted uranium pierces a tank like a hot knife through butter, exploding on impact into a charring inferno. As tank armor, it repels artillery assaults. It

also leaves behind a fine radioactive dust with a half-life of 4.5 billion years.

Depleted uranium is the garbage left from producing enriched uranium for nuclear weapons and energy plants. It is 60 percent as radioactive as natural uranium. The U.S. has an estimated 1.5 billion pounds of it, sitting in hazardous waste storage sites across the country. Meaning it is plentiful and cheap as well as highly effective.

Reed says he unknowingly breathed DU dust while living with his unit in Samawah, Iraq. He was med-evaced out in July 2003, nearly unable to walk because of lightning-strike pains from herniated discs in his spine. Then began a strange series of symptoms he'd never experienced in his previously healthy life.

At Walter Reed Army Medical Center in Washington, D.C, he ran into a buddy from his unit. And another, and another, and in the tedium of hospital life between doctor visits and the dispensing of meds, they began to talk.

"We all had migraines. We all felt sick," Reed says. "The doctors said, 'It's all in your head.' "

Then the medic from their unit showed up. He too, was suffering. That made eight sick soldiers from the 442nd Military Police, an Army National Guard unit made up of mostly cops and correctional officers from the New York area.

But the medic knew something the others didn't.

Dutch marines had taken over the abandoned train depot dubbed Camp Smitty, which was surrounded by tank skeletons, unexploded ordnance and shell casings. They'd brought radiation-detection devices. The readings were so hot, the Dutch set up camp in the middle of the desert rather than live in the station ruins.

"We got on the Internet," Reed said, "and we started researching depleted uranium."

Then they contacted The New York Daily News, which paid for sophisticated urine tests available only overseas.

Then they hired a lawyer.

Reed, Gerard Matthew, Raymond Ramos, Hector Vega, Augustin Matos, Anthony Yonnone, Jerry Ojeda and Anthony Phillip all have depleted uranium in their urine, according to tests done in December 2003, while they bounced for months between Walter Reed and New Jersey's Fort Dix medical center, seeking relief that never came.

The analyses were done in Germany, by a Frankfurt professor who developed a depleted uranium test with Randall Parrish, a professor of isotope geology at the University of Leicester in Britain.

The veterans, using their positive results as evidence, have sued the U.S. Army, claiming officials knew the hazards of depleted uranium, but concealed the risks.

The Department of Defense says depleted uranium is powerful and safe, and not that worrisome.

Four of the highest-registering samples from Frankfurt were sent to the VA. Those results were negative, Reed said. "Their test just isn't as sophisticated," he said. "And when we first asked to be tested, they told us there wasn't one. They've lied to us all along."

The VA's testing methodology is safe and accurate, the agency says. More than 2,100 soldiers from the current war have asked to be tested; only 8 had DU in their urine, the VA said.

The term depleted uranium is linguistically radioactive. Simply uttering the words can prompt a reaction akin to preaching atheism at tent revival. Heads shake, eyes roll, opinions are yelled from all sides.

"The Department of Defense takes the position that you can eat it for breakfast and it poses no threat at all," said Steve Robinson of the National Gulf War Resource Center, which helps veterans with various problems, including navigating the labyrinth of VA health care. "Then you have far-left groups that ... declare it a crime against humanity."

Several countries use it as weaponry, including Britain, which fired it during the 2003 Iraq invasion.

An estimated 286 tons of DU munitions were fired by the U.S. in Iraq and Kuwait in 1991. An estimated 130 tons were shot toppling Saddam Hussein.

Depleted uranium can enter the human body by inhalation, the most dangerous method; by ingesting contaminated food or eating with contaminated hands; by getting dust or debris in an open wound, or by being struck by shrapnel, which often is not removed because doing so would be more dangerous than leaving it.

Inhaled, it can lodge in the lungs. As with imbedded shrapnel, this is doubly dangerous - not only are the particles themselves physically destructive, they emit radiation.

A moderate voice on the divisive DU spectrum belongs to Dan Fahey, a doctoral student at the University of California at Berkeley, who has studied the issue for years and also served in the Gulf War before leaving the military as a conscientious objector.

"I've been working on this since '93 and I've just given up hope," he said. "I've spoken to successive federal committees and elected officials ... who then side with the Pentagon. Nothing changes."

At the other end are a collection of conspiracy-theorists and Internet proselytizers who say using such weapons constitutes genocide. Two of the most vocal opponents recently suggested that a depleted-uranium missile, not a hijacked jetliner, struck the Pentagon in 2001.

"The bottom line is it's more hazardous than the Pentagon admits," Fahey said, "but it's not as hazardous as the hard-line activist groups say it is. And there's a real dearth of information about how DU affects humans."

There are several studies on how it affects animals, though their results are not, of course, directly applicable to humans. Military research on mice shows that depleted uranium can enter the bloodstream and come to rest in bones, the brain, kidneys and lymph nodes. Other research in rats shows that DU can result in cancerous tumors and genetic mutations, and pass from mother to unborn child, resulting in birth defects.

Iraqi doctors reported significant increases in birth defects and childhood cancers after the 1991 invasion.

Iraqi authorities "found that uranium, which affected the blood cells, had a serious impact on health: The number of cases of leukemia had increased considerably, as had the incidence of fetal deformities," the U.N. reported.

Depleted uranium can also contaminate soil and water, and coat buildings with radioactive dust, which can be carried by wind and sandstorms.

In 2005, the U.N. Environmental Program identified 311 polluted sites in Iraq. Cleaning them will take at least \$40 million and several years, the agency said. Nothing can start until the fighting stops.

Fifteen years after it was first used in battle, there is only one U.S. government study monitoring veterans exposed to depleted uranium.

Number of soldiers in the survey: 32. Number of soldiers in both Iraq wars: more than 900,000.

The study group's size is controversial - far too small, say experts including Fahey - and so are the findings of the voluntary, Baltimore-based study.

It has found "no clinically significant" health effects from depleted uranium exposure in the study subjects, according to its researchers.

Critics say the VA has downplayed participants' health problems, including not reporting one soldier who developed cancer, and another who developed a bone tumor.

So for now, depleted uranium falls into the quagmire of Gulf War Syndrome, from which no treatment has emerged despite the government's spending of at least \$300 million.

About 30 percent of the 700,000 men and women who served in the first Gulf War still suffer a baffling array of symptoms very similar to those reported by Reed's unit.

Depleted uranium has long been suspected as a possible contributor to Gulf War Syndrome, and in the mid-90s, veterans helped push the military into tracking soldiers exposed to it.

But for all their efforts, what they got in the end was a questionnaire dispensed to homeward-bound soldiers asking about mental health, nightmares, losing control, exposure to dangerous and radioactive chemicals.

But, the veterans persisted, how would soldiers know they'd been exposed? Radiation is invisible, tasteless, and has no smell. And what exhausted, homesick, war-addled soldier would check a box that would only send him or her to a military medical center to be poked and prodded and questioned and tested?

It will take years to determine how depleted uranium affected soldiers from this war. After Vietnam, veterans, in numbers that grew with the passage of time, complained of joint aches, night sweats, bloody feces, migraine headaches, unexplained rashes and violent behavior; some developed cancers.

It took more than 25 years for the Pentagon to acknowledge that Agent Orange - a corrosive defoliant used to melt the jungles of Vietnam and flush out the enemy - was linked to those sufferings.

It took 40 years for the military to compensate sick World War II vets exposed to massive blasts of radiation during tests of the atomic bomb.

In 2002, Congress voted to not let that happen again.

It established the Research Advisory Committee on Gulf War Veterans' Illnesses - comprised of scientists, physicians and veterans advocates. It reports to the secretary of Veterans Affairs.

Its mandate is to judge all research and all efforts to treat Gulf War Syndrome patients against a single standard: Have sick soldiers been made better?

The answer, according to the committee, is no.

"Regrettably, after four years of operation neither the Committee nor (the) VA can report progress toward this goal," stated its December 2005 report. "Research has not produced effective treatments for these conditions nor shown that existing treatments are significantly effective."

And so time marches on, as do soldiers going to, and returning from, the deserts of Iraq.

Herbert Reed is an imposing man, broad shouldered and tall. He strides into the VA Medical Center in the Bronx with the presence of a cop or a soldier. Since the Vietnam War, he has been both.

His hair is perfect, his shirt spotless, his jeans sharply creased. But there is something wrong, a niggling imperfection made more noticeable by a bearing so disciplined. It is a limp - more like a hitch in his get-along.

It is the only sign, albeit a tiny one, that he is extremely sick.

Even sleep offers no release. He dreams of gunfire and bombs and soldiers who scream for help. No matter how hard he tries, he never gets there in time.

At 54, he is a veteran of two wars and a 20-year veteran of the New York Police Department, where he last served as an assistant warden at the Riker's Island prison.

He was in perfect health, he says, before being deployed to Iraq.

According to military guidelines, he should have heard the words depleted uranium long before he ended up at Walter Reed. He should have been trained about its dangers, and how to avoid prolonged exposure to its toxicity and radioactivity. He says he didn't get anything of the kind. Neither did other reservists and National Guard soldiers called up for the current war, according to veterans' groups.

Reed and the seven brothers from his unit hate what has happened to them, and they speak of it at public seminars and in politicians' offices. It is something no VA doctor can

explain; something that leaves them feeling like so many spent shell rounds, kicked to the side of battle.

But for every outspoken soldier like them, there are silent veterans like Raphael Naboia, an Army artillery scout who served 11 months in the northern Sunni Triangle, only to come home and fall apart.

Some days he feels fine. "Some days I can't get out of bed," he said from his home in Colorado.

Now 29, he's had growths removed from his brain. He has suffered a small stroke - one morning he was shaving, having put down the razor to rinse his face. In that moment, he blacked out and pitched over.

"Just as quickly as I lost consciousness, I regained it," he said. "Except I couldn't move the right side of my body."

After about 15 minutes, the paralysis ebbed.

He has mentioned depleted uranium to his VA doctors, who say he suffers from a series of "non-related conditions." He knows he was exposed to DU.

"A lot of guys went trophy-hunting, grabbing bayonets, helmets, stuff that was in the vehicles that were destroyed by depleted uranium. My guys were rooting around in it. I was trying to get them out of the vehicles."

No one in the military talked to him about depleted uranium, he said. His knowledge, like Reed's, is self-taught from the Internet.

Unlike Reed, he has not gone to war over it. He doesn't feel up to the fight. There is no known cure for what ails him, and so no possible victory in battle.

He'd really just like to feel normal again. And he knows of others who feel the same.

"I was an artillery scout, these are folks who are in pretty good shape. Your Rangers, your Special Forces guys, they're in as good as shape as a professional athlete.

"Then we come back and we're all sick."

They feel like men who once were warriors and now are old before their time, with no hope for relief from a multitude of miseries that has no name.

**Depleted Uranium - Dirty
Bombs, Dirty Missiles, Dirty Bullets
A Death Sentence Here And Abroad**

By Leuren Moret
1-21-6

"Military men are just dumb stupid animals to be used as pawns in foreign policy."
- Henry Kissinger, quoted in "Kiss the Boys Goodbye: How the United States Betrayed Its Own POW's in Vietnam"

Vietnam was a chemical war for oil, permanently contaminating large regions and countries downriver with Agent Orange, and environmentally the most devastating war in world history. But since 1991, the U.S. has staged four nuclear wars using depleted uranium weaponry, which, like Agent Orange, meets the U.S. government definition of Weapons of Mass Destruction. Vast regions in the Middle East and Central Asia have been permanently contaminated with radiation.

And what about our soldiers? Terry Jemison of the Department of Veterans Affairs reported this week to the American Free Press that "Gulf-era veterans" now on medical disability since 1991 number 518,739, with only 7,035 reported wounded in Iraq in that same 14-year period.

This week the American Free Press dropped a "dirty bomb" on the Pentagon by reporting that eight out of 20 men who served in one unit in the 2003 U.S. military offensive in Iraq now have malignancies. That means that 40 percent of the soldiers in that unit have developed malignancies in just 16 months.

Since these soldiers were exposed to vaccines and depleted uranium (DU) only, this is strong evidence for researchers and scientists working on this issue, that DU is the definitive cause of Gulf War Syndrome. Vaccines are not known to cause cancer. One of the first published researchers on Gulf War Syndrome, who also served in 1991 in Iraq, Dr. Andras Korényi-Both, is in agreement with Barbara Goodno from the Department of Defense's Deployment Health Support Directorate, that in this war soldiers were not exposed to chemicals, pesticides, bioagents or other suspect causes this time to confuse the issue.

This powerful new evidence is blowing holes in the cover-up perpetrated by the Pentagon and three presidential administrations ever since DU was first used in 1991 in the Persian Gulf War. Fourteen years after the introduction of DU on the battlefield in 1991, the long-term effects have revealed that DU is a death sentence and very nasty stuff.

Scientists studying the biological effects of uranium in the 1960s reported that it targets the DNA. Marion Fulk, a nuclear physical chemist retired from the Livermore Nuclear Weapons Lab and formerly involved with the Manhattan Project, interprets the new and rapid malignancies in soldiers from the 2003 war as "spectacular ... and a matter of concern."

This evidence shows that of the three effects which DU has on biological systems - radiation, chemical and particulate - the particulate effect from nano-size particles is the most dominant one immediately after exposure and targets the Master Code in

the DNA. This is bad news, but it explains why DU causes a myriad of diseases which are difficult to define.

In simple words, DU "trashes the body." When asked if the main purpose for using it was for destroying things and killing people, Fulk was more specific: "I would say that it is the perfect weapon for killing lots of people."

Soldiers developing malignancies so quickly since 2003 can be expected to develop multiple cancers from independent causes. This phenomenon has been reported by doctors in hospitals treating civilians following NATO bombing with DU in Yugoslavia in 1998-1999 and the U.S. military invasion of Iraq using DU for the first time in 1991. Medical experts report that this phenomenon of multiple malignancies from unrelated causes has been unknown until now and is a new syndrome associated with internal DU exposure.

Just 467 U.S. personnel were wounded in the three-week Persian Gulf War in 1990-1991. Out of 580,400 soldiers who served in Gulf War I, 11,000 are dead, and by 2000 there were 325,000 on permanent medical disability. This astounding number of disabled vets means that a decade later, 56 percent of those soldiers who served now have medical problems.

The number of disabled vets reported up to 2000 has been increasing by 43,000 every year. Brad Flohr of the Department of Veterans Affairs told American Free Press that he believes there are more disabled vets now than even after World War II.

They brought it home

Not only were soldiers exposed to DU on and off the battlefields, but they brought it home. DU in the semen of soldiers internally contaminated their wives, partners and girlfriends. Tragically, some women in their 20s and 30s who were sexual partners of exposed soldiers developed endometriosis and were forced to have hysterectomies because of health problems.

In a group of 251 soldiers from a study group in Mississippi who had all had normal babies before the Gulf War, 67 percent of their post-war babies were born with severe birth defects. They were born with missing legs, arms, organs or eyes or had immune system and blood diseases. In some veterans' families now, the only normal or healthy members of the family are the children born before the war.

The Department of Veterans Affairs has stated that they do not keep records of birth defects occurring in families of veterans.

How did they hide it?

Before a new weapons system can be used, it must be fully tested. The blueprint for depleted uranium weapons is a 1943 declassified document from the Manhattan Project.

Harvard President and physicist James B. Conant, who developed poison gas in World War I, was brought into the Manhattan Project by the father of presidential candidate John Kerry. Kerry's father served at a high level in the Manhattan Project and was a CIA agent.

Conant was chair of the S-1 Poison Gas Committee, which recommended developing poison gas weapons from the radioactive trash of the atomic bomb project in World War II. At that time, it was known that radioactive materials dispersed in bombs from the air, from land vehicles or on the battlefield produced very fine radioactive dust which would penetrate all protective clothing, any gas mask or filter or the skin. By contaminating the lungs and blood, it could kill or cause illness very quickly.

They also recommended it as a permanent terrain contaminant, which could be used to destroy populations by contaminating water supplies and agricultural land with the radioactive dust.

The first DU weapons system was developed for the Navy in 1968, and DU weapons were given to and used by Israel in 1973 under U.S. supervision in the Yom Kippur war against the Arabs.

The Phalanx weapons system, using DU, was tested on the USS Bigelow out of Hunters Point Naval Shipyard in 1977, and DU weapons have been sold by the U.S. to 29 countries.

Military research report summaries detail the testing of DU from 1974-1999 at military testing grounds, bombing and gunnery ranges and at civilian labs under contract. Today 42 states are contaminated with DU from manufacture, testing and deployment.

Women living around these facilities have reported increases in endometriosis, birth defects in babies, leukemia in children and cancers and other diseases in adults. Thousands of tons of DU weapons tested for decades by the Navy on four bombing and gunnery ranges around Fallon, Nevada, is no doubt the cause of the fastest growing leukemia cluster in the U.S. over the past decade. The military denies that DU is the cause.

The medical profession has been active in the cover-up - just as they were in hiding the effects from the American public - of low level radiation from atmospheric testing and nuclear power plants. A medical doctor in Northern California reported being trained by the Pentagon with other doctors, months before the 2003 war started, to diagnose and treat soldiers returning from the 2003 war for mental problems only.

Medical professionals in hospitals and facilities treating returning soldiers were threatened with \$10,000 fines if they talked about the soldiers or their medical problems. They were also threatened with jail.

Reporters have also been prevented access to more than 14,000 medically evacuated soldiers flown nightly since the 2003 war in C-150s from Germany who are brought to Walter Reed Hospital near Washington, D.C.

Dr. Robert Gould, former president of the Bay Area chapter of Physicians for Social Responsibility (PSR), has contacted three medical doctors since February 2004, after I had been invited to speak about DU. Dr. Katharine Thomasson, president of the Oregon chapter of the PSR, informed me that Dr. Gould had contacted her and tried to convince her to cancel her invitation for me to speak about DU at Portland State University on April 12. Although I was able to do a presentation, Dr. Thomasson told me I could only talk about DU in Oregon "and nothing overseas ... nothing political."

Dr. Gould also contacted and discouraged Dr. Ross Wilcox in Toronto, Canada, from inviting me to speak to Physicians for Global Survival (PGS), the Canadian equivalent of PSR, several months later. When that didn't work, he contacted Dr. Allan Connoly, the Canadian national president of PGS, who was able to cancel my invitation and nearly succeeded in preventing Dr. Wilcox, his own member, from showing photos and presenting details on civilians suffering from DU exposure and cancer provided to him by doctors in southern Iraq.

Dr. Janette Sherman, a former and long-standing member of PSR, reported that she finally quit some time after being invited to lunch by a new PSR executive administrator. After the woman had pumped Dr. Sherman for information all through lunch about her position on key issues, the woman informed Dr. Sherman that her last job had been with the CIA.

How was the truth about DU hidden from military personnel serving in successive DU wars? Before his tragic death, Sen. Paul Wellstone informed Joyce Riley, R.N., B.S.N., executive director of the American Gulf War Veterans Association, that 95 percent of Gulf War veterans had been recycled out of the military by 1995. Any of those continuing in military service were isolated from each other, preventing critical information being transferred to new troops. The "next DU war" had already been planned, and those planning it wanted "no skunk at the garden party."

The US has a dirty (DU) little (CIA) secret

A new book just published at the American Free Press by Michael Collins Piper, "The High Priests of War: The Secret History of How America's Neo-Conservative Trotskyites Came to Power and Orchestrated the War Against Iraq as the First Step in Their Drive for Global Empire," details the early plans for a war against the Arab world by Henry Kissinger and the neo-cons in the late 1960s and early 1970s. That just happens to coincide with getting the DU "show on the road" and the oil crisis in the Middle East, which caused concern not only to President Nixon. The British had been plotting and scheming for control of the oil in Iraq for decades since first using poison gas on the Iraqis and Kurds in 1912.

The book details the creation of the neo-cons by their "godfather" and Trotsky lover Irving Kristol, who pushed for a "war against terrorism" long before 9/11 and was lavishly funded for years by the CIA. His son, William Kristol, is one of the most influential men in the United States.

Both are public relations men for the Israeli lobby's neo-conservative network, with strong ties to Rupert Murdoch. Kissinger also has ties to this network and the Carlyle Group, who, one could say, have facilitated these omnicidal wars beginning from the time former President Bush took office. It would be easy to say that we are recycling World Wars I and II, with the same faces.

When I asked Vietnam Special Ops Green Beret Capt. John McCarthy, who could have devised this omnicidal plan to use DU to destroy the genetic code and genetic future of large populations of Arabs and Moslems in the Middle East and Central Asia - just coincidentally the areas where most of the world's oil deposits are located - he replied: "It has all the handprints of Henry Kissinger."

In Zbigniew Brzezinski's book "The Grand Chessboard: American Primacy and Its Geostrategic Imperatives," the map of the Eurasian chessboard includes four

regions strategic to U.S. foreign policy. The "South" region corresponds precisely to the regions now contaminated permanently with radiation from U.S. bombs, missiles and bullets made with thousands of tons of DU.

A Japanese professor, Dr. K. Yagasaki, has calculated that 800 tons of DU is the atomicity equivalent of 83,000 Nagasaki bombs. The U.S. has used more DU since 1991 than the atomicity equivalent of 400,000 Nagasaki bombs. Four nuclear wars indeed, and 10 times the amount of radiation released into the atmosphere from atmospheric testing!

No wonder our soldiers, their families and the people of the Middle East, Yugoslavia and Central Asia are sick. But as Henry Kissinger said after Vietnam when our soldiers came home ill from Agent Orange, "Military men are just dumb stupid animals to be used for foreign policy."

Unfortunately, more and more of those soldiers are men and women with brown skin. And unfortunately, the DU radioactive dust will be carried around the world and deposited in our environments just as the "smog of war" from the 1991 Gulf War was found in deposits in South America, the Himalayas and Hawaii.

In June 2003, the World Health Organization announced in a press release that global cancer rates will increase 50 percent by 2020. What else do they know that they aren't telling us? I know that depleted uranium is a death sentence ... for all of us. We will all die in silent ways.

To learn more

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Leuren Moret is a geoscientist who has worked around the world on radiation issues, educating citizens, the media, members of parliaments and Congress and other officials. She became a whistleblower in 1991 at the Livermore Nuclear Weapons Lab after experiencing major science fraud on the Yucca Mountain Project. An environmental commissioner in the City of Berkeley, she can be reached at leurenmoret@yahoo.com.

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**[DEPLETED URANIUM BABIES - PHOTOS-](#) NOT FOR THE FAINT OF HEART!
THE RESULT OF THE WAR - THIS ALONE SHOULD MAKE PEOPLE THINK TWICE ABOUT
USING DU**

[STRUGGLING WITH 11:11](#)

Nato's own guidelines include: "Inhalation of insoluble depleted uranium dust ... We suspect depleted uranium. There simply can be no other explanation."

...

www.greatdreams.com/brigid-11-11.htm -

[WILLIE FLOTILLA - THE DANGERS OF SHIPPING PLUTONIUM OVER THE OCEAN](#)

The plutonium, as an oxide, is then mixed with depleted uranium left over from an ... MOX fuel, consisting of 7% plutonium mixed with depleted uranium, ...

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[THE KOREAN LEADER - ATTACK ON AMERICA?](#)

This is a small 'hydrogen bomb' in the 1- to 10-kiloton range without the outer casing of depleted uranium, which in an ordinary hydrogen bomb stops the ...

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[Anti-War Global rallies protest possible US war on Iraq - Oct. 26 ...](#)

... of depleted uranium weapons during the Gulf War; and Shakiral Dujally, Director of Iraqi Democrats Association on democratic opposition parties in Iraq ...

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[Galileo Mission May End in a Blaze of Glory](#)

That is why in a bomb there is a layer of Uranium around it, this acts like a ...
The spacecraft has nearly depleted its supply of the propellant needed for ...

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[DREAMS OF THE GREAT EARTHCHANGES - MAIN INDEX](#)