

## Uranium Coverup 19/21 - Captive science

Radiation at DU sites is measured with the Geiger counter, which is insensitive to certain particles. Portugal science minister Dr. Mariano Gago told reporters DU was a "false problem." His team did not find "the smallest shred of radioactivity in any part of Kosovo." Dr. Fernando Carvalho, waving a Geiger counter, told the reporters that no radiation at all was found.

The politicians spoke before scientific results were in. First UNEP study was unable to detect any wider area of contamination because the team was not adequately equipped to measure certain radiation. NATO "experts" in a study for European Commission were "unable to observe" the health effects below 100 mSv, a low-level, but dangerous effect of a DU particle in the tissue. Dr Bertell commented, "It should be obvious that one changes instruments as measurements become more fine [...] One uses a micrometer to measure the width of a piece of paper, not a metre stick."

The NATO website [[www.nato.int/kosovo/010110du.htm](http://www.nato.int/kosovo/010110du.htm)] indicates corruption at international organizations, research and strategic studies institutes, and universities that were enlisted by Pentagon and NATO to misinform about DU. The Pentagon's "objective" reports are found on many websites that are linked to from independent websites, but looking for them at the NATO website is futile. NATO "research" fails to promptly test the exposed military and civilians. When "testing" is instituted, it is controlled by the military. Former secretary-general of NATO, later EU foreign and security policy chief, Javier Solana was heading NATO ad hoc investigation to prove that DU was safe. Before investigating began, Solana stated there was "no evidence of a link between the illnesses reported by NATO personnel and the use of DU ammunition." A meeting of the ad hoc committee comprising top medical experts could not identify "any increase in disease or mortality in soldiers who have deployed to the Balkans as compared to those soldiers who have not been deployed." With a lightning speed, the committee "examined" thousands of soldiers who served in IFOR, SFOR and KFOR, and not a trivial number of policemen sent to the Balkans.

The European Commission asked a "group of independent experts" whether "hundreds, if not thousands" of EU personnel and contract employees who have worked in the Balkans might face health risks from exposure to DU "slight radioactivity". The report was published on March 6, 2001. The "experts" turned out to be theoretical physicists who knew how to apply recommendations of ICRP, but little about toxicology or biophysiology. The "experts" concluded that "radiological exposure to DU could not result in a detectable effect on human health," and "there was no evidence to support" a hypothesis that exposure to toxic and carcinogenic chemicals could combine with radiation. Scientists S. Kaiser and R. Bertell assessed the EU "expert" opinion to be "useless for the protection of either the veterans or the public, contrary to the expressed intent" and concluded that it "added little to the concerned dialogue about DU."

At the same time, results of independent tests are concealed. The Portuguese defense ministry refused to hand over Hugo Paulino's body who died from leukemia. The ministry deliberately camouflaged his death, citing "herpes of the brain" and refused to allow his family to commission a post-mortem examination. This practice brings to mind cover-ups of Gulf syndrome among US, UK, and allied troops. The veterans have self-organized to defend their rights. Out of about 750 000 Gulf War veterans in the US and UK, reportedly over 200 thousand suffer of the syndrome and over 10 thousand have died. The

authorities push the sick veterans around, deny them proper medical care and compensation. The military doctors diagnose “post-combat” stress. Sick and disabled, they are left without means to survive. Desperation drives many to suicide and assaults on the bureaucracy.

A 1990 revision by the ICRP cut the permitted low-level radiation dose by a factor of five. The US has not accepted that revision, so they claim their soldiers received “safe” doses during the Gulf War. In the US, the Atomic Energy Commission (AEC), a civilian agency headed up by the military, with no interest in exploring the hazards, control the subject of ionising radiation. Each of the four most distinguished scientists who worked for the AEC, John Gofman, Karl Morgan, Thomas Mancuse and Alice Stewart, was intimidated for proving that low-level radiation causes cancer.

A US study of Gulf War veterans has examined just 60 persons since 1993. At least two veterans had cancer. One veteran, believed to have had a heavy exposure to DU, fathered two children born with health problems since the war, but was excluded from the study. Pentagon’s website confirms cancer among the study group, but, in an effort to downplay public concerns, military spokesman, Dr. Michael Kilpatrick have lied to North Atlantic Council ambassadors and NATO press corps in January 2001: “We have seen no cancers or leukemia in this group, which has been followed since 1993.” In June 2001, Col. Francis O’Donnell told scientists from European governments that there have been no cancers among the 60 veterans examined.

In October 2002, vice chairman of US Gulf War veterans Denise Nichols criticized the US administration and the Congress for “lack of accountability” and for a failure “to apply lessons learned” to improve medical care of veterans. Nichols pointed out that the civilians are also unprepared because lessons from the military are ignored: “Doctors and researchers that have seen the reality of Gulf War Illness have desperately tried to help but have been ignored and attacked professionally.” Nichols also referred to Pentagon’s documented practice to sabotage veterans records to hide the real effect of Gulf War, and charged that the government’s control of research funding prevents dissemination of knowledge. At the same time Pentagon do not educate their physicians on Gulf War illness, nor participate in true research, nor provide true treatment options to sick veterans.

In 2002, US veterans protested that samples of their blood and tissue are kept by the military authorities out of reach of independent testing. Testing of veterans authorized by NATO does not measure the right things. DU can be detected in urine - some soluble form of DU always accompany insoluble one, but somehow government tests cannot detect it. Normal levels of uranium in urine do not mean absence of danger and disease, either. Chemical analysis of lymph nodes from dead victims could confirm the lymphatic cause, but there are no government reports of such autopsies.

On October 30, 2001, the Pentagon released a paper on Balkan DU [[http://deploymentlink.osd.mil/du\\_balkans/index.html](http://deploymentlink.osd.mil/du_balkans/index.html)], after Italian and Spanish soldiers fell to leukemia and lymphoma. As if posed to fend critics of possible use of uranium weapons in Afghanistan, the paper has “not found any connections between DU exposure in the Balkans and negative health effects.” Dr. Busby found invalid reference groups in the Italian statistics. His re-analysis indicated 11 times the expected rate. The Pentagon paper cited “work” of the UK Royal Society, WHO, UNEP and ACLS. The second Royal Society report (2002) recognized lethal toxicity following an acute exposure to uranium oxide, but remained oblivious to low doses and radiological consequences. Hard target bombs and missiles were most likely used in Western Kosovo – the sector of Italian, Portuguese and Spanish troops.

A new survey should investigate targets omitted in UNEP Balkan studies.

(c) Copyright Piotr Bein and Karen Parker, 2003. All rights reserved.

Permission is granted to post this text on non-commercial community internet sites, provided the source and the URL are indicated, the paper remains intact and the copyright note is displayed.

To publish this text in printed and/or other forms, including commercial internet sites and excerpts, contact Piotr Bein at [piotr.bein@imag.net](mailto:piotr.bein@imag.net) and Karen Parker at [ied@igc.org](mailto:ied@igc.org)