

Dr. Doug Rokke Address on Depleted Uranium

True Democracy, Spring 2002, Vol. 2, Issue 2

10 November 2000

The following is a copy of the Address given by Dr. Doug Rokke, former head of the Pentagon's Depleted Uranium Project, at the National Vietnam and Gulf War Veterans Coalition 17th Annual Leadership Breakfast, at the U.S. Senate Caucus Room on November 10, 2000. Adrian Cronauer was Master of Ceremonies.

Distinguished Members of Congress, Coalition Leaders, Fellow Warriors, and Guests -- It is a distinct honor to address you today. During the Gulf War I was the U.S. Army health physicist assigned to 12th Preventive Medicine AM theater command staff and the 3rd U.S. Army Medical Command headquarters. I was recalled to active duty 20 years after serving in Vietnam, from my research job with the University of Illinois Physics Department and sent to the Gulf to ensure that all military and civilian personnel were prepared for the anticipated nuclear, biological, chemical, and environmental exposures. I also was assigned to two equally vital special operations teams: Bauer's Raiders and the Depleted Uranium Assessment team.

The preparations for war take many forms. Infantry soldiers learn and practice their combat skills, truck drivers practice maneuvering their rigs to make sure they can deliver supplies, and medical personnel prepare to treat the expected combat casualties. Ideally, preparations are driven by intelligence reports. However as the recent bombing of the U.S.S. Cole shows, commanders may ignore intelligence information and not protect either their personnel or equipment. Prior to the start of Operation Desert Storm military intelligence reports and threats issued by President Saddam Hussein suggested that nuclear, biological, and chemical warfare and environmental hazards (NBC-E) would be employed to win battles.

As we prepared for the battle in the Deserts of Saudi Arabia, Kuwait, and Iraq, medical and combat unit commanders realized that medical personnel must be able to provide emergency medical care to conserve the fighting strength in an NBC-E environment. This required an assessment of medical capabilities. Four deficiencies were identified.

- First, an assessment of existing emergency medical response capabilities in the staging areas located within Saudi Arabia revealed the need to respond to medical emergencies resulting from combat to disease and non-battle injuries (DNBI).
- Second, an assessment of medical personnel arriving in Southwest Asia verified that most of them did not have the knowledge, skills, and attitudes needed to provide medical care for the expected nuclear, biological, chemical, and environmental (NBC-E) casualties much less the conventional weapons casualties.
- Third, we verified that that most operations personnel needed a NBC-E defense refresher course that was specifically designed for verified threats.

- Fourth, we needed to design and construct decontamination facilities, prepare standard decontamination procedures, and train personnel to provide immediate personnel and equipment decontamination.

Consequently, Bauer's Raiders, the 3rd U.S. Army Medical Command theater NBC-E special operations planning and teaching team was formed. Each team member had prior combat experience and was a qualified medical and NBC-E instructor. This team also designed and supervised the construction of the NBC decontamination facilities and provided operations assistance throughout the echelons above corps, corps, and coalition forces.

Since 1991 numerous Department of Defense reports have stated that medical and tactical commanders were unaware of the probable NBC-E exposures and never told about the medical and environmental consequences of these exposures. That is a lie! They were told! They were warned! Immediate and long-term medical care was recommended. The threats, health and environmental consequences, and medical care recommendations were provided in written messages and during courses such as the 3rd U.S. Army Medical Command & ARCENT Medical Management of Chemical and Biological Casualties, the NBC-E defense refresher course, the Combat lifesaver course, and the Decontamination procedures course which we taught to over 1200 military personnel in the theater between December 1990 and February 1991. I gave the classified threat briefing, specifically identifying the anticipated NBC-E exposures, taught the NBC-E defense refresher course, the combat lifesaver course, and decontamination procedures course. Thus I can confirm that commanders knew what to expect and how to be prepared!

Another important fact is that although Department of Defense officials have stated over and over that the vital chemical and biological logs were misplaced or lost, U.S. Government Accounting Office representatives and the Pulitzer prize winning author Seymour Hersch have verified that these logs were ordered destroyed in Florida during December 1996 while Congressional committees were conducting hearings on potential exposures.

As the DU assessment team health physicist and medic I was responsible for planning and implementing DU (Uranium 238) contaminated equipment and terrain clean up and for providing medical care recommendations for exposed personnel. As we surveyed the battlefield it became obvious that we had serious equipment, terrain, and medical problems requiring immediate action. Although effects of uranium exposure have been identified, the effects from combat exposure during ODS were unknown. We had over 100 friendly fire U.S. casualties and several hundred others with verified exposures because of their U.S. Department of Defense assigned duties. We also observed what is known as "Tours Are Us". This event was numerous individuals visiting and climbing all over contaminated and destroyed equipment and terrain without wearing any protection. I immediately contacted unit and the theater medical command staff to recommend medical care for all exposed individuals. Consequently, the theater occupational health physician wrote and then distributed immediate medical screening and care guidelines on June 13, 1991. As verified by GAO officials, it was ignored then and still is today.

Upon our return to the United States our team continued to recommend immediate medical care for DU exposures. I described DU hazards and exposures and once more recommended

immediate medical care during an Occupational Medicine conference held during February 1992 at Wright Patterson Air Force Base, Ohio. Based on reports the Government Accounting Office issued recommendations for medical care, environmental remediation, and training during January 1993.

On June 8, 1993, the Deputy Secretary of Defense ordered then Secretary of the Army Togo West to "complete medical testing of personnel exposed to DU contamination during the Persian Gulf War". During August 1993, then Brigadier General Eric Shinseki signed the order on behalf of the Army. This order, in most cases, is still disobeyed without any accountability. A Headquarters, Department of the Army memorandum dated October 14, 1993 specified DU exposures that required medical screening and care. Although these directives and Army regulations require medical screening care for those exposed to uranium contamination, representatives of the Department of Defense and Veterans affairs continue to deny or delay medical screening and care.

Today, affected individuals include military personnel from all nations that were involved, civilian non-combatants and even residents of Vieques, Puerto Rico, Okinawa, Tennessee, Kentucky, Kosovo, Serbia, Kuwait, and Saudi Arabia. The wartime and now peacetime decision that you could just shoot solid rods of uranium 238 (DU) anywhere without providing medical care for all exposed persons and without cleaning it up is a crime against God and the citizens of the world.

Recently, the U.S. Navy willfully used DU munitions during peacetime exercises on the Puerto Rican Island of Vieques in violation of laws and regulations. Still there is no accountability for these actions that spread radioactive waste that causes indiscriminate harm to all that are exposed for 4.5 billion years unless contamination is cleaned up. I ask: Would any of you want hundreds if not thousands of rods of solid uranium weighing up to 10 pounds each lying in your backyard? Of course not. So why should it be anywhere?

Depleted uranium was only one of the verified exposures which also included chemical warfare agents, biological warfare agents, pesticides, industrial chemicals, endemic diseases, sand (El Eskan disease), food borne illnesses, water borne illness, organic and inorganic byproduct compounds from oil well fires, airborne particulates, asbestos, cleaning compounds, low level radioactive materials, and then the deliberate immunizations and drugs designed to protect individuals from verified threats.

Many exposures were caused by our deliberate actions. We knew where Iraqi chemical and biological chemicals were stored. So as General Schwarzkopf wrote in his autobiography *It Doesn't Take a Hero*, we decided to blow them up with artillery rounds and aerial bombardment. Consequently chemical, biological, and radiological warfare materials were released. We had specifically discussed this anticipated consequence and that medical care would be required for any exposures. Consequently, with these releases, thousands of chemical agent alarms were going off all the time all over the battlefield documenting exposures. A couple of weeks ago, DOD officials announced that they were modifying the exposure list again.

It seems peculiar that 10 years after the fact and ten years after alarms went off that the exposure list is modified once more based on DOD analysis. Why can't the assumption be

made if an individual was near an alarm that went off that they were exposed? Yet, today, DOD officials still claim the alarms were all false alarms. If the alarms are ineffective who is responsible and why are they still in use? Because the logbooks were lost according to DOD officials, so there is no record of who was exposed based on alarm activation reports. Thus official denials continue to conflict with reality. And yet we wonder why confidence in DOD leadership has eroded!

During the battle as enemy industrial and agricultural facilities, schools, businesses, and hospitals were destroyed, individuals were exposed to released hazardous materials. Then as we prepared for battle, conducted battle, and cleaned up after the battle we exposed our soldiers to more hazardous materials. For example, after the completion of the ground war, a senior logistics officer and I were sent into Iraq by LTG Franks to clean up the 7th Corps hazardous waste dump. It was a total mess with observable releases and spills resulting in additional adverse health and environmental effects.

We also decided, based on the verified threats, to immunize our troops against a whole host of diseases and biological warfare toxins such as anthrax and botulism. If immunizations had been maintained rather than giving individuals four or five or even more simultaneous immunizations we could have reduced adverse effects on the immune system. But we did not. We gave individuals numerous shots at the same time and then did not keep track of what was given or what adverse reactions occurred. We messed up immune systems before deployment.

Basically, after we declared war we had to immunize everyone. As I administered hundreds of anthrax and botulinum shots in Saudi Arabia, I could only wonder why we were ordered not to record any information. Once more, our actions to protect individuals against a verified threat ignored common sense. Today we know that the anthrax manufacturing process was never inspected and approved by the FDA before 1993 and today the FDA still has not approved the facility.

We also know that there are adverse short term and probably long-term effects. The anthrax vaccine that we administered was licensed for prevention of cutaneous and not respiratory anthrax. Then just within the last month, Department of Defense officials finally admitted after continued denials that an illegal adjuvant, squalene, was used instead of alum in some vaccine batches. Consequently, we probably reduced the ability of the immune system to fight off the multitude of exposures that occurred.

Pesticides proved to be yet one more problem. Although, pesticides were ordered from official Department of Defense sources, they did not arrive in sufficient quantities so we were required to buy them on the open market to control a verified threat. Consequently, who knows what we actually used and what adverse effects could be related to their use?

The confirmed nerve agent threat resulted in the use of PB, which is actually a reversible bond nerve agent, in an attempt to reduce the effects of chemical warfare nerve agents such as Sarin, VX, Soman, Novachuks, and Multiple 7. PB can be compared to spraying gumdrops with Raid or Black Flag and then eating them. We expected adverse reactions from consumption of PB because it is a carbamate pesticide compound. Therefore, we made sure that NBC operations and medical personnel knew of potential adverse effects. Again,

we knew there would be health effects and yet commanders decided to ignore our warnings and force individuals to eat PB tablets. As part of our discussions we also identified and warned about the anticipated interactions between pesticides, nerve agents, and drugs such as PB (pyridostigmine bromide / mestinon). Official Department of Army medical records confirm that over 50% of the individuals who took the PB got sick with nerve agent effects. Oh well, another anticipated adverse health effect to ignore.

Food and water problems were all over. We could not ensure that Saudi government supplied food preparation and serving personnel met even basic U.S. public health requirements. We saw too many food borne health problems which once more caused adverse health problems. Severe diarrhea was observed in troops eating at the mess hall located in the tent camp just off of King Abdul Azziz Airfield in Riyadh during December of 1990.

I was one of the casualties. We traced the problems to contaminated food. Similar problems occurred all over the theater of operations through at least May 1991. At one time during April we had so many at KKMC that were sick and because we did not have the medical supplies required to treat them, we just let them ride it out without medical care. That was wrong! We do not even know if some type of biological agent was introduced via sabotage into our food supply or if troops crossed contaminated areas. We do know that food was purchased and served that had been grown in night soil which is untreated sewage. We established strict rinsing and cleaning requirements during food preparation. However, without complete control of food preparation personnel, we do not know if these guidelines were followed.

Water borne problems occurred during bathing, drinking, food preparation, and decontamination. Rashes were observed in troops taking baths at Eskan Village and so we had to order no baths or use of chlorine to sanitize the bath water. This created a problem for female hygiene efforts. Even with use of chlorine to sanitize the water before use, rashes abound! The Star Lighter showers which used water from a box which was open to the air also caused problems, especially when water mixed with oil well combustion byproducts or other contaminants was used for bathing and washing clothes. We reported skin irritation upon taking a shower at King Kahlid Military City (KKMC) and other areas. Uniforms and clothes must be kept clean, yet my own DU team had to use the Star Lighters to clean our clothes while we took showers. So more contamination was spread on the ground. We did not have alternative choices to wash our contaminated clothes. The Service and Supply (S&S) Bath unit would not let us near their equipment and rightfully so for safety. I wonder how we will keep uniforms and equipment clean in the future?

The burning of the oil wells as Iraqi forces retreated was an excellent tactical operation. Health and environmental problems started immediately. Members of our unit were dispatched to conduct an initial assessment of potential risks. It was obvious that incomplete combustion of inorganic and organic compounds was occurring and that these were being released into the air and onto terrain causing immediate respiratory and skin problems. The released mixture was so thick that we used sticks to scrap the junk out of our nose, ears, and mouth. We reported immediate splitting headaches, breathing problems and burning skin. Official on-site medical command reports said that exposures were causing immediate adverse health problems. Consequently, we, by unanimous agreement, prepared, issued, and distributed the medical command directive that no one should be exposed to any oil well fire

byproducts without respiratory and skin protection.

We tried, yet, history proves that this directive was disregarded and now we suspect that the observed illnesses are caused in part by oil well fire byproduct exposures. Today, the full list of byproducts has been published and any first year environmental chemistry or other student studying hazardous materials would agree that you should *never* expose anyone to even one of these pollutants much less the entire combination. Once again, hazards were recognized, warnings were issued, and recommendations ignored.

As we provided emergency medical care we wrote reports identifying respiratory problems, rashes, diarrhea, neurological, bone muscle injury, immediate problems from PB use, and immediate problems from oil well byproduct exposures. These medical problems were annotated into individual medical records as they occurred. Although medical records did exist before individuals and units were redeployed the records disappeared. Oh well, if there is not any diagnosed evidence of adverse health effects . . . there is not any problem.

Medical personnel who performed the redeployment physicals deliberately ignored reported problems and denied that any exposures occurred. I tried to get my verified exposures listed but they said none occurred and refused to list the exposures or treat my respiratory and rash problems.

Once we returned to the U.S. the observed health concerns forced the U.S. Department of Defense to initiate the Comprehensive Clinical Evaluation Program (CSEPP). I went through the program during which serious medical problems were found that my VA physicians now know were caused by wartime exposures. Yet, despite my best efforts the CSEPP program physicians refused to provide the medical tests required to verify known exposures. However, even the diagnosed problems that they did verify were never placed in my official military medical file.

My medical reports, along with hundreds of others, were separated, locked up in a special room at Noble Army Hospital, Fort McClellan, Alabama, until I was told they were there and I was finally able with intervention to obtain these secret files during the fall of 1997. They were sent to me in the mail. I then had my Army Reserve Command Chief Nurse review the medical evidence and insert them into my official military medical file.

Yet, it is worse. As we completed the Depleted Uranium Burn Test at the Department of Energy Nevada Test Site in November 1994, DOE medics performed a radio-bioassay on me that found 5,000 times the permissible level of uranium in my body. Then they never told me for 2.5 years. Again a deliberate action to deny medical care by preventing correlation of exposures to adverse health effects!

I am painting a picture that shows we knew about the threats, warned commanders about the threats, recommended medical care that was and is still ignored, and that our leadership has abandoned the troops for political purposes. Yet it gets worse. While preparing to conduct our command level briefings and courses two senior Army medical officers came from Aberdeen Proving Grounds, Maryland to make sure we limited our information to commanders and medical personnel. In other words, do not tell them -- they will not know -- and we will not be responsible.

These two senior officers went to my unit commander and told him to force me to stop making sure the commanders and troops knew about the hazards and were ready to respond to the anticipated exposures and consequence health and environmental problems. After that failed they went to the 3rd U.S. Army Medical Command Staff to force us to stop and that failed! There were and still are dedicated professionals who care! Yet despite our best efforts the exposures occurred and today individuals are sick and medical care was and still is denied! Exposures will continue because despite our efforts environmental remediation has been delayed or not completed.

To paraphrase 1950's television program title; "I Was There!" We knew. We warned. We were ignored. Today we are still ignored. Today, too many individuals around the world are suffering and dying because of our deliberate actions. In simple words, the battlefield was a toxic soup to which all civilians and military were exposed. Reported, observed, and verified medical problems include: respiratory problems, rashes, cancer, dental problems, eye problems, muscle weakness, neurological problems, birth defects, sexual dysfunction, kidney problems, memory problems, pain, cardiac problems, blood problems, thyroid problems, liver problems, and immune system failures.

Although, *official* denials continue, when you see the same health problems over and over again in individuals from around the world then we must acknowledge a cause and effect relationship and accept responsibility to provide medical care.

Today, many of us, including scientists, physicians, pastors, and others who decided to speak up about what occurred, why it occurred, what should have been done years ago, and what should be done now, have lost jobs, experienced retaliation, and been threatened by Department of Defense, Department of the Army, and Department of Veterans Affairs officials. The direct and indirect threats, warnings, and attacks also have been directed to our family members to bring pressure on us to stop demanding accountability.

This is all about liability! Therefore the truth must be suppressed! If what happened is acknowledged, then specific individuals within our government and other governments will be required to accept responsibility for the consequences of deliberate actions. The health and environmental problems are not limited to Iraq or surrounding areas. Similar adverse health and environmental effects have been identified within and around U.S. military installations or Department of Energy facilities in Alabama, Washington, California, Alaska, Tennessee, Korea, Panama, Germany, Philippines, Maryland, Nevada, Florida, and especially surrounding the U.S. Navy range on the Vieques, Puerto Rico. I recently had the father of a warrior stationed in California come up to me while I was eating supper in a restaurant outside Chicago to ask for help in obtaining medical care for his family who was sick from exposures.

Another dangerous location is Calhoun County (Fort McClellan) Alabama. Extensive PCB contamination mixed with contamination from DOD activities and the potential release of nerve and mustard agents during weapons incineration without any effective emergency response threatens the residents and the environment. DOD and Army representatives have told the residents of Calhoun County to just close their doors and windows and hold their breath in the event of releases. Oh my god!

Recently, Denver Colorado residents were faced with the discovery of a bomb containing the nerve agent Sarin in a garbage dump. Somehow, Army officials had lost it! Then in a new press report dated November 1, 2000 the Army admitted that there may be more lost Sarin bombs lying around the Rocky Mountain facility. No wonder very few individuals trust DOD Leaders.

No matter where I go, I encounter individuals or families members seeking help. I receive telephones call day and night. Individuals approach members of my family asking for help. Physicians and scientists attending an international conference this past weekend at Manchester, England described, discussed, and carefully verified the serious adverse health problems from chemical, biological, and radiological materials releases.

The cancer rates, birth defects, neurological problems, respiratory problems, rashes, kidney problems, and many other medical problems seem to be increasing throughout Iraq, Kuwait, Serbia, Korea, England, France, Australia, Canada, Japan, the U.S. and the Vieques, Puerto Rico.

Basically the official denial of exposures and consequent adverse health and environmental effects has been ongoing for years. The dilemma is that we made decisions based on verified threats and the tactical situation which were correct at that time, but then since 1991 DOD and VA officials have ignored the consequences of these decisions and refuse to accept responsibility for current adverse health and environmental effects. The evidence exists and is increasing so we must acknowledge the adverse health and environmental effects of our actions.

So what are our national obligations? Two hundred and twenty-four years ago, the Minutemen of Massachusetts responded to a call to arms and our Nation was born. Now, ten years after the Gulf War and the abandonment of our nation's military personnel and their families, recruiting and retention to fill our military forces with dedicated men and women is failing because Warriors have been denied earned medical care and too many are living on food stamps! Our nation is at risk!

I and others have sent numerous messages to the Honorable Dr. Bernard Rostker, Deputy Secretary of Defense, who was not there, whose staff was not there, and whose staff still ignores the warnings and recommendations of those of us who were there, for political and economic reasons. It is painfully obvious that DOD and VA officials have no intention of accepting responsibility for what has happened! The reason is very simple. If they acknowledge what happened to our nation's heroes and accept responsibility for medical care and environmental remediation then these same officials must acknowledge the consequences of our actions on non-combatants and enemy forces around the world. We suggested that Dr. Rostker, Secretary of Defense Cohen, or President Clinton state that:

During the Gulf War essential decisions to protect our warriors and win the war were made based on the tactical situation and verified threats. Today, we know that those decisions and our deliberate actions have resulted in serious adverse health and environmental consequences. We can no longer ignore the consequences of our deliberate actions. We apologize to our warriors, our warrior's families, and the citizens of the world. We resolve to provide medical care or medical care recommendations and complete environmental remediation.

Although, we have offered this solution many times it is ignored! We owe the combat veterans of our nation the medical care they earned! We must provide all warriors with education and training to ensure combat readiness and prevent a repeat of what has occurred. We must provide military personnel with all of the operational equipment they need to complete their assigned missions.

We must hold those officials who have willfully harmed our nation's heroes accountable for their deliberate actions. We must force a stop to the retaliation against those warriors who try to tell the truth and who epitomize our nation's ideals expressed so eloquently by General Douglas MacArthur's three immortal words: Duty, Honor, Country.

We have the ultimate obligation as leaders of the world to provide medical care or medical care recommendations to all that are sick. Finally we have an obligation to complete environmental remediation of contamination caused by our deliberate actions throughout the United States and the rest of the world!

I want to recite a poem that I wrote in memory of SFC John Sitton, a Vietnam and Gulf War Veteran, who answered his nation's call during two wars. He was my friend. He is a true American hero because he set up and ran the 3rd U.S. Army's medical evacuation radio communications system during the Gulf War. It is ironic that the warrior who saved so many lives died abandoned on the battlefield of political denials.

Forgotten Warriors

One moment an individual was walking through a meadow of flowers.
In the next moment sons, daughters, husbands, and wives became soldiers.
They defended our nation and paid with their life or health.
The Citizen Soldier -- The Minuteman.
Our nation is built on their willingness to respond to our nation's call.
Some fought in the jungles of Vietnam, yet many responded to fight in a distant desert war.
They fought with skill and determination and freed a land.
Then our nation's warriors returned home to parades and parties and joy spread from shore to shore.
But when the glow subsided the warriors remained alone and forgotten.
We asked them to fight and then forgot to provide them medical care.
We research and study and search for a cause delaying response through ignorance and fear.
Yet the forgotten warriors suffer in silence with honor and hope.
For all the forgotten warriors want is medical care.

Ladies and gentlemen: we have an obligation to do what is right for God, our warriors, and the citizens of the world! I will never quit until all individuals are cared for and environmental remediation is completed. I was ordered to complete that mission as a soldier and I will succeed even in the face of adversity! Today, I ask you to help. Unlike another warrior, I am one soldier who will not just fade away.

Copyright © 2000 Doug Rokke
Copyright © 2002 *True Democracy*
Reprinted for Fair Use Only.