False Negatives

Facts and Fiction about Depleted Uranium and US Veterans

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Palais des Nations
Geneva, Switzerland
2 April 2008
Part I: Has DU Affected US Gulf War Veterans’ Health?

- How many veterans were exposed?
- How much were they exposed to?
- Is the VA study of veterans sufficiently large to inform policy decisions about Gulf War veterans’ health care and benefits?
- Have all observed, clinically-significant health effects among study participants been reported?
# U.S. Use of DU Munitions in Combat

*(Fahey *In press*)

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>Number of Rounds</th>
<th>Weight (kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991: Saudi Arabia, Kuwait, Iraq</td>
<td>&gt;860,000</td>
<td>286,000</td>
<td></td>
</tr>
<tr>
<td>1994-1995: Bosnia</td>
<td>10,800</td>
<td>3,200</td>
<td></td>
</tr>
<tr>
<td>1999: Kosovo, Serbia, and Montenegro</td>
<td>31,800</td>
<td>9,500</td>
<td></td>
</tr>
<tr>
<td>2001-2008: Afghanistan</td>
<td>?</td>
<td>?</td>
<td></td>
</tr>
<tr>
<td>2003-2008: Iraq</td>
<td>&gt;200,000</td>
<td>Est. 100,000 to 150,000</td>
<td></td>
</tr>
</tbody>
</table>
DU in the 1991 Gulf War

Primary Areas of DU Expenditure

Troops not warned of DU hazards

- 1991: 29 U.S. vehicles and hundreds of Iraqi vehicles contaminated by DU
- More than 100 U.S. soldiers in vehicles survive DU impacts
- Dozens to hundreds of troops involved in rescue operations and recovery of vehicles
- “Thousands” of troops in contaminated battlefield areas
- July 1991 Doha, Kuwait munitions fire: soldiers not warned of DU hazard during the fire or subsequent clean-up
Veterans’ exposure estimates should be compared to “Members of the Public” limits on intake

- Occupational workers receive training, hazard warnings, protective equipment, and testing for exposure
- The vast majority of Gulf War veterans’ received no training, hazard warnings, protective equipment, or testing for exposure
<table>
<thead>
<tr>
<th>U.S. Army Estimates and U.S. Government Recommended Limits on Intake (RLI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Fahey <em>In press</em>)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>U.S. Army “Most Likely” Estimate</strong></th>
<th><strong>U.S. Army “Upper Bound” Estimate</strong></th>
<th><strong>U.S. RLI Members of the Public</strong></th>
<th><strong>U.S. RLI Occupational Workers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Soldiers in an armored vehicle penetrated by a DU round</td>
<td>10-280 mg / 1 min 43-710 mg / 10 min</td>
<td>91-970 mg / 1 hr 110-1,000 / 2 hrs</td>
<td>No estimate 0.05 mg / 15 min 0.5 mg / day</td>
</tr>
<tr>
<td>Soldiers who enter vehicles to rescue occupants immediately after a DU impact</td>
<td>27-200 mg / 10 min</td>
<td>No estimate</td>
<td>0.18 mg / 15 min 2 mg / day 10mg / week 480 mg / year</td>
</tr>
<tr>
<td>People who work in and around DU-impacted equipment</td>
<td>0.45 mg / 1 hr (inhalation) 10.6 mg / 1 hr (ingestion)</td>
<td>14.5 mg / 10 hrs (inhalation) 10.6 mg / 10 hrs (ingestion)</td>
<td></td>
</tr>
</tbody>
</table>
# Royal Society Estimates and International Recommended Limits on Intake (RLI)

(Fahey *In press*)

<table>
<thead>
<tr>
<th>Royal Society “Central” Estimate</th>
<th>Royal Society “Worst Case” Estimate</th>
<th>International RLI Members of the Public</th>
<th>International RLI Occupational Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soldiers in an armored vehicle penetrated by a DU round</td>
<td>250 mg / 1 min</td>
<td>5000 mg / 1 hour</td>
<td>0.035 mg / day 4.5 mg / year</td>
</tr>
<tr>
<td>Soldiers who enter vehicles to rescue occupants immediately after a DU impact</td>
<td>250 mg / 1 min</td>
<td>5000 mg / 1 hour</td>
<td></td>
</tr>
<tr>
<td>People who work in and around DU-impacted equipment</td>
<td>1 mg / 1 hour (inhalation) 0.5 mg / 1 hour (ingestion)</td>
<td>200 mg / 10 hours (inhalation) 50 mg / 10 hours (ingestion)</td>
<td>0.18 mg / 15 min 2 mg/day 130 mg/year</td>
</tr>
</tbody>
</table>
DoD-reported Potential DU Exposures among Gulf War Veterans v. DU-exposed Gulf War Veterans Examined by VA's DU Program 1992-2005

Year | Number of Veterans | Examined by DU Program | DoD: total potentially exposed
--- | --- | --- | ---
1992 | 35 | 33 | 35
1993 | 35 | 29 | 35
1994 | 35 | 50 | 87
1996 | 32 | 884 | 884
1997 | 36 | | |
DoD-reported Potential DU Exposures among Gulf War Veterans v. DU-exposed Gulf War Veterans Examined by VA's DU Program 1992-2005

Jan. 1998: DoD reports "thousands" of potential DU exposures among Gulf War Veterans

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Veterans Examined by DU Program</th>
<th>DoD: total potentially exposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>33</td>
<td>35</td>
</tr>
<tr>
<td>1993</td>
<td>29</td>
<td>35</td>
</tr>
<tr>
<td>1994</td>
<td>50</td>
<td>35</td>
</tr>
<tr>
<td>1995</td>
<td>39</td>
<td>87</td>
</tr>
<tr>
<td>1996</td>
<td>32</td>
<td>2000</td>
</tr>
<tr>
<td>1997</td>
<td>36</td>
<td>884</td>
</tr>
<tr>
<td>1998</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>1999</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>36</td>
<td></td>
</tr>
</tbody>
</table>
DoD-reported Potential DU Exposures among Gulf War Veterans v. DU-exposed Gulf War Veterans Examined by VA's DU Program 1992-2005

Jan. 1998: DoD reports "thousands" of potential DU exposures among Gulf War Veterans

2000: DoD reports 836-932 potential Level I/II DU exposures; "unknown" Level III exposures

Examined by DU Program

- 1992: 33
- 1993: 35
- 1994: 35
- 1995: 35
- 1996: 35
- 1997: 35
- 1998: 35
- 1999: 35
- 2000: 35
- 2001: 35
- 2002: 35
- 2003: 35
- 2004: 35
- 2005: 35

DoD: total potentially exposed

- 1992: 35
- 1993: 35
- 1994: 35
- 1995: 35
- 1996: 35
- 1997: 35
- 1998: 35
- 1999: 35
- 2000: 35
- 2001: 35
- 2002: 35
- 2003: 35
- 2004: 35
- 2005: 35

Year
DoD-reported Potential DU Exposures among Gulf War Veterans v. DU-exposed Gulf War Veterans Examined by VA’s DU Program 1999-2007

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>50</td>
</tr>
<tr>
<td>2000</td>
<td>39</td>
</tr>
<tr>
<td>2001</td>
<td>32</td>
</tr>
<tr>
<td>2002</td>
<td>32</td>
</tr>
<tr>
<td>2003</td>
<td>36</td>
</tr>
<tr>
<td>2004</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
</tr>
</tbody>
</table>

- Examined by DU Program
- DoD: total potentially exposed

43 individual veterans examined 2001-2005
Is the study large enough to predict future health effects in veterans?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>
| • VA, 1993: “The small size of the population [33 veterans]...[makes it] highly unlikely that definitive conclusions concerning cancer induction will be obtained from the study.” | • McDiarmid et al 2001: “Observations in this group of [50 veterans] prompt speculation about the health effects of DU in other exposure scenarios.”
• McDiarmid et al 2004: “Findings observed in this chronically exposed cohort [39 veterans] offer guidance for predicting future health effects in other potentially exposed populations...” |

What accounts for this change in opinion on the significance of the study size?
Politics, Science, and DU
1999-2001

• 1999
  – US shoots DU during Kosovo conflict
  – Hodgkin’s lymphoma and bone tumor observed in DVA study

• 2000
  – DU controversy erupts in Europe
  – DU (and US and NATO) blamed for leukemias, cancers

• 2001
  – In Europe, Pentagon officials deny any cancers in VA study
  – Dr. McDiarmid publishes *BMJ* article at the height of the European controversy; no mention of Hodgkin’s lymphoma or bone tumor
October 1999 meeting attended by Dr. Kilpatrick:
“One of the thirty [new veterans]...has Lymphoma.”

Meeting with Dr. Melissa McDiarmid and her staff on October 15, 1999 to discuss the Baltimore DU Follow-Up Program and the Extended Follow-Up program.

DISCUSSION:

1.) On October 15, 1999, from 10AM to 12:30PM a representatives from OSAGWI met with VA representatives to discuss the DU medical follow-up programs. The following individuals were in attendance:

**OSAGWI Representatives**
Dr. Bernard Rosker
Dale Vesser
Capt. Steve Wellock
Col. O'Donnell
Dr. Mike Kilpatrick
Dr. Kelley Brix
Dr. David Case
Patrick Williams

**VA Headquarters Representatives**
Dr. Susan Mahler
Dr. Mark Brown
Bob Devesy
Dr. Neil Ochon
Dr. John Kraemer

**VA Baltimore Representatives**
Dr. Mohammed Al Abraham
Dr. Melissa McDiarmid
Dr. Katherine Squibb

**PSOB Representatives**
Dr. Alan Steinman (On conference phone)
Mike Naylor
Bill Taylor

6.) Dr. McDiarmid said that 30 new veterans had been added to the Baltimore Follow-up program, including four with shrapnel detectable on x-rays. The four shrapnel cases were the only new Baltimore program participants who had urinary uranium levels above 100 ng/g creatinine. One of the thirty, a non-shrapnel case, has Lymphoma. Dr. McDiarmid believes that some of the thirty new patients have not been identified as friendly fire victims by DoD. She promised to ask these individuals if they would like to call OSAGWI.
Depleted Uranium

Michael E. Kilpatrick, MD
Office of the Special Assistant
(703) 578-8510

COL Eric G. Daxon, PhD, CHP
US Army Medical Command
(210) 221-6612
Medical Surveillance

- Medical surveillance of individuals in or on vehicles hit by DU friendly fire
  - No cancers or leukemias
  - No subsequent medical problems from the DU exposure
  - One third with embedded DU fragments
  - Urine uranium levels normal in those without DU fragments
McDiarmid’s *British Medical Journal* article
“Depleted uranium and public health,”
20 January 2001

- “None of these veterans [15 with DU fragments] has leukaemia, bone cancer, or lung cancer.”

- Why no mention of Hodgkin’s lymphoma or bone tumor?
McDiarmid et al (Dec. 2001) article downplays significance of Lymphoma finding, ignores bone tumor:

• “Of note, there was one report of Hodgkin’s disease in a newly identified member of the low urine uranium group. First diagnosed approximately 4 years after his Gulf War service, neither his private physicians nor he believed it to be DU-related. Hodgkin’s disease is not thought to have any known major risk factor, including radiation.”

• Why no mention of bone tumor?
Institute of Medicine
DU report (2000):

• “The lymphatic system is an important potential target for uranium radiation because inhaled insoluble uranium oxides can remain up to several years in the hilar lymph nodes of the lung. Studying the effect of uranium exposure on lymphatic cancer is more difficult than studying lung cancer because lymphatic cancer is much less common.”
Hodgkin’s Lymphoma Incidence
(Fahey *In press*)

- **1999 VA DU Program**: 1 per 50 veterans
  (Equivalent to 2,000 per 100,000)

- **1999 U.S. Public**: 2.8 per 100,000 people
  (3.0 for men, 2.5 for women)
  - 5.4 per 100,000 for men and women aged 25-29
  - 4.1 per 100,000 for men and women aged 30-34
“With the exception of the elevated urine U excretion, no clinically significant, expected U-related health effects have yet been identified in veterans with or without embedded fragments…”

- Why no mention of Hodgkin’s lymphoma or bone tumor?
- Are we getting the whole truth in journal articles written by VA study directors?
## Summary of Reporting of a Hodgkin’s Lymphoma and a Bone Tumor Among Veterans in the DU Program

<table>
<thead>
<tr>
<th>Date</th>
<th>Document</th>
<th>Hodgkin’s Lymphoma Mentioned?</th>
<th>Bone Tumor Mentioned?</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 15, 1999</td>
<td>Summary of DoD-DVA meeting on the DU Program, which included Kilpatrick and McDiarmid</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>January 10, 2001</td>
<td>Kilpatrick and Daxon briefing at NATO HQ, Brussels</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>January 20, 2001</td>
<td>McDiarmid editorial in the <em>British Medical Journal</em></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>December 2001</td>
<td>McDiarmid et al summary article on 1999 exams</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>February 2004</td>
<td>McDiarmid et al summary article on 2001 exams</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>March 2006</td>
<td>Squibb and McDiarmid article summarizing findings of the DU Program, 1993-2005</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>July 2007</td>
<td>McDiarmid et al summary article on 2005 exams</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
Has DU Affected Gulf War Veterans’ Health?

- How many veterans were exposed? “Thousands.”

- How much were they exposed to? Unknown.

- Is the VA study of veterans sufficiently large to inform policy decisions about Gulf War veterans health care and benefits? No.

- Have all observed, clinically-significant health effects among study participants been reported? No.
Part II: Testing Issues
For Iraq and Afghanistan Veterans

- Is the selection process excluding people who report they might have been exposed to DU?

- Is the testing method resulting in false negatives for veterans with Level II and III exposures?

- Why isn’t DoD using the best available test for veterans?
### GAO 2004 Survey: Servicemembers’ Indications of Suspected DU Exposure and Referrals

Excerpt from GAO Briefing for The Honorable Bob Filner, 30 September 2004

<table>
<thead>
<tr>
<th>Installation</th>
<th>Number Indicating “Sometimes” or “Often” Exposure</th>
<th>Referral Made for DU Exposure Follow-up</th>
<th>Health Care Provider Determined No DU Referral Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moody AFB</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total (N=146)</td>
<td>19</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Total (N=1,126)</td>
<td>32</td>
<td>3</td>
<td>26</td>
</tr>
</tbody>
</table>
Service Summary of OIF DU Test Results
1 June 2003 to 30 September 2006
(Winkenwerder 2007)

<table>
<thead>
<tr>
<th>Total Tested</th>
<th>Confirmed DU in Urine</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,161</td>
<td>9</td>
</tr>
</tbody>
</table>

- All nine personnel testing positive for DU have DU embedded fragments or fragment injuries
- Have there been zero inhalation exposures in Iraq since 2003?
Army Guidelines Acknowledge Limitations of Current Testing Method

(U.S. Army Medical Command, “Medical Management of Army Personnel Exposed to Depleted Uranium (DU),” 5 March 2005)

(c) Post-exposure urine specimens should be collected within 180 days of suspected DU exposure. Because deployments may last longer than 180 days, collection may be deferred until redeployment. Urine specimens collected more than 180 days after exposure remain valid for Level I exposures but may not support the documentation of Level II and Level III exposures to DU. In accordance with DoD policy, an identified Level II Soldier will have a urine specimen collected; a Level III potentially exposed Soldier does not require DU bioassay; however, a physician may choose to perform one based on medical indications or on the potentially exposed individual’s request.

- Why use a test with a 180-day period of validity?
- Why use a test that “may not support the documentation of Level II and Level III exposures to DU”?
- Does this explain why only veterans wounded by DU fragments have tested positive for DU?
What about OEF Exposures?

- How and where were DU munitions used during OEF?
- Have US troops operated in areas of Afghanistan where the Soviets used DU munitions during the 1980s?
- How many OEF veterans (including those who served at K-2 in Uzbekistan) have been tested for DU exposure, and what are the results?

Environmental Conditions at Karshi Khanabad (K-2)

A Collaborative Effort of DHCC, AFIERA, NEHC, and USACHPPM

What kind of assessment was done at K-2?

Dirt contamination with asbestos and low-level radioactive processed uranium, both from the destruction of Soviet missiles several years ago.

Finally, the amount of dust and other particles in the air was often high, varying with the season and weather, e.g., dust storms.

What did post-deployment surveys show?

Service members are supposed to fill out a post-deployment survey (DD Form 2796) before leaving the theater. This is one of the ways the services monitor the conditions experienced by deployed troops. Of those surveys in which service members reported exposure concerns, the most common concerns were depleted uranium, petroleum products, tuberculosis, radiofrequency exposure, and general radiation exposure.
Testing Issues
For OIF and OEF Veterans

• Is the selection process excluding people who report they might have been exposed to DU? Yes.

• Is the testing method resulting in false negatives for veterans with Level II and III exposures? Potentially.

• Why isn’t DoD using the best available test for veterans? Are financial and political considerations more important than accurate test results?
Conclusions

1. US Department of Defense officials have lied about the existence of cancer among veterans in the US study
2. US government is using an inappropriate test for determining DU exposure, potentially leading to many false negative results
3. US government statements about DU are politically-motivated and should not be considered truthful or scientific
References (1)

• Department of Veterans Affairs (DVA), Baltimore VAMC. 23 September 1993. “Department of Veterans Affairs Program for the Follow-up and Monitoring of Gulf War Veterans with Imbedded Fragments of Depleted Uranium, Draft.”


References (2)


