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A MATTER OF INTEGRITY

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Revised – October 27, 2009

As this war proceeds too many of our sons and daughters are dying. War is touching each and every one of us and at some point we must stop the madness. Our small community has now been touched by death of two of our loved ones in just two weeks - Chris Rudzinski and Dave Audo. I pray that GOD has already taken them into his arms and that God provide's comfort too all of those who loved these young men.

And my thoughts: "YOU ARE GOING TO WAR"-- those words echoed through my mind, bringing back memories of my Vietnam experiences, as I sat down in my physics research laboratory at the University of Illinois after receiving a telephone call from the Lieutenant Colonel I worked for in the Army Reserve during November 1990. I knew this would happen after Iraq invaded Kuwait during August 1990. I just did not know when my activation order would arrive. Anyway, on Thanksgiving Day 1990 I would be on my way to war again just as I did on Thanksgiving Day of 1969. Twenty-one years to the day after going to South East Asia (Vietnam War) for the 2nd time, I was going back to war for the third time. Significant events in my military career all revolve around Thanksgiving Day because I was released from active duty once more just in time for Thanksgiving Day 1995 after serving as the U.S. Army Depleted Uranium Project director from August 1994 through November 1995.

Today, I am a disabled and retired Army Reserve Medical Service Corps officer who specialized in nuclear medicine; and nuclear, biological, and chemical warfare operations (NBC); intelligence; medical operations; and emergency field medicine as a former enlisted combat medic. When Gulf War 1 started during August 1990, I was initially assigned to teach nuclear, biological, and chemical warfare (NBC) operations to 4th U.S. Army personnel. I was finally ordered to active duty and sent to Saudi Arabia with the order "to bring them home alive". That was quite a contrast from my duties during Vietnam as a Bomb Navigation Hard-Hat on B-52's when my job was to ensure weapons systems were optimized to kill. Astonishingly I had deployed to South East Asia on Thanksgiving Day 1969 and then again for Gulf War 1 on Thanksgiving Day 1990. I was sent to Saudi Arabia as the theater health physicist assigned to the 12th Preventive Medicine (P.M.) Command professional staff. The 12th P.M. was in charge of all Preventive Medicine within the combat theater. Basically we were the public health department. I also was assigned to three special operations teams: Bauer's Raiders, the Depleted Uranium Assessment team, and the Captured Equipment team.

Today, 17 years since the completion of Desert Storm, with 1994 and 1999 combat actions in the Balkans, and with Gulf War 2 (Operation Iraqi Freedom and Operation Enduring Freedom) ongoing, I am frustrated that the required medical care for "all" (combatants and noncombatants) casualties and environmental remediation of all contamination still is delayed, denied, or for many cases ineffective. Casualties include those who were killed in action (KIA), wounded in action (WIA), and disease and non-battle injuries (DNBI). Sadly the majority of casualties or those classified as disease and non-battle injuries are not reported in the public media. As of May 2007 over 407,911 of our nations sons and daughters have applied for lifetime VA medical care and a pension as result of combat- military service related injuries, illnesses, and wounds (www.va.gov "May 2007 GWVIS report). Medical problems (ICD -9 diagnoses) that have been verified in over 400,304 DNBI casualties between FY 2002 and January 2009 (Analysis of VA Health Care Utilization Among US Global War on Terrorism (GWOT) Veterans; Operation Enduring Freedom; Operation Iraqi Freedom; VHA Office of Public Health and Environmental Hazards; VA; January 2009) include: Infectious and Parasitic Diseases, Malignant Neoplasms, Benign Neoplasms, Diseases of Endocrine/Nutritional/ Metabolic Systems, Diseases of Blood and Blood Forming Organs, Mental Disorders, Diseases of Nervous System/ Sense Organs, Diseases of Circulatory, Disease of Respiratory System, Disease of Digestive System, Diseases of Genitourinary System, Diseases of Skin, Diseases of Musculoskeletal System/Connective System, Symptoms, Signs and Ill Defined Conditions, and Injury/Poisonings. An April 6, 2008 Army Times report written by Kelly Kennedy "Reservists confused about disability benefit eligibility" reveals that too many injured and ill warriors have been given administrative discharges and have not been told that they are eligible for medical disability. Sadly U.S. Air Force Colonel Kenneth Cox verified that Department of Defense medical officials deliberately delayed and denied medical diagnosis of traumatic

brain injury ("Colonel: Pentagon delayed brain injury exams"; By Gregg Zoroya - USA Today; Posted : Tuesday Mar 18, 2008 8:08:48 EDT). Sadly we also found out recently that "8,763 vets died waiting for benefits" because of administrative snafus (http://www.armytimes.com/news/2008/07/military_concurrent_receipt_071508/).

Since 1991 authors of numerous Department of Defense reports have stated that medical and tactical commanders were unaware of the probable NBC-E (WMD) exposures and never told about the adverse medical and environmental consequences of these exposures. They were told! They were warned! We recommended immediate and long-term medical care. We identified the probable threats and expected adverse health and environmental consequences in written messages and during courses we taught. These courses included the 3rd U.S. Army Medical Command (MEDCOM) & 3rd U.S. Army Central Command (ARCENT) Medical Management Of Chemical And Biological Casualties Course (<http://www.gulfink.osd.mil/>), the NBC-E Defense Refresher Course, the COMBAT LIFESAVER COURSE, and the Decontamination Procedures Course. We taught these courses to over 1200 persons assigned to individual units and those assigned to the theater command staff between December 1990 and February 1991. I gave the threat briefing specifically identifying the anticipated NBC-E exposures and taught the NBC-E Defense Refresher Course, the Combat Lifesaver Course, and Decontamination Procedures Course between December 1990 and February 25, 1991. We also discussed preventive medicine issues such as food and water borne illnesses, endemic diseases, and hazardous materials exposure issues. Therefore, most unit commanders, medical; staff, specified individuals at all levels knew what to expect and how to respond to any given incident! On November 17, 2008 the United States Department of Veterans Affairs Research Advisory Committee on Gulf War Veterans' Illnesses committee chaired by James Binns published a report (<http://sph.bu.edu/insider/racreport>) acknowledging that complex set of diagnosed and reported medical problems collectively known as Gulf War Illness do exist and are a result of complex synergistic exposures that occurred. The committee concluded that "Illness profiles typically include some combination of chronic headaches, cognitive difficulties, widespread pain, unexplained fatigue, chronic diarrhea, skin rashes, respiratory problems, and other abnormalities. This symptom complex, now commonly referred to as Gulf War illness, is not explained by routine medical evaluations or by psychiatric diagnoses and has persisted, for many veterans, for 17 years. While specific symptoms can vary between individuals, a remarkably consistent illness profile has emerged from hundreds of reports and studies of different Gulf War veteran populations from different regions of the US and from allied countries." Since the medical problems emerged while individuals were still deployed, upon return to military bases, and homes across our country Department of Defense and Department of Veterans Affairs officials have attempted to classify all these medical problems as psychological or stress related. Sadly, while at least 278,713 Operation Desert Storm veterans have applied for medical care and pensions with the U.S. Department of Veterans Affairs, the medical problems affect hundreds of thousands of other military personnel and noncombatants around the world who faced the same exposures as a consequence of coalition military operations known as Operation Desert Shield and Desert Storm.

Uranium munitions are still being used during ongoing combat actions causing air, water, soil, and food contamination with consequent adverse health effects even though the United Nations Sub-commission on Human Rights has ruled DU munitions are an illegal weapon. Recently uranium weapons contamination as a result of U.S. Army operations has been confirmed at two locations in Hawaii after initial denials (http://www.armytimes.com/news/2007/08/ap_hawaii). 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 explosions resulting in death, injury, illness and extensive environmental contamination from depleted uranium, conventional explosives, and unconventional munitions. 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".

Unbelievably, U.S. Department of Defense officials continue to refuse to comply with their own written directives requiring immediate medical care "Medical Management of Army Personnel Exposed to Depleted Uranium (DU)" Headquarters, U.S. Army Medical Command 29 April 2004 and the previous directive "Medical Management of Unusual Depleted Uranium Casualties", DOD, Pentagon, 10/14/93 and still refuse to complete thorough environmental clean up as required by U.S. Army Regulation 700-48, Logistics, "Management of Equipment Contaminated With Depleted Uranium or Radioactive Commodities", Headquarters, Department of the Army, Washington, D.C., 16 September 2002 and Department Of The Army Technical Bulletin 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, July 1996). Basically United States military personnel have illegally disposed of tons of solid radioactive waste in other nations then ignored the consequences. The primary U.S. Army training manual: STP 21-1-SMCT: Soldiers Manual of Common Tasks states "NOTE: (Depleted uranium) Contamination will make food and water unsafe for consumption." [Task number: 031-503-1017 "RESPOND TO DEPLETED URANIUM/LOW LEVEL RADIOACTIVE MATERIALS (DULLRAM) HAZARDS"]. This acknowledgment indicates that uranium munitions should never be used because food and water contamination will affect all individuals for eternity. The critical fact is that the contaminated food and water can never be made safe for consumption. The toxicity of uranium munitions also is acknowledged by Army leaders. Assistant Army Secretary Walker, in a December 1992 memorandum ordered the Director of the U.S. Army Environmental Policy Institute, AEPI, as mandated by the U.S. Senate to figure out how to reduce the toxicity of depleted uranium. The AEPI director stated in the final report that "No available technology can significantly change the inherent chemical and radiological toxicity of DU. These are intrinsic properties of uranium." (AEPI Executive Summary, June 1995). A internal Department of Defense briefing conducted by Colonel J. Edgar Wakayama also confirmed the known and serious adverse health and environmental effects (http://www.traprockpeace.org/du_dtic_wakayama_Aug2002.html). These acknowledgments substantiate the ruling by the United Nations Sub-commission on Human rights that DU munitions are illegal. (http://www.traprockpeace.org/karen_parker_du_illegality.pdf)

The continuing concerns regarding known adverse health and environmental effects of depleted uranium, confirmed inadequate preparation of military personnel, and preliminary findings of the AEPI study resulted in the creation of the U.S. Army Depleted Uranium Project. On August 1, 1994 I was recalled to active duty as the Director of the U.S. Army Depleted Uranium Project in response to congressional inquiries and the June 8, 1993 order from the Deputy Secretary of Defense to:

1. Provide adequate training for personnel who may come in contact with depleted uranium equipment.
2. Complete medical testing of personnel exposed to DU contamination during the Persian Gulf War.
3. Develop a plan for DU contaminated equipment recovery during future operations."

The Depleted Uranium Project and review of previous research reinforced our original 1991 conclusions and recommendations that:

1. All DU contamination must be physically removed and properly disposed of to prevent future exposures.
2. Specialized radiation detection devices that detect and measure alpha particles, beta particles, x-rays, and gamma rays emissions at appropriate levels from 20 dpm(cpm) up to 100,000 dpm (cpm) and from .1 mrem/ hour to 75 mrem/ hour must be acquired and distributed to all individuals or organizations responsible for medical care and environmental remediation activities involving depleted uranium / uranium 238 and other

low level radioactive isotopes that may be present. Standard equipment will not detect contamination.

3. Medical care must be provided to all individuals who did or may have inhaled, ingested, or had wound contamination to detect mobile and sequestered internalized uranium contamination.
4. All individuals who enter, climb on, or work within 25 meters of any contaminated equipment or terrain must wear respiratory and skin protection.
5. Contaminated and damaged equipment or materials should not be recycled to manufacture new materials or equipment.

Since 1991 numerous DOD and VA directives (http://www.traprockpeace.org/rokke_du_3_ques.html) based on the previous directives and then the findings and recommendations of the AEPI study and DU Project have required medical care and environmental clean up. However even though DOD, VA, and UN officials know what should be done, visual evidence, photographic and video tape evidence, on site radiological measurements, personal experience, and published reports verify that:

1. Medical care has not been provided to all DU casualties.
2. Environmental remediation has not been completed.
3. Individuals are not wearing respiratory or skin protection.
4. Contaminated and damaged equipment and materials have been recycled to manufacture new products.
5. Training and education has only been partially implemented.
6. Contamination management procedures have not been distributed and implemented.

The unceasing efforts by senior U.S. Department of Defense, U.S. Army, U.S. Department of Energy, U.S. Department of Veterans Affairs, British, Canadian, Australian, and United Nations officials to prevent acknowledgment of these problems and their refusal to accept responsibility must be stopped. For example, Colonel Robert Cherry, U.S. Army retired and formerly the Pentagon's Senior Radiation Protection officer, has sent out emails stating that (quote): 'He (Dr. Rokke) was not the director of the "U.S. Army depleted uranium project." No such project with that name ever existed' (end quote). This and other lies by senior Department of Defense officials are designed to sustain use of uranium munitions and avoid liability for adverse health and environmental effects by discrediting and destroying any of us who attempt to ensure DOD officials comply with their own existing medical care and environmental remediation requirements as specified in the March 1991 Los Alamos memorandum-directive even though the March 1991 Defense Nuclear Agency memorandum warned us of serious adverse health and environmental hazards (<http://www.traprockpeace.org/twomemos.html>).

U.S., Israeli, Australian, Canadian, 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. Sadly after the Israeli use of uranium munitions during their combat actions in Lebanon and probable use recently in the Gaza Strip Israeli officials must also provide medical care to all casualties and clean up all environmental contamination.

United States Department of Defense officials simply 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 congressionally mandated depleted uranium 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.

We can not continue to ignore the consequences of depleted uranium weapons use that include adverse health and environmental effects. No person or nation has the right to disperse tons of radioactive toxic waste throughout any other or their own nation then ignore adverse health and environmental effects. There is one question that U.S., British, and Australian officials refuse to answer. That is: What right do they have to willfully disperse radioactive materials into any nation then refuse to clean the contamination and refuse to provide medical care for all exposed individuals?

Consequently, all citizens of the world must raise a unified voice to force the leaders of those nations that have used depleted uranium munitions to recognize the immoral consequences of their actions and assume responsibility for medical care of all individuals exposed to uranium contamination and the thorough environmental remediation of all uranium contamination left as a result of combat and peacetime actions.

During January 2004, Mr. David Kay, U.S. chief weapons inspector, acknowledged that there is no evidence that Iraq possessed weapons of mass destruction, an ongoing program, nor the ability to deliver these weapons as claimed by President Bush. Prime Minister Blair, and Prime Minister Howard in their justification for the 2003 preemptive invasion of Iraq. This revelation verifies that statements by Scott Ritter (http://www.traprockpeace.org/scott_ritter_disarmament.html) and Richard Butler (<http://www.abc.net.au/adelaide/stories/s897035.htm>) prior to and since the invasion were correct. Sadly, White House and DOD officials have finally acknowledged that they knew there were no WMDs but still attempt to justify the illegal 2003 invasion of Iraq based on changing reasons. While casualties from our military actions throughout the world and specifically in Iraq and Afghanistan continue to increase there has still been no justification for our preemptive invasions of Iraq and Afghanistan, continued occupation of those nations, and no end in sight.

Given the expected threat of chemical and biological weapons from those that the United States and other nations provided to Iraq and from those Iraq then manufactured, General Schwartzkopf and General Horner with General Powell's approval decided during December 1990 to blow up Iraq's known stockpiles of WMDs (N. Schwartzkopf, It Doesn't Take A Hero, pg 390, Bantam books, 1992). Iraq also released WMDs on coalition troops during Gulf War 1 as verified by thousands of chemical agent alarm activations. Although U.S. Army personnel started on-site destruction of Iraq's WMD stockpiles during March 1991 UNSCOM continued this effort until 1998. Consequently adverse health and environmental effects have occurred due to uncontrolled and deliberate releases and exposures. During 1998 UNSCOM team members under Scott Ritter (W. Pitt & S. Ritter, War on Iraq, Context Books, 2002) were ordered to leave Iraq by U.S. Department of Defense officials and President Clinton's staff.

My source of frustration is that today our warnings, requests for medical care, and requests for environmental remediation have been ignored! I and others who care must continue to try to obtain medical care and completion of environmental remediation even though United States, British, Canadian., Australian, United Nations, and NATO officials do not care because they deny what has occurred to avoid liability for economic and political reasons. Coalition forces have, are, and will apply technology during battle thus we must consider the potential and expected adverse health and environmental consequences of our actions. The United States shipped WMD agents including anthrax to Iraq; released toxic chemicals during combat actions; used depleted uranium munitions; destroyed Iraq's and Afghanistan's infrastructure resulting in air, water, soil, and food contamination; administered experimental vaccines to hundreds of thousands of us; and now our leaders ignore these facts in order to avoid liability. We have contaminated the earth! Our actions have resulted in and continue to cause serious adverse health and environmental effects!

Since 1967, I have answered "the call" during two wars and various special projects. Today, I am retired from the U.S. Army Reserve with a 60% VA disability. My objectives throughout my military career were to research, write procedures, write education and training programs, teach, and evaluate programs to improve combat readiness, complete environmental remediation, and provide medical care for all casualties. I was assigned, accepted, and then completed various dangerous missions.

These included: (1) planning, conducting, and evaluating military medical operations, (2) making sure everyone was prepared for expected use of weapons of mass destruction, (3) cleaning up the hazardous materials and uranium contamination, (4) developing the U.S. Army environmental compliance and education programs, (5) serving as the Depleted Uranium Project Director, (6) serving as Director of the U.S. Army's Edwin R. Bradley Radiological Laboratories, (7) developing, teaching, and evaluating civilian and military emergency WMD response programs, (8) researching and developing the U.S. Department of Defense's environmental remediation and education program for Formerly Used Defense Sites.

The personal cost for trying to finish my assigned mission and to make our leaders take care of the troops has been rejection, lost jobs, family turmoil, missing and probably destroyed medical and personnel records, and medical problems. I and hundreds of thousands of other warriors now receive delayed or inadequate medical care. We served our nation and thus earned optimal medical care for service-connected wounds, injuries, and illnesses. But instead, we have been abandoned! We have been raped! I now experience retaliation from Department of Defense and Department of Veterans Affairs officials because I refused to comply with the March 1991 Los Alamos memorandum (<http://www.traprockpeace.org/twomemos.html>) to ensure depleted uranium can always be used during U.S. Department of Defense combat or peacetime actions because at the same time a memorandum from an officer at the Defense Nuclear Agency cited serious health effects. But I am not alone. Anyone who demands medical care and environmental remediation faces ongoing and blatant retaliation.

Today, war must be considered obsolete because we can not deal with either the adverse health or environmental consequences caused by destroying a nation's infrastructure thus releasing toxins that affect all combatants and noncombatants. We can not deal with the adverse health and environmental effects of the weapons we use to destroy the targets- a nation's infrastructure. The human cost of war is staggering. According to the May 2007 VA GWVIS report, at least 407,911 Gulf War 1, Balkans Conflict, Afghanistan, and Gulf War 2 U.S. military combat veterans who are wounded, ill, or injured must fight for the medical care they earned while serving our nation. The most recent U.S. Department of Veterans affairs casualty report: Analysis of VA Health Care Utilization Among US Global War on Terrorism (GWOT) Veterans; Operation Enduring Freedom (OEF); Operation Iraqi Freedom (OIF); VHA Office of Public Health and Environmental Hazards; January 2009 reveals that over 400,304 U.S. combat veterans have serious medical problems related to toxic exposures that mirror the same medical problems diagnosed by Operation Desert Storm combat veterans. Sadly, medical care is still ineffective for both groups because the diagnosed medical problems are a result of deliberate United States actions or failure to act. For example, physicians are diagnosing serious neurological problems in returning OIF – OEF combat veterans similar to those diagnosed in Desert Storm combat veterans. These problems are probably a function of pesticide exposures, troops wearing flea collars, and uranium toxicity. But, those and other exposures are ignored. DOD officials continue to deny any correlation between current open pit burning throughout Iraq and Afghanistan releasing complex toxic materials and consequent verified and diagnosed adverse health effects. Although DOD and VA officials continue to deny any correlation between toxic exposures their own manual: "USACHPPM TG

230A- May 1999 : Short Term Chemical Exposure Guidelines for Deployed Military Personnel” specifically confirms the expected and now documented physiological effects from these exposures.

We are also seeing increasing numbers of spinal injuries because of operational procedures and equipment overloading (“Stress injuries rising due to combat loads”, Richard Lardner - The Associated Press, March 11, 2009). These spinal, nervous system, and muscular injuries with accompanying neurological problems are a function of body mechanics and toxic exposures. Thus the warriors need for prompt and optimal medical care is urgent. However, before wounded, ill, or injured veterans can even hope for rudimentary medical care their disability claims must be processed and approved. Sadly with the confirmation that some claims have been shredded and Department of Veterans Affairs employees squirreled away tens of thousands of unopened disability claims letters (www.armytimes.com) medical care is denied. When a injured, ill, wounded warrior submits a claim VA officials often ask for the veteran for additional information in addition to requesting medical files directly from the Department of Defense to assist in processing of the claim. The veteran is asked to send those via the U.S. Mail through the regional office mailroom. This does not guarantee that the documents will be included or considered in the claims process. Unless tracking is assured there is no method to maintain accountability or chain of possession and security. Given the verified squirreling away of and shredding of claims records by VA personnel an accountability process must be established and maintained by providing the veteran the specific name of and direct communication with the person processing their claim. However, even if claims are processed because processors do not even have or disregard primary information or reports regarding toxic exposures; uranium; nuclear, biological, radiological, and conventional weapons toxicity, and battlefield trauma medical care will never be prompt and optimal until those problems are resolved must claims may be denied! .

Although we have thousands of U.S. casualties who have been wounded in action or killed in action the actual casualty count also includes hundreds of thousands of disease and non-battle injury casualties including combatants and noncombatants, primarily children, woman, and the elderly who live in nations we attacked. Sadly DNBI casualties including thousands of our own personnel do not have access to prompt and optimal medical care. Today the numbers of personnel with adverse medical effects of Traumatic Brain Injury, TBI, and Post traumatic stress disorder, PTSD, are increasing. It is imperative that we look at the possible enhancement of adverse medical effects due to documented toxic exposures. We should also recognize the enhancement of PTSD as a result of the poor treatment veterans have received from those leaders and administrators we trusted but who abandoned us. .

Health problems are not limited to U.S. warriors but affect all exposed individuals.

World-wide estimates exceed 2 million casualties while over 1,000,000 of America's finest sons and daughters are wounded, injured, or ill, and thousands have died, including too many of my friends. Consequently, as one of the individuals who was assigned as part of my military duties to resolve the problems it is frustrating when United States Department of Defense and United States Department of Veterans Affairs officials do not implement the programs we developed to protect our earth and treat all casualties.

Beyond the battlefield and training casualties we have thousands of civilian and military casualties as a direct result of the U.S. Department of Defense operations throughout he United States and abroad that have contaminated air, water, soil and food with resulting adverse health effects. We must address the medical care of those casualties. **BUT WE MUST TAKE ACTION TO PREVENT OR REMEDIATE ANY AND ALL FUTURE ENVIRONMENTAL CONTAMINATION AND CONSEQUENT ADVERSE HEALTH AND ENVIRONMENTAL EFFECTS.** We must understand that “the government isn't required to notify veterans of their possible exposure to contaminants and their health effects” and consequently does not do so leaving ill warriors, family members, and the public in the lurch. (http://www.salem-news.com/articles/march062009/el_toro_3-5-09.php).

Our nation's sons and daughters answered our nation's call to fight and consequently die, get injured, get wounded, or get ill as a consequence of combat operations that were conducted without justification. Too many have died and continue to die while others who were injured, exposed to toxic compounds, and became sick have been abandoned by our Nation's leaders as has happened throughout history. Sadly the most casualties are classified as “disease and non-battle injuries” and are the direct result of our own actions

or failures. The human cost is increasing because many got sick and died after they returned home and that number is still increasing at this time. Our leaders knew what happened and is happening! However, these same DOD, DA, VA leaders still keep denying what has occurred and will not implement the programs we designed to resolve the serious health and environmental issues. Numerous orders and military regulations specifying medical care for depleted uranium exposures have been ignored and continue to be ignored. These requirements always will be ignored. This is about avoiding liability for observed adverse health and environmental problems caused by combat and peacetime military actions.

When political correctness and avoiding economic costs are used to determine what medical care is provided, to whom medical care is provided, when care is provided, and what environmental remediation is completed then we, warriors and civilians alike, lose. Our leaders have decided to ignore the problems hoping that they will just go away. Their objective is to avoid liability for adverse health and environmental consequences of their willful actions and war.

Recently, the Department of Defense has instituted the "wounded warrior" program to begin resolution of the serious and lingering delay, denial of, and delivery of ineffective medical care to our nation's ill, wounded, and injured warriors. If our nation's leaders had not abandoned ill, injured, wounded, and deceased warriors resulting from Department of Defense actions since the early days of WW2 (atomic test veterans); Cold War (Project Shad); Vietnam War (Agent Orange); Desert Storm, Iraqi Freedom, Enduring Freedom (Depleted uranium, chemical agents, biological agents, immunizations, hazardous materials, pesticides, RF beam weapons, etc.) then we would not have the hidden and abandoned casualties that we have today with a staggering toll. Although the wounded warrior program staff are helping they still refuse to help resolve the fundamental problems – policy decisions to deny and delay prompt and effective medical care, retaliation efforts, and destruction-altering of records. Warriors who have been assigned to these units are dying while awaiting medical care that is limited because of administrative snafus. Sadly the overloading of these units is resulting in assignment restrictions and consequently ill, injured, or wounded personnel are not being assigned to these units and when assigned some are expected to run the units instead of focusing their efforts on getting well (Army Times, December 22, 2008, pages 14-16). Recently, it was confirmed that wounded, ill, and injured warriors assigned to "WTU units have high rate of punishment" (By Kevin Maurer - The Associated Press, Mar 11, 2009). According to retired Army Lt. Col. Mike Parker "It creates a hostile environment where soldiers buckle and take a low-balled disability rating and benefits just to get out when they can". Thus we have additional evidence of the abandonment of ill, injured, and wounded warriors. .

Our leaders have abandoned our nation's and the world's citizens and consequently I believe they are ignoring President Lincoln's immortal words spoken during his Gettysburg Address: "It is for us the living, rather, to be dedicated to the great task remaining before us--that from these honored dead we take increased devotion to that cause for which they gave the last full measure of devotion--that we here highly resolve that these dead shall not have died in vain--that this nation, under GOD, shall have a new birth of freedom--and that the government of the people, by the people, for the people, shall not perish from the earth."

Today as a combat veteran and patriot; I pray that GOD will answer my and others call for intervention and thus guide our leaders to finally provide the necessary medical care to all casualties and to complete the environmental remediation required to restore our precious resources. I will never cease my efforts to do what is right for GOD and the citizens of the world because this has become "A MATTER OF INTEGRITY". Although I have been a "warrior in battle" today I must be a "warrior for peace".

The three questions that each of us must ask are: (1) When will United States Department of Defense and Department of Veterans Affairs officials acknowledge the adverse health and environmental effects of military operations then provide prompt and effective medical care to all military and civilian casualties? (2) When will they finally clean up all environmental contamination in order to mitigate future adverse health and environmental effects? (3) When will the citizens of the world demand an end to this nightmare and find a way to live together in peace? While we wait we must act. Thank God that on March 13, 2009; General Eric Shinseki, Secretary of Department of Veterans Affairs, wrote ""Veterans are our clients, and delivering the highest quality care and services in a timely, consistent and fair manner is a VA responsibility. *I take that responsibility seriously and have charged all of the department's employees for their best efforts and support every day to meet our obligations to you (www.va.gov). The hope and dreams that these comments may*

fulfill was shattered briefly on March 19, 2009 when the Obama Administration suggested then withdrew the proposal to have private insurance companies pay for the medical care provided by the U.S. Department of Veterans Affairs to those of us who have been wounded, injured, or become ill while serving our nation. Then on August 20, 2009, Kimberly Hefling - The Associated Press reported quote "IG: Millions in bonuses paid to VA employees: WASHINGTON — The Veterans Affairs Department's inspector general says thousands of technology office employees at the VA received a total of \$24 million in bonuses over a two-year period. And it spells out alleged abuses ranging from nepotism to an inappropriate relationship. The IG says some bonuses were issued under questionable circumstances. It says one recently retired official acted "as if she was given a blank checkbook" to issue bonuses" end quote.

Considering we have a million casualties from recent Department of Defense "adventures" our nation's leaders must come up with some way to provide costly medical care and disability pensions. But where the money will come from is unknown. Maybe it is time for us to strive to live together in peace rather sustain war with the continued creation of casualties.