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Congress of the United States Washington, DC 20515

November 8, 2005

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Ms. Corrine Cole PO Box 476 Markleeville, CA 96120-0476

Dear Ms. Cole,

Thank you for contacting me regarding the issue of biological and chemical weapons, and their usage on American soldiers. I appreciate knowing of your concerns.

The Department of Defense has sent us an additional letter regarding your concerns. I have enclosed the correspondence. I hope this helps to answer any questions that you may still have had.

I hope you will continue to contact my office with your opinions, thoughts and ideas.

Sincerely,

niel E. Lungren Member of Congress



HEALTH AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

NOV 0 1 2005

The Honorable Dan Lungren U.S. House of Representatives Washington, DC 20515

Dear Representative Lungren:

Thank you for your letter of September 27, 2005, regarding the concerns of your constituent, Corrine Cole, about the Department of Defense's (DoD) commitment to protect the health of those who serve in harm's way. As the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness, I have been asked to respond.

The DVD Ms. Cole cited was produced by Joyce Riley, a former Air Force Reserve nurse who has her own weekly radio show, which featured Doug Rokke, a former Army reservist who lectures worldwide on depleted uranium (DU). Ms. Cole's concerns about DU stem from misinformation. The DoD uses DU as shielding for armor and in munitions to penetrate enemy armor because it is the most effective heavy metal for these purposes.

Medical science has evaluated natural uranium for health effects for more than 50 years, and depleted uranium for more than 20 years. More than four tons of natural uranium exist in the top foot of soil in every square mile on earth. All humans eat and breathe natural uranium every day, and there are approximately 80 milligrams of uranium in each individual's body.

The Departments of Defense and Veterans Affairs (VA) have a medical follow-up program for those veterans who were in or near armored vehicles penetrated by DU rounds in the 1990-1991 Gulf War. While some of these 70 individuals still have imbedded fragments of DU in their bodies, to date there is no indication of medical problems as a result of that exposure. This medical follow-up program is in place today for any servicemember with similar exposures. Each individual returning from a deployment is asked about DU exposure.

In 2000, the U.S. Army Center for Health Promotion and Preventive Medicine reviewed the data on personnel exposures to DU ammunition, the oxides created by impact with DU armor and those resulting from DU munitions fires, and initiated an in-depth scientific research study. Researchers concluded that the chemical and radiological exposures from inhaling DU aerosols in a perforated vehicle would not lead to long-term

health risks. More details of this research are available in the 2004 report, "Depleted Uranium Aerosol Doses and Risks: Summary of U.S. Assessments," and on our web site at

http://deploymentlink.osd.mil/du_library/du_capstone/index.pdf.

Outside agencies have also looked closely at the potential health impact of DU munitions. The United Nations Environment Program (UNEP) conducted an analysis of seven sites in Kosovo in 2000, with samples analyzed in five independent laboratories. No DU contamination of the water, milk, or buildings in Kosovo was discovered. DoD is now participating with UNEP to train Iraqi scientists to conduct environmental surveillance for DU and other substances.

Servicemembers receive appropriate training for awareness of the few precautions called for by those who work with DU munitions. The DoD biomonitoring policy issued in May 2003 offers every servicemember the opportunity to be tested for exposure to DU. The policy has resulted in bioassays on over 1,970 individuals from current deployments. To date, only seven individuals have tested positive. Six were involved in DU-related incidents and either had DU fragments removed or have fragment-type injuries. The seventh separated from the Army before complete exposure data was gathered. The policy may be viewed at

http://www.deploymentlink.osd.mil/du_library/pdf/policy_oif_053003.pdf.

The DoD maintains a robust environmental surveillance effort in our theaters of operation. Teams of experts evaluate the environment in planned deployment sites before American troops arrive to ascertain if any harmful agents are present. By checking the soil, water and air before servicemembers are in an area, and periodically during the time they are there, the Defense Department does all it can to protect its members from chemical, biological and radiological hazards. More than 16,000 such samples have been evaluated and appropriate medical evaluation was done in the few instances where toxic substances were detected.

The only research being done in the OIF Theater is anonymous mental health assessments on soldiers who have signed an informed consent form. Any allegations of using servicemembers in experiments are patently false.

DoD is conducting post-deployment health assessments on all servicemembers as they leave the combat theater and three to six months after they return home. This is done to assure access to health care and to identify deployment-related health concerns. To date, approximately 25 percent of these servicemembers being assessed are being referred for additional medical evaluation and /or treatment.

Thank you for the opportunity to address your constituent's concerns. I can assure you that our Force Health Protection program is given the highest priority within DoD. If you would like additional information on this issue, members of my staff would be happy to provide you a briefing at your convenience.

Sincerely,

Ellen P. Embrey

Deputy Assistant Secretary of Defense Force Health Protection and Readiness